

St. Lucie County
Treasure Coast Connector

437 North 7th Street, Fort Pierce, Florida 34950

Phone (772) 462-1778 option 3 Fax: (772) 462-2094

ST. LUCIE ALTERNATIVE TRANSPORTATION SYSTEM (SLATS)

APPLICATION (PLEASE PRINT OR TYPE)

If you need this application Spanish or Creole, please call the office at (772)462-1778, option 3.

Si usted necesita esta solicitud En español. Por favor llame a la oficina en (772) 462-1778, opción 3.

Si oubezwen aplicasyonsaa nan lang Panyol,tanpri, Rele biwo a nan (772) 462-1778, opsyon 3.

If you are the applicant requesting certification please skip to Part 1. If some other person on behalf of the applicant is filling out this application, please complete the following:

Relationship to Applicant:

Daytime Phone:

Part 1: General Information

Applicants Name:

Gender: F M

Street Address:

City:

State:

Zip Code:

Complex Name(if applicable):

Contact phone number:

Alternative phone number:

Date of Birth:

Medicaid Number:

TRANSPORTATION DISADVANTAGED ELIGIBILITY

(Please Answer All Questions)

1. Do you own a car? Yes No

2. Do you have a valid driver's license? Yes No

3. Could another person transport you to your appointments? Yes No
Always Never Sometimes

4. Number of individuals you support

5. Annual Income:

Emergency contact information

Name:

Relationship:

Phone:

Please do not write in this space - for official use only

Eligibility: Denied:

Reviewed by:

Reason for Denial:

Part 2 Eligibility Information

Please indicate below the reasons why you are seeking ADA para-transit eligibility (check all that apply):

I can use Treasure Coast Connector Fixed Route buses to go to some places, but in other places I cannot get to or from the bus stops.

I can use Treasure Coast Connector Fixed Route buses if they are equipped with wheelchair lifts.

Because of my disability, I can never use the Treasure Coast Connector Fixed Route bus service.

Part 3: Applicant's Disability

1. Describe your disability or health condition and explain in detail how it prevents you from using Treasure Coast Connector Fixed Route bus service some of the time or all of the time.

2. Is your disability/condition:

Permanent

Temporary

If temporary expected duration:

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

None of These Braces Crutches Manual Wheelchair Respirator

Cane Walker Service Animal Electric Wheelchair Portable Oxygen

Three-Wheel Scooter/Wheelchair

Other

4. Do you need to travel with someone who assists you? (Personal Care Attendant)

Always Sometimes Never If never proceed to Part 4

If you checked sometimes, please explain when you would need a PCA

If you travel with someone who assists you, does this person assist you in:

Getting to or from bus stops

Getting on or off the bus

To help me get where I am going

Other Describe:

5. If you use a wheelchair or scooter, can you transfer from the wheelchair or scooter to a bus seat?

6. If you use a wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long?

When occupied, does the wheelchair weigh more than 600 pounds?

Part 4: BUS USAGE

1. Have you ever used the Treasure Coast Connector Bus? No
Yes times a week
Yes, stopped because

2. Can you follow written or oral instructions?
Yes No Sometimes

If you checked no or sometimes, please explain,

3. If necessary, are you able to get on and off a transit bus with a wheelchair lift?

Do not need to use a wheelchair lift.

Yes No

4. If a bus stop was near you, are you able to walk to the bus stop?

Yes No

5. Are you able to wait at the bus stop?

Yes No

6. Are you able to identify the correct bus?

Yes No

7. Are you able to handle/grasp coins (pay fare), tickets, railings, handles?

Yes No

8. Are you able to keep balance while seated on a moving vehicle?

Yes No

9. Are you able to read hear, understand and/or process information, schedules, or directions which are needed to make necessary decisions during a trip?

Yes No

10. Are you able to deal with unexpected situations and unexpected changes in routine?

Yes No

11. Are you prevented from walking to or from a bus stop for one or more of the following reasons?

Extreme sensitivity to climatic conditions

Allergic/environmental sensitivities

Hyper-fatigue, frailty

Night Blindness

Inability to cross busy intersections

Other

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12. Are you able to find your way between familiar locations?

Yes No

13. Are you able to signal the bus driver to get off at a familiar bus stop and get off the bus there?

Yes No

14. At a bus stop served by more than one bus route, are you able to distinguish the correct bus to board and indicate intention to board?

Yes No

I hereby certify that the information given in this application is correct. I understand that the purpose of this form is to determine if there are times when I cannot use the Treasure Coast Connector bus service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.

Signature:

Date:

Applicant

Signature of other person completing this form:

Signature:

Date:

In order to allow St. Lucie Alternative Transportation Systems (SLATS) to evaluate your request for ADA paratransit eligibility certification, it may be necessary to contact your health care or rehabilitation medical professional for additional information about your disability and ability to use regular bus service. Please complete and sign the following authorization.

Note: It is important that, if possible, you identify a medical professional who is familiar not only with your particular disability but who also understands your ability or inability to travel on the public transit system.

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APPLICANTS 65 OR OLDER DO NOT NEED
TO COMPLETE PAGES 8 OR 9

I, _____ authorize the following medical professional:

Name of Doctor:

Street Address:

City/Town:

State:

Zip Code:

Telephone Number:

to release to ST. LUCIE ALTERNATIVE TRANSPORTATION SYSTEM (SLATS) information about my disability and its effect on my ability to travel which may be needed in connection with my request for ADA para-transit eligibility certification. It is my understanding that the information released will be used solely to determine by ADA para-transit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed above to release information described until 60 days after the date appearing below.

Applicant's Signature:

Date:

MEDICAL VERIFICATION

TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY

The Americans with Disabilities Act of 1990 (ADA requires that St. Lucie County provide complementary para-transit service to anyone who cannot use the fixed route system because of a disability. The applicant who has asked you to review and sign this form is applying to be considered eligible for the paratransit service because of some disability. This service is intended only for those trips that the person cannot make using the fixed route system because of a disability.

Please carefully review the information provided in this application and answer the questions below:

Applicant's Name:

1. Please describe the disability which functionally prevents the applicant from using the fixed route bus system

Check if this disability permanent temporary If temporary, duration estimation:

2. How does this condition prevent the applicant from using the fixed route system?

3. To the best of your professional knowledge, is the information provided in this application true and correct?

Yes

No

Signature:

Date:

Print Name and Title:

State of Florida License #: