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.

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.
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. Last Name: _____________________ First _____________________ MI ______

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

   City __________________ State _______ Zip Code ____________

3. Telephone Number: _______________________

4. Date of Birth: _____ / _____ / _____

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

   __________________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

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

6. 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 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:
   Can you travel two blocks without the assistance of another person? [ ] Yes [ ] No [ ] Sometimes
   Can you travel five blocks without the assistance of another person? [ ] Yes [ ] No [ ]
   Can you travel 15 blocks without the assistance of another person? [ ] Yes [ ] No [ ]
   Can you wait outside without support for ten minutes? [ ] Yes [ ] No [ ]

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________________________________

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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