



# SHAWNEE MASS TRANSIT DISTRICT

100-102 SMART DRIVE, VIENNA, ILLINOIS 62995 • Phone: 618-658-8380/866-577-6278 Fax: 618-658-8398

## TEMPORARY ADA ELIGIBILITY FORM

Rider Name (first, middle, last): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Rider is Requesting:  Off-Route Deviation  Door-to-Door  Discount Pass

Description of Condition/Disability:

\_\_\_\_\_  
\_\_\_\_\_

Does the Rider use any of the following Mobility Aids / Equipment?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cane             | <input type="checkbox"/> Power Chair       | <input type="checkbox"/> Speech / Communication Devices |
| <input type="checkbox"/> Walker           | <input type="checkbox"/> Large Power Chair | <input type="checkbox"/> Service Animal                 |
| <input type="checkbox"/> Leg Braces       | <input type="checkbox"/> Manual Chair      | <input type="checkbox"/> Respirator                     |
| <input type="checkbox"/> Crutches         | <input type="checkbox"/> Power Scooter     | <input type="checkbox"/> Portable Oxygen                |
| <input type="checkbox"/> Other Aid: _____ |  |   |

Is the Mobility Device oversized?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your mobility device weigh less than 600 lbs when occupied?  Yes  No

Does the Rider travel with a Personal Care Assistant?  Yes  No

If yes, how does this person assist the Rider?

\_\_\_\_\_  
\_\_\_\_\_

Description of pick up and drop off location (e.g., driveway, alley, obstacles, gravel, dirt, steps, ramp, etc):

\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_