BATTLE CREEK TRANSIT

BATTLE CREEK TRANSIT
APPLICATION FOR ADA CERTIFICATION
FOR PERSONS WITH DISABILITIES

Battle Creek Transit provides public transportation services on our fixed route buses and door-to-door transportation services through the use of Tele-Transit for persons who are certified as being ADA paratransit eligible. In order to participate in this program, you must:

1. Complete the application in full. The application must be legible in order to be processed.

2. Return the application to Battle Creek Transit either in person or simply fold so that the mailing address faces out, staple or tape closed, affix a stamp and mail.

Battle Creek Transit, will evaluate the information in the application. In order to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. You will be informed of your approval or disapproval within 21 days of receipt of the application. If your application is approved, you will be given information on how to get your identification card and use the Tele-Transit service and/or information regarding reduced fares on fixed route buses. If your application is disapproved, you will be given information on how to appeal the determination.

Battle Creek Transit reserves the right to verify the information reported on this application by contacting persons completing the forms.

Application forms will be confidential records and kept on file at Battle Creek Transit.

If you have any questions regarding this application, please call Battle Creek Transit at (269) 966-3474.

Should you be certified permanently disabled, you will be issued a **PERMANENT** identification card and no additional application or certification will be required.

Should you be certified temporarily disabled, you will be issued a **TEMPORARY** identification card. Temporary identification cards may be renewed if the disabling condition exists beyond the expiration date of the original identification card. You may be required to submit a new application.

REQUEST FOR CERTIFICATION OF ADA ELIGIBILITY

The information obtained in this certification process will be used by the Battle Creek Transit to determine whether the applicant meets the ADA regulations and can be certified as "ADA eligible" to utilize Battle Creek Transit's Tele-Transit van service. The information will not be provided to any person or agency that is not part of the certification process.

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1. Name _____

2. Address _____

   City _____ State _____ Zip _____

3. Telephone Number (Home) _____ (Work) _____

4. E mail address _____

5. Date of Birth ___/___/___

6. What is the disability which prevents you from using Battle Creek Transit's fixed route bus service:

   _____

   _____

   Is this condition temporary? _____

   If yes, expected duration until ___/___/___

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

   _____

   _____

   _____

   _____

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

   _____

   _____

   _____

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 request can be made by Battle Creek Transit.

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

   ❑ Wheelchair ❑ Powered Scooter ❑ Cane ❑ Crutches ❑ Walker
   ❑ Guide Dog ❑ Personal Care Attendant ❑ Other _____

10. Can you travel 200 feet without the assistance of another person?
❑ Yes ❑ No ❑ Sometimes_____

11. Can you travel1/4 mile without the assistance of another person?
❑ Yes ❑ No ❑ Sometimes_____

12. Can you travel 3/4 mile without the assistance of another person?
❑ Yes ❑ No ❑ Sometimes_____

13. Can you climb three 12-inch steps without assistance?
❑ Yes ❑ No ❑ Sometimes_____

14. Can you wait outside without support for 10 minutes?
❑ Yes ❑ No ❑ Sometimes_____

15. Is your ability to travel out-of-doors affected by snow or ice?
❑ Yes ❑ No ❑ Sometimes_____

16. Is your ability to travel or wait out-of-doors affected by extremes of hot or cold weather?
❑ Yes ❑ No ❑ Sometimes_____

17. I hereby certify that the information given above is correct.

Signed_____ Date_____/_____/_____
(Applicant's Signature)

Battle Creek Transit Use Only

Date application received:_____

Date Determination Needed:_____ ❑ Approved ❑ Denied Date:_____

Eligibility Category ❑ 1 ❑ 2 ❑ 3 ❑ Temporary (expiration date_____)

Mailed Response (date):_____Approved By Whom:_____

❑ Conditional Eligibility:_____

General Comments:_____

_____

Nearest Major Intersection:_____

Nearest Bus Stop:_____

Approximate Distance to Nearest Stop:_____

Extenuating Conditions:_____

_____

BATTLE CREEK TRANSIT
339 W. Michigan Ave
Battle Creek, MI 49037

PLACE
STAMP
HERE

BATTLE CREEK TRANSIT
ADA Certification
339 W. Michigan Ave.
Battle Creek, MI 49037-2313