Information for VIAtrans Applicants

What is VIAtrans? VIAtrans is a transportation service for persons who, because of a disability, cannot independently use regular (fixed route and schedule) VIA buses. VIAtrans passengers travel on small vans to and from most, but not all, addresses in the San Antonio area. It is a “shared-ride” system and the vans usually stop to pick up and drop off other passengers during a trip. The fare is $2.00 and reservations must be made at least one day in advance. Van operators (drivers) are trained to offer a basic level of passenger assistance, but VIAtrans is not an ambulance service and does not provide “emergency” transportation.

Who can qualify for VIAtrans service? VIAtrans eligibility is based on each person’s level of physical ability and cognitive awareness. Applicants are not approved or disapproved solely on the basis of age; a medical diagnosis; a rating from another agency; the inability to drive a car; or if VIA bus routes and schedules are not always convenient. Income is not a factor, and doctors cannot write a VIAtrans prescription.

Many people with mild or moderate disabilities ride VIA buses and do not need or qualify for the VIAtrans program. Regulations based on the Americans with Disabilities Act (ADA) require VIAtrans to transport only those persons whose disabilities are so severe that they are prevented from using VIA bus service for some or all transit trips. Note: VIAtrans service is not provided to children under the age of six (6) years.

How do I know if I’m eligible? Please complete and return the attached form. Some information must be provided by a doctor or a certified health care professional. An eligibility specialist will then determine your VIAtrans status. Temporary service can be provided if VIA does not make a decision within 21 days, but this 21-day period will be extended when additional information or an in-person assessment is needed.

What happens next? Approved applicants receive a photo ID card and a guidebook which explains how to use the VIAtrans system. Applicants found to be ineligible are given an explanation of VIA’s decision and information about the appeals process.

If you have questions about this application or VIAtrans service, please call [210] 362-2140 (voice) or [210] 362-2019 (TDD) from 8:00 A.M. to 4:45 P.M., Monday through Friday except on holidays. VIAtrans information is also available at the www.viainfo.net website.
INSTRUCTIONS: On pages 1, 2, 3 and 4 of this application, VIA is asking for information about you and your ability to use VIA bus service. Some questions are general and some are specific, but all are important. Please take the time to answer ALL questions carefully and completely. We cannot determine your eligibility for VIAtrans service without this information. It’s all right for a friend, guardian, caregiver, agency service representative or family member to help you complete your portion of the application, specifically pages 1, 2, 3, and 4. He or she will need to provide accurate information about you, your medical impairment, and your functional capacity. If you receive assistance completing your application, the person assisting you must be identified on Page 4. Pages 5 and 6 must be completed and certified by a physician who is familiar with your impairment or condition. Please direct your questions to us at 362-2140.

General Information - All information requested must be provided

Have you ever applied for VIAtrans or a Reduced Fare Card? NO □ YES □ DATE? __________
Have you ever been approved for VIAtrans/issued a Reduced Fare Card? NO □ YES □ DATE? __________

Applicant’s Name:_________________________________________________________ Date Of Birth: __ / __ /
Residence Address:________________________________________________________ Apt# ______________
City________________________, TX Zip Code:__________________ Sex: M __ F __
Facility Name And/Or Apartment Name:______________________________ Gate Code____________
Home Phone Number:_________ Day Phone ___________________ Cell Phone ___________________
Name of Emergency Contact:________________________ Relationship:________________________
Emergency Phone: ____________________ Day Phone: ____________________________

What communications format would be most appropriate for us to communicate with you?

English_____ Spanish_____ Braille_____ Audio Cassette_____ TDD_____ E-mail address____________________
***INDIVIDUAL AND MOBILITY INFORMATION:

What assistive device(s) do you use when traveling? (Please check any that apply).

- Support Cane
- Crutches
- Leg brace(s)
- Aluminum "walker"
- Other (describe):

- Manual wheelchair*
- Electric wheelchair*
- Electric scooter*
- "White cane"
- Communications device
- Trained service animal
- Portable oxygen
- None

***If you travel by wheelchair or scooter, you must provide the following information about your device:

a. Type (wchr?, sctr?): ______ Brand Name:__________ Make and Model#___________
b. Measurements: width (outer wheel-to-wheel): ______ ” length (front-to-back) ______”
c. Combined weight of occupied device (chair weight + applicant’s weight)________ lbs.
d. Attachments or features i.e., leg extenders, etc. _________________________________

