



5081 Fred Wilson • El Paso, TX 79906
Office 212-0100 • Fax 212-0102

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 Certified Doctors/Agency 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 LIFT paratransit transportation service. 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: All Sun Metro LIFT applications must be processed within 21 days of receiving a completed application to include Doctor/Certified Agency form. At times, Sun Metro LIFT may request phone interview and/or an In-Person Functional Assessment to obtain more information regarding your application. Sun Metro LIFT will provide transportation for an In-Person Functional Assessment to our office at 5081 Fred Wilson, Ave. 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

16. If yes, does your medication impact your ability to utilize the fixed-route system?
Yes No
If so, Please explain:

17. Do weather conditions affect your disability? If so, please explain how:
Yes No
If so, Please explain:

18. Do you use a mobility device?
Please mark all that apply:

Portable Oxygen

White Cane

Wheelchair/powerd

Wheelchair/manual

Respirator

Crutches

Service Animal

Powered Scooter

Walking Cane

Other, please explain:

Walker

Leg Braces

Prosthesis

Communication Board

19. Do you require assistance to/from the front door of your home?
Yes No

20. Do you require a Personal Care Attendant?
Yes No



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Current Mode of Transportation and Navigating the Fixed-Route System

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

Yes No

22. 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?

Yes No

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.)

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

Yes No

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

Daily

1 to 2 times a week

1 to 2 times a month

Never utilized fixed route

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

Yes No



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26. Are you able to wait outside without assistance or support for up to ten minutes?

Yes No Sometimes

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

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

Yes

No

With assistance from: _____

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

Yes No Sometimes

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

29. 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.

30. 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.

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



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

Yes No Sometimes

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

33. 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

34. 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

35. List the top 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 indicated 'never' or 'not sure', please explain:

2. ...walk up and down three steps if there are handrails?

Always Sometimes Never Not Sure

If you indicated '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 indicated '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 indicated 'never' or 'not sure', please explain:

5. ...walk up to one city block without taking a rest break?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

6. ...wait ten minutes at a bus stop that has no shelter or bench?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:



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7. ...cross a controlled intersection within the allotted time provided?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

8. ...travel alone?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

9. ...transfer from one fixed route bus to another fixed route bus?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

10. ...navigate through a fixed route terminal independently?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

11. ...verify and pay the correct fare?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

12. ...keep track of time?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:

13. ...provide personal information (i.e., phone number, name, address)?

Always Sometimes Never Not Sure

If you indicated 'never' or 'not sure', please explain:



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Did you require assistance in completing this application?

Yes No

If yes, how did that person assist you?

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: _____

Please have your Doctor or a certified agency complete and sign this form.

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Applicant's Name

Applicant's Date of Birth

Dear Doctor/Agency:

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- Independently getting to/from a bus stop or transfer point using traditional Sun Metro fixed-route buses
- Independently boarding, riding and exiting a Sun Metro fixed-route bus
- 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

The above applicant is applying for Sun Metro LIFT services and is kindly requesting information regarding their disability. This information will allow Sun Metro LIFT to properly evaluate the applicant's inability to ride Sun Metro's traditional fixed-route system and thereby becoming eligible for Sun Metro's paratransit system.

Thank you for your cooperation.

Please print and refrain from using medical codes

1. Capacity in which you know the applicant: _____

2. Condition causing the disability: _____

3. Is the condition temporary?

Yes No

If yes, what is the expected duration? _____

4. If the person has a disability affecting mobility, is the person able to travel without assistance?

Yes No Sometimes

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

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5. Is the applicant able to travel up to ¼ of a mile without assistance or equivalent to 4 blocks?

Yes No

6. Is the applicant able to wait outside for 10 minutes without assistance or support?

Yes No

7. Do you use a mobility device?

Please mark all that apply:

Portable Oxygen	Crutches	Walker
White Cane	Service Animal	Leg Braces
Wheelchair/powerd	Powered Scooter	Prosthesis
Wheelchair/manual	Walking Cane	Communication Board
Respirator	Other, please explain:	

8. Does the applicant have a visual impairment? (e.g. Peripheral vision, Macular Degeneration, Cataracts etc.)

Yes No

a. If yes, please complete client's visual acuity:

Right eye _____ Left eye _____ Both eyes _____

b. If other vision condition, please describe: _____

9. If the applicant has a visual impairment, is the applicant able to travel after dark independently?

Yes No Sometimes

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

10. Does the applicant have a hearing impairment?

Yes No

If yes, please explain condition:

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11. Does the applicant have an cognitive impairment?

Yes No

If you indicated 'yes' please explain condition:

12. If the applicant has a cognitive impairment, can the applicant provide general information upon request? (i.e., telephone number, address, name)

Yes No Sometimes

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

13. Can the applicant deal with unexpected situations in daily routine?

Yes No Sometimes

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

14. Can the applicant ask for, understand and follow directions?

Yes No Sometimes

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

15. Can the applicant safely and effectively travel in a crowded area?

Yes No Sometimes

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

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16. Does the applicant take any medications?

Yes No

17. If yes, does the medication cause any side effects that would impact the applicant's functional ability?

Yes No Sometimes

If you indicated 'yes' or 'sometimes', please explain:

18. Are there any other conditions or disabilities that would prevent this applicant from riding the traditional wheelchair-accessible fixed route that Sun Metro should be aware of?

19. Should we have further questions regarding the applicant most limiting functional ability, do you authorize Sun Metro LIFT reach out to you for further questions?

Yes No

Important: Sun Metro LIFT will only use this information to determine the applicant's 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.

I certify that the information provided is true and correct to the best of my knowledge.

Certified Agency or Physicians Name: _____

Address: _____ Suite: _____

Phone Number: _____

Signature: _____ Date: _____

Print Name: _____