



PART 1. GENERAL INFORMATION

FOR OFFICIAL USE ONLY	
Type:	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Recertification
ID No:	_____
Date Issued:	_____
Date of Expiration:	_____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Zip Code: _____

Home Address: _____ Village: _____

Telephone No: (Home): _____ (Cell/Work): _____

Date of Birth: _____

If someone assisted you in completing this form, please identify them below:

Name: _____ Phone No: _____

Do you need to have information and material given to you in any of the following ways (check all that you need):

- Large Print Audio Tape Braille Other

Please give us the name and telephone number of someone we can call in an emergency.

Name: _____ Phone No: _____

Relationship: _____

Ethnic Origin:

- Non-Resident Alien Hispanic or Latino White (Not Hispanic or Latino) Black or African American
 Asian (Not Hispanic) American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander: Hawaii Guam CNMI Palau
 FSM Citizen: Chuuk Pohnpei Yap Kosrae Other _____

PART 2. APPLICATION CERTIFICATION

Please indicate below the reason(s) why you are seeking ADA Paratransit Eligibility (check all that apply):

- I can use the Guam Public Transit System (Fixed Route) to go some places, but in other places I cannot get to or from the bus stop.
- I can use the Guam Public Transit System (Fixed Route) sometimes, but only if buses are equipped with wheelchair lifts
- Because of my disability, I can never use the Guam Public Transit System.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the Guam Public Transit System provided by the Guam Regional Transit Authority (GRTA) and must therefore use GRTA's Paratransit Service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility to use the GRTA's Paratransit Service. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions deem necessary by the Guam Regional Transit Authority (GRTA).

Applicant's Signature: _____ Date: _____

PART 3. INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What type or types of disabilities prevent you from using the Guam Public Transit System (Fixed Route) (check all that apply):

- Physical Disability
- Developmental Disability
- Other
- Visual Impairments/Blindness
- Mental Illness
- None

Please describe your disability in detail: _____

2. Is the disability described above temporary or permanent?

- Temporary, I expect it to last for another _____ months
- Permanent
- Controlled with medication
- I don't know

3. Please indicate below if you use any of the following mobility aids or equipment.

- | | | |
|--|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Picture Board |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Alphabet Board | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Leg Braces | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Service Animal _____ | |
| <input type="checkbox"/> DO NOT USE any of the above aids or equipment | | |

NOTE: GRTA may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with your wheelchair is more than 600 pounds.

4. Do you require assistance of a Personal Care Attendant (PCA) (someone who will assist you with daily life functions when you travel)?

- Yes
- Always
- Sometimes

Name of Personal Care Attendant: _____
(Print)

- DO NOT NEED ASSISTANCE

PART 4. QUESTIONS ABOUT USING THE GUAM PUBLIC TRANSIT SYSTEM

5. Have you ever used the Guam Public Transit System?

- Yes, I typically use the Guam Public Transit System _____ a week
- Yes, I used to but stopped because _____
- No

6. Is there something that might help you ride the buses (check all that apply)?

- Yes, Route and schedule information
- Yes, learning to use the buses
- Yes, being able to get buses with lifts
- Yes, a communication aide
- Yes, if stops were closer to where I live and where I need to go
- Yes, (describe) _____
- No

7. Can you ask for and follow written or oral instructions to use the Guam Public Transit System?

- Yes
- No
- Sometimes
- I don't know, never tried to use the buses

If No or Sometimes, please check all that apply:

- I get too confused and might get lost
- Other people cannot understand me
- I probably could with instruction
- Other _____

8. Are you able to GET TO and FROM bus stops on your own?

- Yes
- No
- Sometimes
- I don't know, never tried to use the buses

If No or Sometimes, please check all that apply:

- I can't get places if there are no curb-cuts
- I can't of streets or sidewalk is too steep
- I can't cross busy streets & intersections
- I can't travel outside when it is too hot
- I can't find my way at night because of a vision problem
- I get confused and can't find my way
- I probably could with instruction
- I feel unsafe traveling alone
- Other _____

9. Under the best of conditions, how far can you walk outdoors (or travel using a mobility aide) without the help of another person?