1. Please tell us about the times when you can use the regular fixed-route bus service? (Examples: if short distance to bus stop; if bus has a wheelchair lift, in good weather)

2. What is the nearest street intersection to your home? (Example: Blanco & Basse):

3. Can you walk or use your wheelchair or assistive device(s) from your home to that intersection without help and without injuring yourself? _____Yes _____No
   a. How many minutes would it take you? ___2 ___5 ___10 ___15 can’t do it.
   b. How much farther past the nearest intersection could you travel, without help or injury?
       ______four times as far ______three times as far ______twice as far ______no farther

4. Can you safely cross a street alone? __Yes ___No

5. Can you find your way to a bus stop without getting lost, and wait at the stop for the bus to arrive? Yes___ No___ If no, please explain:__________________________________________________________________________

6. At a bus stop, how long can you stand and wait for a bus?
   ___15 minutes ___10 minutes ___5 minutes ___ Less than 5 minutes

7. Can you understand bus schedule information? __Yes ___No

8. All buses have a "destination sign" in front, which shows the route name and number.
   Can you read a bus destination sign? ___Yes ___No
   Can you ask the driver where the bus is going? ___Yes ___No
   Can you give or write a note to the driver? ___Yes ___No
   Can you understand the driver's answer? ___Yes ___No
9. If you were on the bus, could you pay the fare by putting coins or tickets in the fare box, or by showing a pass to the bus driver? ___Yes ___No If no, explain: ____________________________

10. If you were on the bus, could you recognize the place where you wanted to get off the bus? If “no”, please explain: ____________________________

11. Have you ever used the bus in San Antonio or another city? _____Yes _____No If “yes”, please explain when and why you stopped using the bus: ____________________________

12. Have you ever received “orientation and mobility training” or “travel training”? ___Yes ___No If “yes”, please list any VIA bus routes on which you can travel: ____________________________

13. Please tell us the reasons why you believe you cannot use VIA bus service for some or all trips, or how it is difficult for you to do so: ____________________________

14. Do you participate in a work activity center or workshop? ___Yes ___No If “yes”, which one? ____________________________

15. Do you attend a daycare center or participate in a residential care or day treatment program? ___Yes ___No If yes, which one? ____________________________

16. Do you receive dialysis treatment? ______Yes ______No If “yes”, where do you receive it? How often and/or which regular days? ____________________________

17. Do you reside at an assisted living facility or at a nursing home? _____Yes _____No If “yes”, which one? ____________________________

18. Are you a student attending school? ___Yes ___No If “yes”, name of school: ____________________________

19. Are you able to walk up and down three (3) steps (12” rise, with handrails)? ___Yes ___No

20. If you use a wheelchair/scooter, can you transfer yourself from the wheelchair/scooter to a passenger car? ___Yes ___No

21. If you use a wheelchair or scooter, does your residence have a ramp? ___Yes ___No If no ramp, how do you get your wheelchair/scooter to street/ground level?

22. Do you require someone to travel with you? ________ If “yes”, please explain why: ____________________________

23. Are you able to independently call and make or cancel trip reservations? ___Yes ___No

24. Can you wait independently alone at your residence and places to which you travel? If “no”, explain: ____________________________
AGREEMENT AND AUTHORIZATION:

I state that the information I have provided is true, accurate, and correct. I authorize the release of diagnostic and functional information as requested, to VIA for the sole purpose of making a determination regarding my eligibility for paratransit service (VIATrans) or for the Mobility Assistance Program Reduced Fare Card for the fixed route bus service, and understand that all personal and medical information will be kept confidential.

If requested, I agree to undergo a functional assessment of my mobility abilities and limitations for the purpose of making a determination regarding my eligibility for paratransit van service (VIATrans) or for the Mobility Assistance Program Reduced Fare Card for fixed route bus service. I understand that intentionally false or misleading information or refusal to undergo a functional assessment is grounds for a determination of ineligibility for VIA services and benefits.

If approved, I agree to follow the rules and guidelines established by VIA and to promptly inform VIA of any changes in my residence, phone number, and if applicable, my caregivers name and phone number; and any significant change in my condition that would affect my level of mobility. I understand that failure to follow proper procedures or cooperate with VIA staff; demonstrating illegal or disruptive behavior; or if my condition at any time poses a direct threat to the health or safety of others, such situations may result in either suspension and/or termination of service or benefits.

