

**LAKE COUNTY PUBLIC TRANSPORTATION  
APPLICATION FOR PARATRANSIT SERVICES  
AMERICANS WITH DISABILITIES (ADA) COMPLIMENTARY SERVICES**

Lake County provides two types of public transportation:

**Lake County Connection** is a “door-to-door” shared ride **paratransit service** provided only to individuals with disabilities that cannot use LakeXpress and that meet certain eligibility requirements.

**LakeXpress** is the “fixed route” public transportation system which is open to the general public. (No eligibility requirements.) Passengers go to a bus stop or to a safe point along the bus route and wait for the bus. (Until sufficient bus stop signs are installed, passengers may “flag” down the fixed route bus at safe locations on the route.)

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Please fill out the application completely. **A LICENSED PROFESSIONAL MUST COMPLETE SECTION D, IF APPLICABLE.**

The certification process may involve a telephone interview. **All questions must be answered.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED. IF THE INFORMATION IS NOT PROVIDED WITHIN 30 DAYS THE APPLICATION WILL BE DENIED.**

If you have any questions or need assistance completing this application, please call our Customer Service Department at (352) 326-2278 ext. 3.

**PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS.**

**WHEN COMPLETED, PLEASE RETURN THE APPLICATION TO:**

**Lake County Connection  
P.O. Box 491597  
Leesburg, FL 34749**

DO NOT WRITE IN THIS SPACE	
New Application: _____	Re-certification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Part Review: _____ Date: _____
PCA Needed: Yes: _____ No: _____	Fixed Route Referral Y/N Date: _____

## **INSTRUCTIONS FOR COMPLETING THIS FORM**

Please read the enclosed paratransit eligibility criteria carefully. If you feel that you meet these criteria, please fill out the applicable sections of this form.

Be sure to print and complete all information requested and sign where appropriate.

Section D, Professional Verification, must be completed and signed by an approved health care professional or proof of social security disability or other acceptable documentation must be submitted with your application. Information may be verified.

Lake County Public Transportation provides paratransit services in specially equipped vans and sedans to persons who cannot use the regular bus system (LakeXpress). This service is provided under Lake County Connection, our door-to-door service.

To be eligible for Lake County Public Transportation Americans with Disabilities complementary services, individuals must have disabilities that prevent them from being able to use or access LakeXpress, the fixed route bus system. Age, income, access, nor the distances to the nearest bus stop alone qualify as eligible disabilities.

Any false or misleading statements will be cause for revoking paratransit eligibility.

Determination of paratransit eligibility is not based solely on the information given to us in this application. The applicant may be required to participate in our Functional Assessment interview to determine the best mode of transportation. The applicant will be notified by mail to schedule an appointment for the Functional Assessment.

**Incomplete or illegible applications will be returned causing a delay of the Applicant's eligibility determination.**

Federal guidelines mandate that determinations for paratransit eligibility be made within 21 days from receipt of a completed application.

Applicants will be granted presumptive eligibility if determination has not been made within the 21 days of the submission of the completed application.

**SECTION 1 – GENERAL INFORMATION**

New

Female

Recertification

Male

**PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Medicaid No: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision or Apartment Name: \_\_\_\_\_

If this is a "gated community" please provide the gate code: \_\_\_\_\_

Nearest intersecting street: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide information for someone we can contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you require materials or correspondence in an alternative format?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list acceptable formats: \_\_\_\_\_

Lake County Board of County Commissioners and our Operator, MV Transportation, Inc. collects your social security number for the following purposes: identification and verification, billing and payments and benefit processing. Social security numbers are used as a unique numeric identifier and may be used for search purposes.

**APPLICANT RELEASE**

I understand that the purpose of this evaluation application is to determine my eligibility for Lake County Connection paratransit service.

I understand that the information about my disability contained in this application will be kept confidential and the information may be verified with my health care professional.

I hereby authorize my medical representative to release the pertinent medical information regarding my condition to Lake County Connection if requested.

I understand that providing false or misleading information could result in my eligibility status being revoked.

I agree to notify Lake County Connection within 10 days, if there is a change in circumstances or I no longer need to use paratransit services.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**If applicant is unable to sign this form, he/she may have someone sign on his/her behalf. I am signing on behalf of \_\_\_\_\_.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Applicant**

\_\_\_\_\_  
**Date**

Please check which condition(s) prevents you/the applicant from accessing the regular Lake Express fixed route bus system.

