



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

The attached certification form will be used to determine eligibility for Owensboro Transit System's 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 $\frac{3}{4}$ 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.

Please complete the entire form and answer every question. Incomplete forms will not be considered. Verification can be obtained 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. Applications are reviewed and eligibility determinations are made within twenty-one (21) days of receipt of a **complete** application. You will receive 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



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430 Allen Street
Owensboro, KY 42303
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The information obtained in this certification process will only be used by the Owensboro Transit System 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.

1. Last Name: _____ First _____ MI _____

2. Address: _____
(Do Not Use PO Box Number)

City _____ State _____ Zip Code _____

3. Telephone Number: _____

4. Date of Birth: ____/____/____

5. What is the disability that prevents you from using our fixed route service?

Is this condition temporary? _____ If Yes, expected duration until ____/____/____

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

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

Owensboro Transit System Application for GRITS

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 OWENSBORO TRANSIT SYSTEM.

8. 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___

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

Yes ___ No___ Don't Know___

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

Yes___ No___ Don't Know___

11. Do you require a Personal Care Attendant when you travel using transit? Yes___ No___

12. Please answer the following questions:

	Yes	No	Sometimes
Can you travel 2 blocks without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel 5 blocks without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you 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"/>

13. **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:** _____

14. 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 to:

Owensboro Transit System
430 Allen Street
Owensboro, KY 42303