



5081 Fred Wilson  
El Paso, TX 79906  
Office: 915.212.LIFT

Are you currently a LIFT Passenger?

☐ Yes ☐ No

LIFT ID number: \_\_\_\_\_

## Application for Paratransit Transportation

Sun Metro LIFT provides door-to-door transportation service on a shared-ride basis using small buses equipped with hydraulic wheelchair lifts. This service is available to persons who because of their disability, are prevented from:

Category 1 – Independently getting to/from a bus stop or transfer point using traditional Sun Metro fixed – route buses.

Category 2 – Independently boarding, riding and exiting a Sun Metro fixed-route bus

Category 3 – Boarding or getting to/from a bus stop because of the inability of the bus to deploy the lift or ramp at an inaccessible bus stop.

Please complete this application to the best of your ability, and as thoroughly as possible. If there are any questions that you do not understand, please call Sun Metro LIFT at 915.212.3004 for further assistance. In order for your application to be considered complete, all questions, including the Doctors/Agency verification form, must be answered, the application will not be processed until completed.

The purpose of the application is to provide a fair opportunity for you to describe barriers in the environment and how your disability prevents you from using Sun Metro fixed route transportation. The more information provided, the better Sun Metro LIFT will understand your ability and travel challenges. Information contained in this application will be kept confidential and shared only with professionals involved in evaluation your eligibility status to utilize Sun Metro LIFT.

**Important:** At times, Sun Metro LIFT may request phone interview and/or an In-Person Functional Assessment to obtain more information regarding your application. If an In-Person Functional Assessment is requested, this will evaluate your most limiting functional ability, potentially involving simulated trips, assessing skills like balance, coordination, and safety. This optional process is completed by a licensed Physical or Occupational Therapist and is free of charge. Sun Metro LIFT will provide transportation for an In-Person Functional Assessment. During this time, you may provide any additional information pertaining to your application that you may deem necessary.



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### General Applicant Information

**Please Print**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

5. Emergency Contact Information:

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Would you prefer to receive future written information in an alternative format? Please mark desired format.

☐ Standard Print

☐ Large Print

☐ Email address: \_\_\_\_\_

☐ Spanish Format

☐ Other: \_\_\_\_\_



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### About your Disability

7. Do you have a disability which prevents you from using the Sun Metro fixed-route? (The fixed-route system consists of the regular Sun Metro large buses)

☐ Yes ☐ No

8. If yes, please describe any physical, cognitive, visual, or functional disabilities which prevent you from using the Sun Metro fixed-route bus service below:

9. Is your disability or disabilities a permanent or temporary condition?

☐ Permanent ☐ Temporary

10. Do you have a visual impairment?

☐ Yes ☐ No

11. Do you have a hearing impairment?

☐ Yes ☐ No

12. Are you able to travel independently after dark?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

13. Are you able to independently locate an audible cross walk indicator and successfully cross an intersection?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:



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14. Are you able to independently navigate through a fixed route terminal and locate your desired bus stop?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

15. Do you currently take any medication?

☐ Yes ☐ No

If yes, does your medication impact your ability to utilize the fixed-route system? If so, Please explain:

16. Do weather conditions affect your disability? If so, please explain how:

17. Do you use a mobility device?

*Please mark all that apply:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Portable Oxygen    | <input type="checkbox"/> Crutches               | <input type="checkbox"/> Walker              |
| <input type="checkbox"/> White Cane         | <input type="checkbox"/> Service Animal         | <input type="checkbox"/> Leg Braces          |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Powered Scooter        | <input type="checkbox"/> Prosthesis          |
| <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Walking Cane           | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Respirator         | <input type="checkbox"/> Other, please explain: |  |
- 

18. Do you require assistance to/from the front door of your home?

☐ Yes ☐ No

19. Do you require a Personal Care Attendant?

☐ Yes ☐ No



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### **Current Mode of Transportation and Navigating the Fixed-Route System**

20. Are you currently able to utilize the fixed-route system?

☐ Yes ☐ No

21. If you answered 'no' please answer the following questions:

a. Why are you not able to use the regular fixed route buses?

b. Are there times when you would be able to use it? If so, under what circumstances?

c. Are there any physical or environmental barriers in the fixed-route system which prevent you from using it? (i.e., inaccessible bus, lack of curb cuts or ramps/sidewalks, dirt, gravel, etc.)