\_\_\_\_\_ None, I'd rather use the door-to-door service.  
**(Please complete Section A only.)**

\_\_\_\_\_ The bus stop is too far or the bus does not run where I need to go.  
**(Please complete Section B only.)**

\_\_\_\_\_ My disability prevents me from using the regular bus system.  
**(Please complete Section C and Section D only.)**

**SECTION A**

1. How do you currently travel to your destinations?  
LakeXpress \_\_\_\_ Lake County Connection \_\_\_\_ Taxi \_\_\_\_  
Drive myself \_\_\_\_ Other \_\_\_\_
  
2. Do you have friends or relatives who can take you?  
Yes \_\_\_\_ No \_\_\_\_
  
3. What is your annual household income? \_\_\_\_\_
  
4. How many people (including yourself) are in your household? \_\_\_\_\_
  
5. Have you in the past 2 years, qualified for public assistance?  
Yes \_\_\_\_ No \_\_\_\_
  
6. Do you have weekly scheduled medical appointments (such as dialysis, etc)?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please list: \_\_\_\_\_
  
7. How many medical appointments do you have a month?  
1-2 \_\_\_\_ 3-4 \_\_\_\_ 5-6 \_\_\_\_ More than 7 \_\_\_\_
  
8. Do you or anyone in your household own or have a car?  
Yes \_\_\_\_ No \_\_\_\_ (Information may be verified by DMV)
  
9. Would you like to ride LakeXpress if you were provided with a bus pass?  
Yes \_\_\_\_ No \_\_\_\_
  
10. Do you have any of the following? (Please check all that apply.)  

<input type="checkbox"/> I am on portable oxygen	<input type="checkbox"/> I have a medical impairment
<input type="checkbox"/> I have a sight impairment	<input type="checkbox"/> I am legally blind
<input type="checkbox"/> I am totally blind	<input type="checkbox"/> I have a hearing impairment
<input type="checkbox"/> I need assistance walking	<input type="checkbox"/> I use a walker
<input type="checkbox"/> I use a cane	<input type="checkbox"/> I have a service animal
<input type="checkbox"/> I need an escort	<input type="checkbox"/> I use crutches
<input type="checkbox"/> I must travel by wheelchair	<input type="checkbox"/> I must travel by stretcher
<input type="checkbox"/> I have a personal care attendant	

\_\_\_\_\_  
Applicant's Name

**SECTION B – PAGE 1 OF 2**

1. How close is the nearest bus stop to your home?  
\_\_\_\_\_
  
2. Do you currently ride Lake County Connection busses?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Have you used Lake County Connection service in the past 6 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_
  
4. What are your transportation needs? \_\_\_\_\_  
\_\_\_\_\_
  
5. How do you currently travel to your destinations?  
LakeXpress \_\_\_\_\_ Lake County Connection \_\_\_\_\_ Taxi \_\_\_\_\_  
Drive myself \_\_\_\_\_ Other \_\_\_\_\_
  
6. Do you have weekly scheduled medical appointments (such as dialysis, etc)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_
  
7. How many medical appointments do you have a month?  
\_\_\_\_\_ 1-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-6 \_\_\_\_\_ More than 7
  
8. Do you or anyone in your household own or have a car?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Information may be verified by DMV)
  
9. Would you like to ride LakeXpress if you were provided with a bus pass?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
10. Does the bus go where you want to go?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION B – PAGE 2 OF 2**

11. Do you have any of the following? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> I am on portable oxygen          | <input type="checkbox"/> I have a medical impairment |
| <input type="checkbox"/> I have a sight impairment        | <input type="checkbox"/> I am legally blind          |
| <input type="checkbox"/> I am totally blind               | <input type="checkbox"/> I have a hearing impairment |
| <input type="checkbox"/> I need assistance walking        | <input type="checkbox"/> I use a walker              |
| <input type="checkbox"/> I use a cane                     | <input type="checkbox"/> I have a service animal     |
| <input type="checkbox"/> I need an escort                 | <input type="checkbox"/> I use crutches              |
| <input type="checkbox"/> I must travel by wheelchair      | <input type="checkbox"/> I must travel by stretcher  |
| <input type="checkbox"/> I have a personal care attendant |  |

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Applicant's Name

**SECTION C - FUNCTIONAL ABILITY – PAGE 1 OF 2**

Please check yes or no.

