



Owensboro Transit  
System  
Fax (270) 687-8573

# CITY OF OWENSBORO KENTUCKY

430 Allen Street  
P.O. Box 10003  
Owensboro, KY 42302-9003  
Phone (270) 687-8570

## Owensboro Transit System ADA Paratransit Eligibility

### Certification Application

Owensboro Transit System will use the attached certification form to determine eligibility for Paratransit Services operated through Green River Intra-County Transit System (GRITS). GRITS paratransit service is a public transportation service for individuals with disabilities who cannot utilize Owensboro Transit System's fixed-route transportation. Individuals must reside within ¾-mile radius of Owensboro Transit System's fixed routes and be able to use curb-to-curb service. Owensboro Transit System's fixed-route buses are fully accessible to individuals with disabilities.

For those visiting Owensboro, you may apply for visitor's status for up to 21 days in a 365 day period.

Please complete the entire form and answer every question. Owensboro Transit will not consider incomplete forms. Obtain verification directly from your physician or from a health agency that has record of the physician statement on file. The information you provide is confidential. It will only be shared with agencies involved with Owensboro Transit System's paratransit eligibility determination process, except as provided by the Kentucky Open Records Act.

Please complete the application and return to Owensboro Transit System, 430 Allen Street, Owensboro, KY 42303. We will review your application and determine eligibility within twenty-one (21) days of receipt of a **complete** application. Owensboro Transit will send you written notification as to whether or not you are eligible. If the application is not processed within 21 days, the applicant is granted the service until a determination is made. If the applicant is found ineligible for GRITS services, and the applicant disagrees with the determination, the applicant may appeal the decision. Information on the appeals process will be sent to the applicant with an eligibility determination letter. For further information, please call (270) 687-8570.

Owensboro Transit System Application for GRITS



**Owensboro Transit System**  
**430 Allen Street**  
**Owensboro, KY 42303**  
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The Owensboro Transit System, for the provision of transportation services, will only use the information obtained in this certification process. Information will only be shared with other transit providers to facilitate travel in those areas. We will not provide this information to any other person or agency.

1. Are you applying for resident or visitor status? Resident \_\_\_\_\_ Visitor \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

3. Address:

\_\_\_\_\_

(Do Not Use PO Box Number)

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

4. Telephone Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Please describe how your disability prevents you from using our fixed route service?

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

For residents, Is this condition temporary? \_\_\_\_\_ If Yes, expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_

For visitors residing outside of our service area, what is the expected time frame for services

\_\_\_\_\_

7. Is there anything that we need to be aware of to accommodate your needs? (i.e. you will have a service animal with you; you have portable medical equipment that will be brought with you when you ride)

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

Owensboro Transit System Application for GRITS

OWENSBORO TRANSIT SYSTEM WILL USE THE FOLLOWING INFORMATION 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 OWENSBORO TRANSIT SYSTEM.

7. Do you use any of the following aids for mobility? Yes\_\_\_ No\_\_\_ (Check all that apply)

Manual wheelchair\_\_\_ Powered wheelchair\_\_\_ Powered scooter\_\_\_ Cane\_\_\_ White Cane\_\_\_

Service animal\_\_\_ Walker \_\_\_ Crutches\_\_\_ Leg Brace\_\_\_ Portable oxygen\_\_\_

8. Does the total weight of your wheelchair/scooter and yourself exceed 600 pounds?

Yes \_\_\_ No\_\_\_ Don't Know\_\_\_

9. Does your wheelchair/scooter exceed 30" in width or 48" in length?

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

10. Do you require a Personal Care Attendant when you travel using transit? Yes\_\_\_ No\_\_\_

11. Please answer the following questions:

	Yes	No	Sometimes
Can you walk or use a mobility aid to travel 2 blocks without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you walk or use a mobility aid to travel 5 blocks without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you walk or use a mobility aid to travel 15 blocks without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you wait outside without support for ten minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information given above is true and correct to the best of my knowledge I understand that falsification of information will result in a denial of transportation.

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

13. If this application has been completed by someone other than the applicant requesting certification, please complete the following:

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

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

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

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

Owensboro Transit System Application for GRITS

In order to allow the Owensboro Transit System 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 (**Check one**) Physician \_\_\_\_ Health Care Professional \_\_\_\_ Rehabilitation Professional \_\_\_\_ is familiar with my disability and is authorized to provide information to the Owensboro Transit System required to complete this certification.

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provider's Phone Number \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail completed application:**

**Owensboro Transit System  
430 Allen Street  
Owensboro, KY 42303**