

PART III: MOBILITY INFORMATION

7. Do you currently use any mobility aids or specialized equipment? Yes No

If yes, please select all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Brace(s) | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Communication Board | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> White Cane |

Other (please specify): _____

8. If you use a wheelchair or scooter, is the combined weight of you and the device over 600 pounds? Yes No Not applicable
9. If you use a wheelchair or scooter, does your residence have a wheelchair ramp? Yes No Not applicable

If no ramp, how many steps? _____

If more than one step, how do you transport your wheelchair to the street level?

NOTE:

- Lifts on Paratransit vehicles are designed to accommodate mobility aids that are up to 53 inches long, up to 33.5 inches wide and no more than 600 pounds when occupied. If your mobility device exceeds these dimensions or weight, the vehicle may not be able to accommodate your mobility aid. Lifts/ramps on some fixed route vehicles have a minimum design load of 600 pounds and may not be able to accommodate heavier mobility aids (49 CFR Part 38).
- Your trip origin and destination must be accessible by ramp or lift. IF NOT ACCESSIBLE, please have someone available to assist you up and down steps. Drivers are not permitted to assist riders who use wheelchairs up or down stairs or push them up or down ramps.

PART IV: CURRENT TRAVEL INFORMATION

10. Have you ever used the regular fixed route bus/rail service? Yes No

If no, why not?

11. Do you currently use the fixed regular fixed route bus/rail service?

Yes No If yes, which routes do you use?

If yes, what difficulties do you have when riding the bus/rail service?

12. Do you need someone to accompany you when you travel outside the home (i.e. Personal Care Attendant, someone designated or employed to specifically help with personal needs)? Yes No

If yes, what assistance does that person provide for you?

13. How many blocks is the closest bus/rail stop to your home? (please give the approximate number of blocks or distance)

14. Can you get to and from the bus/rail stop nearest to your home by yourself?

Yes No

If no, explain why not?

15. Does weather affect your ability to use the bus/rail system? Yes No

If yes, please explain.

16. Have you ever received training on how to use the bus/rail system?

Yes No

If yes, which agency provided the training and when?

If yes, did you successfully complete the training? Yes No

17. Would you like to receive travel training? Yes No

18. How would you describe the terrain where you live?
(e.g., flat, steep hills, gradual sloping hills, etc.)

19. Are there sidewalks in your neighborhood? Yes No

20. Are there sidewalks at the nearest bus stop? Yes No

21. List the 3 most frequent destinations you travel to and how you currently get there:

	Location 1	Location 2	Location 3
Destination Name			
Address			
How frequently do you travel there (within a month)?			
How do you currently get there?			

22. How many blocks are from your residence to the nearest bus stop?

- Less than 2 blocks
 2 to 4 blocks
 Not sure
 5 to 7 blocks
 More than 7 blocks

23. How many blocks are from your most frequent destination to the nearest bus stop?

- Less than 2 blocks
 2 to 4 blocks
 Not sure
 5 to 7 blocks
 More than 7 blocks