

Kuna Senior Center

**Eligibility and Registration Form
Rural Transportation for Persons with Disabilities
(Under 60 years of age)**

Thank you for your interest in participating in our Rural Transportation for Persons with Disabilities program.

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment". "...major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

If you would like to participate in our Rural Transportation for Persons with Disabilities program, please complete this application and return to your local **Senior Center** or mailto:

Kuna Senior Center
PO Box 39
229 Avenue B
Kuna ID 83634

If you have questions about this program or this form please call: (208) 880-0556 or (208) 922-9714

The information provided in this application regarding your disability will be used to determine your eligibility for transportation services under the Rural Transportation for Persons with Disabilities program. Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and to provide you with the appropriate type of service. This information will be kept confidential and used only by professionals involved in evaluating your eligibility and in analyzing the program for future recommendations.

Complete the application in its entirety including the Release and Certification (Part C) and the Disability Certification (Part D).

You may already have written verification that you are a person with a disability from a service organization or health professional. If so, include a copy of this information with this application. If not you will need to have the appropriate organization or qualified health professional complete the Disability Certification (Part D) of this application.

I was giving a copy of the Kuna Senior Center bus policy/guide. I have read and understand the policy.

Name _____

Date _____

Please print clearly.

PART A: GENERAL

1. APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Male: Female:

2. EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

City: _____ State/Zip _____

Primary Phone # _____ Other Phone # _____

How did you hear about this service? _____Newspaper _____Radio _____Agency Referral _____Television
_____Other (please specify) _____

PART B: INFORMATION SO WE MAY SERVE YOU BETTER

1. Is your disability permanent? _____Yes _____No
(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

2. If not, how long is it expected to last? _____

3. What is the nature of your disability? Check those that apply.

- _____Mobility Disability
- _____Hearing Disability
- _____Vision Disability
- _____Cognitive Disability

_____Mental Disability

_____Other – Please specify: _____

4. Mobility equipment and aids used for travel (Check all that apply)

- _____Cane
- _____Crutches
- _____Walker
- _____Manual Wheelchair
- _____Service Animal
- _____Other–Please Specify _____

**We are not equipped to have motorized scooters or power chairs.
If you change the type of mobility device that you use, please inform us as soon as possible.**

5. Personal Care Attendant

Bus drivers are unable to perform the duties of a personal care attendant (PCA) over the age of 18. A PCA is a person that you need to assist you during the trip or at your origin or destination. Will you need to travel with a PCA or escort?

Yes No Sometimes

Please describe the assistance provided by your PCA:

PART C: RELEASE OF INFORMATION and YOUR CERTIFICATION OF THE APPLICATION FORM

Release of Information

I give my permission to Kuna Senior Center to contact a health care or other professional that I designated for additional information to verify the I am a person with a disability

Yes _____ No _____

X _____
Your signature or that of the person who completed this form Date

Certification

I understand that the purpose of this application is to determine if I am eligible to participate in the Rural Transportation for Persons with Disabilities program. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

X _____
Your signature or that of legal representative Date

Printed Name of legal representative	Relationship	Telephone Number
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PART D: CERTIFICATION OF DISABILITY

The purpose of this form is to provide written, independent verification that the applicant named below has a disability according to the definition in the Americans with Disabilities Act. This form is to be completed by a professional who is familiar with the applicant's disability. A professional is someone who had medical training, provides rehabilitative or therapeutic services, does cognitive assessments, or provides independent living and counsel services to people with disabilities. The applicant has applied for transportation services under the Rural Transportation for Persons with Disabilities program, which is being administered by the Idaho Department of Transportation with services provided by the Kuna Senior Center transportation program. If you have any questions about the form, please call 208-922-9714 and 208-880-0556.

Applicant Information (to be completed by applicant):

Last Name: _____ First Name: _____ M.I. _____

Address (Street & No.): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ E-mail: _____

Applicant signature or that of legal representative

Date

Definition of Disability

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "*Disability* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment". "...*major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Please answer the following questions (to be completed by the agency or person providing verification of eligibility information)

Is the applicant's disability permanent? _____ Yes _____ No

(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

If not, how long is it expected to last? _____

What is the nature of the applicant's disability? Check those that apply. | Please check all mobility aids that apply.

- _____ Mobility Disability
- _____ Vision Disability
- _____ Hearing Disability
- _____ Cognitive Disability
- _____ Mental Disability
- _____ Other-Please Specify _____

- _____ Manual Wheelchair
- _____ Crutches
- _____ Cane
- _____ Walker
- _____ Service Animal

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to: Kuna Senior Center PO Box 39, Kuna ID 83634