22. Do you think with enough training that you would be able to utilize the fixed-route?

23. If you utilize the fixed-route system, how often do you utilize the service?

- ☐ Daily
- ☐ 1-2 a week
- ☐ 1 -2 a month
- ☐ Never utilized fixed-route

24. Are you able to independently and without assistance walk up to ¼ mile (about 4 blocks)?

☐ Yes ☐ No



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25. Are you able to wait outside without assistance or support for up to 10 (ten) minutes?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

26. Do you have the ability to recognize landmarks of your destination without assistance?

☐ Yes

☐ No

☐ With assistance from \_\_\_\_\_

27. Do you have the ability to deal with unexpected changes in your route?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

28. Have you ever gotten lost while traveling alone?

☐ No, I've never been lost while traveling alone.

☐ No, I've never been alone.

☐ Yes, I've been lost.

29. If you answered yes, were you able to find your way back?

☐ Yes, I was able to find my way back, alone.

☐ Yes, with help.

☐ No.

30. If you couldn't find your way back, what did you do? Please explain what happened:



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31. Do you utilize a smart phone, if so are you able to contact Sun Metro for assistance with route information?

☐ Yes ☐ No ☐ Sometimes

If you answered 'no' or 'sometimes', please explain:

32. Would you be interested in learning how to utilize the fixed route through Travel Training with a certified trainer? This program is free of charge.

☐ Yes ☐ No

33. Should we have further questions regarding your application, do you authorize Sun Metro LIFT to contact your Doctor and/or Certified Agency for further questions?

☐ Yes ☐ No

34. List the top (3) three locations that you often travel with your current mode(s) of transportation.

A. Where do you go? \_\_\_\_\_

Address? \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

B. Where do you go? \_\_\_\_\_

Address? \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

C. Where do you go? \_\_\_\_\_

Address? \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_



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### Functional Ability Questionnaire

Your answers to the following questions will help Sun Metro LIFT better understand your functional ability in specific areas. For each question, please check one answer. Your answer should be based on whether you can perform this activity independently without assistance.

#### Can you...

1. Use the telephone to call Sun Metro for route information and schedules?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

2. Walk up and down (3) three steps if there are handrails?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

3. Walk up or down a gradual hill on the sidewalk, if the weather is good?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

4. Find your own way to the bus stop if someone shows you the way once?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

5. Are you able to walk up to (1) one city block without taking a rest break?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:





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6. Are you able to wait (10) ten minutes at a bus stop that has no shelter or bench?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

7. Are you able to cross a controlled intersection within the allotted time provided?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

8. Are you able to travel alone?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

9. Are you able to transfer from one fixed route bus to another fixed route bus?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

10. Are you able to navigate through a fixed route terminal independently?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

11. Are you able to verify, and pay the correct fare?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:



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12. Are you able to keep track of time?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

13. Are you able to provide personal information? (i.e., phone number, name, address)

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

14. Should we have further questions regarding your application, would you be willing to participate in an In-Person Functional assessment? Information about this optional process can be found on page 1 of this application.

☐ Yes ☐ No

15. Did you require assistance in completing this application?

☐ Yes ☐ No

If yes, how did that person assist you?

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**Important:** Sun Metro LIFT will only use this information to determine your eligibility to use Sun Metro LIFT. Sun Metro LIFT will keep this information confidential and secure and will only use it for transportation-related purposes. Sun Metro LIFT may also use the contact information provided to solicit feedback about the LIFT, including providing the telephone and name to a third-party to carry-out periodic surveys. **If you do not wish to participate in surveys or receive calls regarding the LIFT's service, check here:** ☐

I certify that all information is true and correct. I agree that if any information given to Sun Metro LIFT is false or misleading, Sun Metro LIFT may reconsider my right to participate in the Sun Metro LIFT program. I understand, I may be asked to an in-person interview to verify the information provided is correct. If asked to come in, Sun Metro LIFT will provide transportation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_