For questions 4 through 10, please indicate whether you are independently able to perform the following functions. All "no" and "sometimes" answers must be accompanied by an explanation or the application will be considered incomplete.

Tell Us About Your Capabilities

4. Are you able to understand and remember directions well enough to complete a public transit trip? (This doesn't refer to being unaccustomed to the English Language)

   ☐ Yes ☐ No ☐ Sometimes

   _____

   _____

5. How far are you able to walk, or travel with a mobility aid, without the help of another person?

   _____

   _____

6. Is your ability to use public transit affected by weather, environmental or architectural barriers that block your path of travel? (e.g., temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)

   ☐ Yes ☐ No (If Yes, please explain why)

   _____

   _____

7. Are you able to wait 15 minutes at a public transit stop or park-and-ride facility?

   ☐ Yes ☐ No ☐ Sometimes ☐ I Don't Know

   _____

   _____

8. Can you independently get on and off a lift-equipped bus?

☐ Yes ☐ No ☐ Sometimes ☐ I Don't Know

_____

_____

9. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?

☐ Yes ☐ No ☐ Sometimes ☐ I Don't Know

_____

_____

10. Are you able to maintain balance and tolerate the movement of a public transit vehicle when seated?

☐ Yes ☐ No ☐ Sometimes ☐ I Don't Know

_____

_____

Have you answered all the questions and provided explanations where required?
INCOMPLETE APPLICATIONS WILL BE RETURNED

I certify that the information in this application is true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Applicant's Signature: _____ **Date:** _____

Authorization to Release Medical Information

(to be completed by applicant)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to Shawnee Mass Transit District. This information will be used only to verify my eligibility for reduced fare and off-route deviation services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional Who May Release My Medical Information:

_____

Address: _____

Applicant's Signature: _____ **Date:** _____

RETURN TO:

Shawnee Mass Transit District
ADA Officer
100 Smart Drive
Vienna, IL 62995