

**OFFICE USE ONLY**

Received at Transit: \_\_\_\_\_ Accepted  Not Accepted   
(not) Accepted By: \_\_\_\_\_ Date (not) Accepted: \_\_\_\_\_  
Date Professional Verification Received: \_\_\_\_\_  
Date of Final Approval: \_\_\_\_\_  
Date Client Notified of Acceptance into ADA Service: \_\_\_\_\_

## **Request for Certification of Eligibility for the City of Gastonia's ADA Paratransit Service**

The information obtained in this certification process will only be used by the City of Gastonia for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (Home)   ( )   \_\_\_\_\_

(Work)   ( )   \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*What is the disability, which prevents you from using our fixed route service?*

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

*Is this condition temporary?*  Yes  No

*If yes, expected duration until* \_\_\_\_/\_\_\_\_/\_\_\_\_

*How does this disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if needed.*

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

Are there any other effects of your disability of which we need to be aware?

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The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the City of Gastonia.

Do you use any of the following aids to mobility? (Check all that apply)

- |                         |                          |                     |                          |
|-------------------------|--------------------------|---------------------|--------------------------|
| Manual Wheelchair       | <input type="checkbox"/> | Electric Wheelchair | <input type="checkbox"/> |
| Powered Scooter         | <input type="checkbox"/> | Cane                | <input type="checkbox"/> |
| Personal Care Attendant | <input type="checkbox"/> | Crutches            | <input type="checkbox"/> |
|                         |                          | Guide Dog           | <input type="checkbox"/> |

Do you require a Personal Care Attendant when you travel using transit?

- Yes     No

Please Answer the following questions:

Can you walk 200 feet without the assistance of another person?

- Yes     No     Sometimes

Can you walk 1/4 mile without the assistance of another person?

- Yes     No     Sometimes

Can you climb three 12" steps without assistance?

- Yes     No     Sometimes

Can you wait outside without support for ten minutes?

- Yes     No     Sometimes

I hereby certify that the information given above is correct.

Name (Typed or Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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When completed, please return to:

**Gastonia Transit  
Bradley Station  
PO Box 1748  
Gastonia, NC 28053**

*If someone other than the person requesting certification has completed this application, that person must complete the following:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Daytime Telephone Number:* ( ) \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to allow the city of Gastonia to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. The following (please check one):

Physician     Health Care Professional     Rehabilitation Professional

is familiar with my disability and is authorized to provide information to the City of Gastonia required to complete this certification.

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Daytime Telephone Number:* ( ) \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_/\_\_\_\_/\_\_\_\_