

OTA LIFT APPLICATION

Return to: Ottumwa Transit Authority 683-0695 (phone)
2417 S. Emma Street 683-0671 (fax)
Ottumwa, IA 52501

Please provide as much information as possible on this form. The responses will determine applicant's eligibility for OTA LIFT Services, OTA's Paratransit Service. Please type or print. Additional information may be required to determine eligibility.

SECTION I. APPLICANT INFORMATION

Name: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Hereby authorize _____ or _____
Attending Physician's Name Other Service Provider's Name

Please release any verbal and/or written information necessary to complete this application. I understand this information will be reviewed by the OTA Paratransit Review Committee to determine applicant's eligibility for the OTA LIFT services.

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

Applicant's or Legal Guardian Signature

Date

SECTION II. TRANSIT DISABILITY INFORMATION

1. Please list or specify the impairment/disability that applies to applicant.

| | |
|--------------------------|-------------------------------------|
| _____ Head Injury | _____ Learning Disability |
| _____ Hearing Impairment | _____ Orthopedic |
| _____ Vision Impairment | _____ Mental Disorder |
| _____ Cardiovascular | _____ Respiratory, including speech |
| _____ Other _____ | |

1b. Is the impairment/disability _____ permanent or _____ temporary?
If temporary, for how long? _____

2. What is the applicant's current method of transportation?
_____ Private Car _____ City Bus _____ Taxi _____ Other
Specify

2b. Is an escort or any assistance required? _____ Yes _____ No

2c. Does the applicant currently drive? _____ Yes _____ No

3. What problems is applicant having in using current transportation?
Explain: _____

4. The City Bus has a lift. Can applicant walk safely to the nearest bus stop, board, ride and deboard a City Bus? _____ Yes _____ No

5. Is applicant mentally or physically capable of walking up to 3 blocks in normal weather conditions? _____ Yes _____ No

6. Is applicant mentally or physically capable or walking up to 3 blocks in inclement weather conditions? _____ Yes _____ No

7. Please provide any special circumstances that are not listed above.
Explain: _____

This application is subject to review and approval by the OTA Paratransit Review Committee. Applicant will only be notified if additional information is needed or the application is not approved.

APPLICATION IS _____ APPROVED _____ DISAPPROVED

BY _____ DATE _____

BY _____ DATE _____