**Without the help of someone else, can you:**

- |     |  |           |          |
|-----|--|-----------|----------|
| 1.  | Board a lift-equipped bus?                     | Yes _____ | No _____ |
| 2.  | Handle coins and transfers?                    | Yes _____ | No _____ |
| 3.  | Read/hear/understand directions?               | Yes _____ | No _____ |
| 4.  | Wait outside without support for 15 minutes?   | Yes _____ | No _____ |
| 5.  | Travel one block on a sidewalk?                | Yes _____ | No _____ |
| 6.  | Grip handles and railings?                     | Yes _____ | No _____ |
| 7.  | Travel to nearest bus stop?                    | Yes _____ | No _____ |
| 8.  | Balance yourself while seated?                 | Yes _____ | No _____ |
| 9.  | Stand at a bus stop?                           | Yes _____ | No _____ |
| 10. | Provide your home address/ phone number?       | Yes _____ | No _____ |
| 11. | Walk $\frac{3}{4}$ of a mile?                  | Yes _____ | No _____ |
| 12. | Safely travel in crowds/or complex facilities? | Yes _____ | No _____ |
| 13. | Identify the correct bus?                      | Yes _____ | No _____ |
| 14. | Recognize a destination or landmark?           | Yes _____ | No _____ |
| 15. | Climb a 12 inch step?                          | Yes _____ | No _____ |
| 16. | Cross a street?                                | Yes _____ | No _____ |



**SECTION C – PAGE 2 OF 2**

If you answered no to any of the previous questions, please write the number of the question and provide an explanation.

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What conditions or elements prevent you from getting to and from a regular bus stop? (Please check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> There are no curb cuts      | <input type="checkbox"/> There are no sidewalks |
| <input type="checkbox"/> Ground is not level         | <input type="checkbox"/> Slightly on an incline |
| <input type="checkbox"/> High levels of pollution    | <input type="checkbox"/> Extreme weather        |
| <input type="checkbox"/> Busy intersection           |   |
| <input type="checkbox"/> Other, please explain _____ |   |
- 

Do you use any of these mobility aids or equipment? (Please check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Portable oxygen       | <input type="checkbox"/> Service Animal                                       |
| <input type="checkbox"/> Walker                | <input type="checkbox"/> Cane   |
| <input type="checkbox"/> Crutches              | <input type="checkbox"/> Stretcher  |
| <input type="checkbox"/> Powered Wheelchair    | <input type="checkbox"/> Manual Wheelchair                                    |
| <input type="checkbox"/> Scooter               | <input type="checkbox"/> Leg Brace  |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> I do not use any of these mobility aids or equipment |

**NOTE:** Mobility devices that exceed the Americans with Disabilities (ADA) definition of a common wheelchair cannot be accommodated. All wheelchairs or scooters must be no longer than 48 inches, no wider than 30 inches, and must not have a weight of more than 600 pounds when occupied.

Do you have any of the following? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> I have a mental impairment       | <input type="checkbox"/> I have sight impairment   |
| <input type="checkbox"/> I am legally blind               | <input type="checkbox"/> I am totally blind        |
| <input type="checkbox"/> I have a hearing impairment      | <input type="checkbox"/> I need assistance walking |
| <input type="checkbox"/> I have a personal care attendant | <input type="checkbox"/> I need an escort          |

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Applicant's Name

**SECTION D – PROFESSIONAL VERIFICATION**

**MUST BE COMPLETED BY A LICENSED PROFESSIONAL**

The applicant is requesting certification to use Lake County Connection paratransit service. Lake County Connection is a door-to-door, shared ride program for individuals with physical or cognitive disabilities who are unable to use or access the regular fixed route public transportation service.

Please complete the medical verification section of this application. The information you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our bus service.

The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

What is the applicant’s disability?

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How does this condition functionally prevent the applicant from using the regular bus service?

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What other normal life functions are prevented by the disability?

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Is the applicant’s disability:      Permanent \_\_\_\_\_      Temporary \_\_\_\_\_

If temporary, what is the estimated duration of the disability?

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\_\_\_\_\_  
**Signature of Approved Health Care Professional**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Professional License Number**

\_\_\_\_\_  
**State Issued**

**Print Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City**

**State**

**Zip Code**

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_