



Delaware County Transit

Delaware County Transit will provide specialized Door to Door service to individuals who cannot use DCT's regular service.

Personal Care Attendants may accompany a passenger upon approval. A Personal Care Attendant (PCA) is someone you may bring to assist you while traveling or with personal care or activities. You may schedule one (1) PCA and they may ride for free when traveling with you.

***Regular service** is defined as a pick up and or drop off of a passenger that does not require any assistance from the driver. The passenger is able to board and off board the vehicle on his or her own and be able to communicate his or her needs to the driver.

Regular service is defined as a pick up and or drop off of a passenger that does not require assistance from the driver other than:

Use of the lift

Securing or releasing of a wheelchair or walker

Special service is defined as a pick up or drop off when the passenger requires assistance from the driver for any of the following reasons:

Boarding or exiting the vehicle

Door-to-door assistance

Personal care attendant

To be eligible for these special services, the functional limitations of an individual's disability must prevent use of normal bus service. Medical diagnosis or name of "disability" by themselves are not taken into consideration in making eligibility determination.

Part 2 must be filled out clearly, completely, and signed by a licensed or certified professional. Some things that will delay/prevent the Mobility Service Department from processing an application include:

- Any questions that are left unanswered in Part 2.
- No signature on Part 2.
- If Part 2 is completed by anyone other than a licensed professional.
- If the licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.

After completing the application, please mail to:

Delaware County Transit

119 Henderson Court Delaware, Ohio 43015 or by Fax: 740-362-7603



Part 2

To be completed by a licensed or certified professional.

(Professionals qualified to complete Part 2 include: Audiologist; Chiropractor; MD; Mobility Specialist; LPN; RN; Nursing Home Administrator; Occupational Therapist; Licensed Independent Social Worker that specializes in the functional limitation; Speech Therapist; Superintendent of County Developmental Disability programs or his/her designee; and school teacher.)

Applicants Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

What is your relationship to applicant? _____

1) What type of condition(s) prevents the applicant from using DCT's regular service? Check all that apply: Be specific

None Physical Visual Deaf/Blind
 Hearing Developmental Disability Mental Health Condition
 Speech Other (specify) _____

2) How does this condition(s) prevent the applicant's use of the regular bus system as defined above *. **Please explain:**

Is the condition(s) temporary? Yes No

If yes, what is the expected duration? _____ Months

3) Is the applicant able to get on and off of a regular DCT's bus equipped with a wheelchair lift without assistance? The driver operates the wheelchair lift and secures the equipment.

Yes _____ No _____ N/A _____

4) Is the applicant able to walk/use wheelchair to the bus nearest to his/her home?

Yes _____ No _____ N/A _____

- ___ Cannot negotiate hilly or rough terrain
 - ___ Cannot tolerate extreme weather temperatures
 - ___ Lack of sidewalks and curb cuts in applicants neighborhood
 - ___ Cannot locate bus stop due to visual condition
 - ___ Cannot travel on surfaces covered with ice or snow
 - ___ Cannot cross busy intersections
 - ___ Cannot identify correct bus during day/night
 - ___ Poor condition of sidewalks (i.e.: uneven or crumbled)
 - ___ Other (please specify):
-
-

5) Is the applicant able to perform the following functions independently?

- | | | |
|---|-----|----|
| Find his/her way between familiar locations? | Yes | No |
| Grasp Coins, passes and handles? | Yes | No |
| Communicate addresses on request? | Yes | No |
| Ask for, understand, and follow directions? | Yes | No |
| Deal with unexpected changes in routine? | Yes | No |
| Go up and down steps? | Yes | No |
| Recognize a destination or landmark? | Yes | No |
| Walk or use mobility device to travel 200 ft. (a city block)? | Yes | No |
| Walk or use a mobility device to travel ¼ mile? | Yes | No |

6) If the applicant uses an aid, please check all that apply:

- ___ Manual wheelchair
- ___ Electric wheelchair
- ___ 3 – wheel scooter
- ___ Walking cane
- ___ Cane used by visually impaired
- ___ Crutches
- ___ Walker
- ___ Service animal (specify) _____
- ___ Portable oxygen

7) Does the applicant require the assistance of another person- Personal Care Attendant (other than the driver) to assist them?

Yes No

Does the applicant need someone to assist them in:

- Getting to or from bus stops (door-to-door)
 - Getting on or off the bus
 - Assistance at the location they are going
 - Help getting where they are going
 - Other (please describe)
-

8) Does the applicant require Door to Door service? Yes No

- Drivers cannot enter private residences
- Drivers cannot leave sight of their vehicles
- Drivers can only enter public buildings through the first set of doors
- Drivers cannot provide door-to-door assistance that may present a safety issue for the passenger and/or driver. This includes assistance that may result in personal injury to the driver

I certify that, based upon my skill, knowledge, and experience, and a reasonable degree of certainty, the above named applicant is eligible to apply for DCT's special service program and that he/she is not capable of using DCT's regular service and that the following conditions prevent the use of the regular service:

____ The rider is unable to get on or off of the bus by his/her self (without assistance from the driver or a PCA)

____ The rider is unable to communicate his/her address or needs

____ The rider is unable to walk or use a mobility device to travel 200ft. (a city block)

____ The rider is unable to find his/her way between familiar locations

____ The rider is unable to walk or use a mobility device to travel 1/4 mile

Please Print Clearly

Licensed or certified Professional Name: _____

Title: _____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Signature: _____

Date: _____

License/Certification Number (required): _____