



Application for Paratransit Service

GoApex Paratransit is a shared ride service for persons with disabilities that prevent them from using the GoApex fixed route system. This service will be provided by GoWake Access.

Interested individuals must complete an eligibility application and receive approval from GoWake Access before reservations will be accepted.

Instructions

- Complete the eligibility application, including Section II.
- Mail Application to GoWake Access, Attn: GoApex Door to Door Application Intake, GoWake Access 4401 Bland Road, Raleigh, NC 27609 or email application to TransportationADAApplications@wakegov.com
- Once your completed application is received it will be reviewed for eligibility. You will be notified in writing of the determination of eligibility within 21 days by GoWake Access. If eligibility is not determined within 21 days of receipt of a completed application, the applicant will be treated as eligible and provided service until a final eligibility determination is made.

Application:

Date of Application: _____

Section I. General Information

Name _____

Street Address _____

City _____ State _____ Zip Code

Home Phone _____ Cell Phone

Email Address:

Preferred Contact Method	Home Phone	Cell Phone	Email
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IMPORTANT NOTE:

By providing your email address, you agree to receive email communication from GoWake Access and the Town of Apex. If you subscribe to the email service option, your email address will not be given to third parties in accordance with state law. We will only use the email to: (1) communicate with you about GoApex matters; (2) share emergency information with you; and/or (3) contact you regarding any email subscriber administrative issues that may arise. For questions, please call (919) 212-7005.

Emergency Contact Information

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Do you require any of the following? (check all that apply)

Manual Wheelchair _____ Yes _____ No

Power Wheelchair _____ Yes _____ No

Motorized Scooter _____ Yes _____ No

Cane _____ Yes _____ No

Walker _____ Yes _____ No

Crutches _____ Yes _____ No

Braces _____ Yes _____ No

Service Animal _____ Yes _____ No

Oxygen _____ Yes _____ No

Other (please explain): _____

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses/buildings. Lastly, please be aware that the lift capacity is **750lbs.**

1. Is your condition:

_____ Permanent _____ Vary day to day _____ Temporary

If Temporary, what is the anticipated end date? _____

2. If GoApex offered free training on how to ride the fixed route buses, would you be interested? _____ Yes _____ No

3. Do you require a Personal Care Attendant (PCA) to assist with travel?

_____ Yes, Sometimes _____ Yes, Always _____ No

I understand that the purpose of the application is to determine if I am eligible for GoApex's Door to Door transportation service. I certify that the information I gave in this application is true and correct to the best of my knowledge and that the application will be returned to me if it is not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required for ADA complementary paratransit service and will be used to help determine my eligibility. I agree to notify GoApex if I no longer need to use the Door to Door service.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant's Representative If someone other than the applicant has completed this application, the following information must be provided.

Printed Name: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ **Date:** _____

Authorization for Release of Information

I authorize the professional who has completed Section II of this application to release to GoWake Access, information about my disability or health condition and its effect on my ability to travel on the GoApex transit system. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the GoApex Door to Door services. I agree to release the information requested to GoWake Access and any eligibility review panel and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that GoWake Access reserves the right to request additional information at its discretion. I agree to notify GoWake Access of any changes in the status of my disability that affects my ability to use the GoApex Door to Door services. I also understand that this may affect my eligibility as a rider.

Applicant's Name: _____

Date of Birth: _____

Applicant's **Physical** Address: _____

City _____ State _____ Zip: _____

Applicant's **Mailing** Address: _____

City _____ State _____ Zip: _____

Applicant's Telephone Number: _____

Applicant's Signature _____ Date: _____

Applicant Name _____

Section II: Health Care Provider Verification

Dear Verifying Professional:

You are being asked by the applicant named in this application to provide information regarding their ability to use the public transportation services of GoApex. GoApex provides transportation services to eligible persons with disabilities who cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: GoApex fixed route bus services available within the Town of Apex are currently accessible to persons with disabilities.

The individual applying for service under the Americans with Disabilities Act (ADA) **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a GoApex fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off an ADA accessible vehicle

The completed application must be submitted to GoApex within thirty (30) days of completion by selected professional and can be returned to the applicant or sent to the following:

By mail to: GoWake Access, ATTN: GoApex Paratransit Application Intake, 4401 Bland Rd, Raleigh, NC 27609

or by Email to: TransportationADAApplications@wakegov.com

(PLEASE PRINT)

Name of Client: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____

3. On average, how frequently is the applicant seen by you? _____

4. Has the applicant been diagnosed with a physical, cognitive, psychological, or other disability that would prevent them from using GoApex's fixed route bus service?

____ Yes ____ No

5. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

____ Yes, Sometimes ____ Yes, Always ____ No

If Sometimes, please explain: _____

6. Could the applicant use regular fixed route buses with travel training? Travel training is an instructional process where seniors, persons with disabilities and individuals learn how to navigate and ride public transit safely and independently. It can be offered through one-on-one training or group training.

_____ Yes, Sometimes

_____ Yes, Always

_____ No

If Sometimes, please explain: _____

7. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid? (choose one of the options below and fill in a number beside it)

_____ Feet

_____ Blocks

_____ Miles

8. What is the expected duration of this individual's condition?

_____ Temporary: Approximate expected duration until ___/___/___

_____ Long-term: Potential for improvement or periods of remission

_____ Permanent: No expectation of functional improvement

Please choose the statement below which best represents your professional opinion regarding the applicant's use of public transportation:

_____ The applicant should be able to access fixed route public transportation successfully.

_____ The applicant can use fixed route public transportation successfully but may need to utilize Door to Door service **under certain conditions** due to a disabling condition or functional limitation.

Please explain conditions: _____

_____ The applicant cannot use fixed route public transportation due to a disabling condition or functional limitation and requires Door to Door service **without conditions**.

Printed Name _____

Title _____

(If not a licensed physician, please indicate Title & Certification)

Organization/Practice _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Fax #: _____

Email address: _____

Signature: _____

Applicant Name _____

FOR Town of Apex/GoApex USE ONLY

APPROVED _____ DENIED _____

UNCONDITIONAL _____ CONDITIONAL _____ TEMPORARY _____

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____