- I can get to the curb in front of my house/apartment
- I can travel up to three (3) blocks (1/4 mile)
- I can travel up to six (6) blocks (1/2 mile)
- I can travel up to nine (9) blocks (3/4 mile)
- I am unable to travel outside my house/apartment

10. Can you wait up to thirty (30) minutes for a Guam Public Transit System Bus?

- Yes
- Yes but only if the stop has a bench and shelter
- Yes but I do not like to wait long
- No (explain): _____

11. Can you Get On and Off a Guam Public Transit System Bus?

- Yes
- No
- Sometimes
- I don't know, never tried to use the buses

If No or Sometimes, please check all that apply:

- Only if the bus has a wheelchair lift
- I can't climb stairs
- I don't want to use the lift
- I probably could with instruction
- Other _____

12. If you are able to get on and off the Guam Public Transit System Bus, can you get to a set or wheelchair position by yourself and ride the bus?

- Yes
- No
- Sometimes
- I don't know, never tried to use the buses

If No or Sometimes, please check all that apply:

- I need someone to help me
- I have a balance problem
- I have trouble finding a seat
- I need the seat nearest the door
- Other _____

13. If you are able to get on and off the Guam Public Transit System Buses, do you know where to get off the bus or can you find out by yourself?

- Yes
- No
- Sometimes
- I don't know, never tried to use the buses

If No or Sometimes, please check all that apply:

- I get confused and can't remember where I am going
- I can if the driver calls out the stops
- I probably could with training
- Other _____

14. Are there any other conditions which limit your ability to use the Guam Public Transit System Buses?

Yes, please describe: _____

No

PART 5. CURRENT TRAVEL INFORMATION

15. Please give us information about where you go and how you get there now. List three (3) places you go most often.

1. Where do you go? _____
Address: _____
How often do you go there? _____
How do you get there? _____

2. Where do you go? _____
Address: _____
How often do you go there? _____
How do you get there? _____

3. Where do you go? _____
Address: _____
How often do you go there? _____
How do you get there? _____

PART 6. INFORMATION ABOUT TRAVEL TRAINING (Survey-Data Collection Purpose Only)

NOTE: Travel training is personal (one-to-one) instruction that teaches an individual how to use the Guam Public Transit System Buses.

16. Have you ever had any personal instruction on riding the Guam Public Transit System?

No, I have not received any personal instruction
 Yes, I received personal instruction from _____

If so, indicate below all of the skills you learned.

To travel to and from the bus stop

To cross streets

To ride on the following routes (list them)

Route: _____ Route: _____

Reading bus schedules and planning trips

Other _____

Did you complete the above described instructions? Yes No

17. Please draw a map to your residence. A Transit Inspector will be by to address your area for bus access. (Note: Buses are NOT allowed to enter non-paved roads and single narrow access roadways.)

Name: _____

Phone No: _____

Home Address: _____

This ends the portion of the application to be completed by the Applicant. The last section (on the attached pages) MUST BE completed by a Guam Licensed Physician.

PART 7. MEDICAL CERTIFICATION (To be completed by a Licensed Physician)

The American with Disabilities Act (ADA) of 1990 requires the Guam Regional Transit Authority (GRTA) to provide "ADA Paratransit Services" to anyone with a disability **who cannot use the standard Guam Public Transit System Fixed Route Services** and who is traveling within a 3/4 mile area served by Fixed Route Services. The applicant who requests you to review and sign this form is applying at GRTA to be considered eligible for this service. GRTA's ADA Paratransit Service is intended only for those trips on the Guam Public Transit System that the person cannot access.

This application form is intended to determine **when and under what circumstances the applicant can use GRTA's Guam Public Transit System - Paratransit Services.**

Please carefully review all the information provided by the applicant in Parts 2-4 of this form and then complete the appropriate "Attachment" below:

(a) Please complete all the appropriate assessment forms that best describes the physical and/or cognitive conditions which functionally prevents the applicant from using the standard Guam Public Transit Fixed Route Services System.

Attachment A: Applicant with Cognitive Disabilities

Attachment B: Applicant with Psychiatric Disabilities

Attachment C: Applicant with Vision Disabilities

Attachment D: Applicant with Seizure Disorders

Attachment E: Applicant with Physical Disabilities

(b) To the best of you knowledge, the information provided by the applicant in Parts 2-4 of this application is true and correct?