APPLICANT’S SIGNATURE: ___________________________ DATE: ________________

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name ____________________________
What is your relationship to applicant? ____________________________
Mailing Address ____________________________
Home Phone: ____________  Day Phone: ____________  Cell Phone: ____________
Signature ____________________________ date ____________

STOP! Response to the remaining questions on this application must be provided by a licensed or certified health care provider who is familiar with your condition. DO NOT TAKE THE APPLICATION PAGES APART. Take the entire form to your provider so that the medical section may be completed and the complete form may be returned to VIA Accessible Services.

Thank you
Dear Provider:

The Americans with Disabilities Act of 1990 requires VIA to provide paratransit service to individuals who, because of their medical condition or impairment, are prevented from using regular VIA city bus service for most trips. Age, economic status, and environmental conditions may not be considered 'medical' factors in the assessment of paratransit eligibility. The information requested of you in the following sections will be used to determine the applicant’s VIAtrans eligibility. It is important that all questions be answered completely and accurately to the best of your knowledge and in accordance with your records. If the information is incomplete or unclear, we may need to contact you for clarification. Thank you for your cooperation.

1. Please indicate date of your most recent examination of this applicant: ________________

2. Based on your knowledge of the patient’s condition, is the information provided on the previous pages a reasonable representation of his/her condition? _______Yes _______No
   If “no”, please explain ________________________________________________________________

3. Please provide formal medical diagnoses and/or diagnostic codes to describe the applicant’s primary impairments or disabling conditions:

4. If vision impaired, what is best corrected acuity (Snellen)? (R) _______ (L) _______
   Field Restriction: (R) _______ (L) _______ Date of Testing: ____________________________

5. If hearing impaired, what is the degree of discrimination for conventional speech without hearing aid(s)? (R) _______ (L) _______ With hearing aid? (R) _______ (L) _______

6. If cognitively impaired, what is the most recently recorded IQ or Performance Test Scores and date of Testing? ________________________________________________________________

7. What was the onset date of these conditions? (month/year): _______ If temporary,
   what is a reasonably anticipated recovery date for independent travel? ________________

8. Can applicant travel independently from his/her house, to the sidewalk? _______Yes _____ No.
   If "no" or "sometimes", please explain: __________________________________________________________________________

9. Assuming the use of a mobility aid, if applicable, and with no major barriers in his/her path, how far can the applicant independently travel without help or significant risk of injury:
   less than 1/4 mile ___ 1/4 mile___ ½ mile____ 3/4 mile____ more than 3/4 mile_____

10. Does the applicant's disability require him/her to travel with another person who provides personal assistance? Yes _______ No _______ Sometimes ______________

11. Could the applicant benefit from travel training, if it was available? Yes ____ No ___ Maybe ____
12. Please rate (Excellent / Good / Fair / Poor / None / Don't Know) the applicant in terms of:

a) upper body strength: __E __G __F __P __N __DK
b) lower body strength: __E __G __F __P __N __DK
c) coordination: __E __G __F __P __N __DK
d) balance: __E __G __F __P __N __DK
e) safety awareness: __E __G __F __P __N __DK
f) independent judgment: __E __G __F __P __N __DK
g) sense of direction: __E __G __F __P __N __DK
h) ability to understand and follow instructions: __E __G __F __P __N __DK
i) verbal communication: __E __G __F __P __N __DK
j) written communication: __E __G __F __P __N __DK
k) stamina and endurance: __E __G __F __P __N __DK

13. Is applicant wheelchair dependent?  Yes ________  No ______________

14. What, if any, is the extent of left and/ or right-side paralysis:______________________________

15. Can the applicant walk up and down two steps (12" rise, each step, with handrails available)?
   Yes ________  No ______________  Sometimes ______________

   Does the applicant require a lift-equipped vehicle to board?  Yes _____  No _______

16. Please list any other factors (i.e., extreme temperatures) which significantly restrict the applicant's mobility:__________________________________________________________

CERTIFICATION:

I certify that the information I have provided hereto is a fair representation of this applicant’s medical impairment or condition and is accurate to the best of my knowledge. I understand that the information provided hereto will be used for the sole purpose of determining the applicant’s eligibility for paratransit services. I also agree that VIA may contact me for clarification of any information I have provided and that I will reply in good faith.

Provider’s Full Name: ________________________________________________

Institution/Facility/Agency Name: __________________________________________

Street Address:________________________  Suite# ____  City:_________  Zip Code_____

Medical License Number:__________ Telephone#_________________  FAX# __________

Physician’s Signature: ___________________________________________  Date: __________

**** Note: “Stamped” signatures in the certification section will not be accepted.

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