ADA Transportation Eligibility Assessment

Chugiak-Eagle River Senior Center (CERSC) offers transportation for adults with physical, intellectual, cognitive or sensory disabilities that reside in the Chugiak/Eagle River area.

What is the ADA Transportation Eligibility process?

1. Complete and sign the following assessment to help us determine your eligibility for our ADA Transportation Service.
2. Complete the medical release form on the last page of this assessment. The medical release is to be completed and signed by the applicant, guardian, or power of attorney; not the healthcare provider.

When will I be notified of my eligibility status?

We will make a determination within three working days.

1. **General Information**

Last Name: First Name:

Date of Birth: Gender: Male Female

Best Contact Phone: Secondary Phone:

Home Address:

City: Zip:

Mailing Address:

City: Zip:

Emergency Contact Name:

Relationship: Phone:

1. **Disabling Health Conditions**
2. What is the primary disabling condition(s) that prevents you from using public transportation (Please be as specific as possible; Ex: Autism, COPD, stroke, etc.)?

Date of diagnosis/onset:

1. How does this condition(s) prevent you from using People Mover? Be specific:

1. Is your disabling condition: (check all that apply)

Permanent Temporary Weather Related Varies

Explain:

1. Are you a recipient of Medicaid Home & Community Based Waiver through the State of Alaska, Division of Senior & Disability Services? (Note: This is not General Medicaid or Medicare) Yes No

If yes,

Care Coordinator’s Name:

Phone: Agency:

1. **Mobility Devices & Personal Care Attendants**
2. Please tell us what kind of a mobility aid you use while traveling in the community (Ex. Walker, wheelchair, crutches, etc.):

1. Do you utilize a service animal? Yes No
2. If you use a wheelchair or scooter, is your weight combined with mobility aid: under 600lbs 601-800lbs Over 800lbs

What is the width of your mobility aid: inches

What is the length of your mobility aid: inches

(Note: Weight and dimensions are needed to ensure safe lift, ramp and vehicle operation)

1. CERSC drivers are not rained to perform the duties of a Personal Care Attendant (PCA). A PCA is a person provided by you to help with your daily needs. A PCA may travel with you at no additional charge.

Do you require a PCA to assist when traveling in the community? Y N

If yes, how does the PCA assist you?

1. Would you be able to walk to and from the entrance of your home to a vehicle parked at the edge of your driveway, unassisted? Y N
2. **Person assisting with completion of this application:**

I certify that the information provided in this application is true and accurate to the best of my knowledge of the applicant’s condition or disability. I have consent from the applicant or their legal representative to assist in the completion of this application. I also understand that I cannot be the healthcare provider listed on the medical release.

Name: Agency:

Relationship to applicant:

Address: Phone:

Assistant’s Signature Date

1. **Applicant Consent for Services**

*\*Please read completely and sign; unsigned applications will not be considered!*

I understand that the purpose of this application is to determine if I qualify for the CERSC ADA transportation service. The information on this application will be kept confidential and shared only with staff involved in evaluating my eligibility. If eligibility is granted, information pertinent to providing safe and efficient service will be shared with the appropriate staff, strictly on a “need-to-know” basis.

I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in eligibility termination. I give permission for CERSC to contact anyone who has assisted with the completion of this application or given additional verification of my disabilities or health conditions.

Applicant Name Legal Representative

Applicant Signature Legal Representative Signature

Date Date