

Application for Paratransit & Non-Emergency Medical Transportation Services

Please read, sign, date and mail to Transdev Eligibility Department, 1825 Pleasant St, DeKalb, IL 60115.

All **new** applicants must meet the senior citizen or individual with disability standards to be considered eligible for the paratransit and non-emergency medical transportation (NEMT) services. A senior citizen is classified as an individual of age 65 and older. All individuals that submit applications on and after January 1, 2021 must provide a copy of their State of Illinois issued identification card that clearly states that the person has a disability or is 65 years of age or older. A new applicant who is not 65 years or older or does not have a disability or health condition that may prevent them from using the fixed route system will be unable to utilize the paratransit and non-emergency medical transportation (NEMT) services.

Applications for individuals who are under the age of 18 years, must be completed by the applicant's parent, legal guardian or custodian. If an applicant is 18 years or older but is unable to complete the application because of a physical or vision impairment, the applicant must have given permission to the person completing the application. Applications for individuals 18 years of age or older with cognitive impairments, must be completed by the applicant's legal guardian or custodian.

Applications that do not meet the above criteria will not be processed. Thank you in advance for your cooperation.

Section 1: Personal Data **Check One:** New Applicant ☐ Existing Customer ☐

Applicant Name: _____ Prefix: (Mr/Ms/Mrs/Dr – Circle One)

Date of Birth: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

I would like to receive SMS Text Message Alerts Yes ☐ No ☐

Primary Language: _____

Section 2: Disability Information

Please describe your primary disability and/or most limiting condition:

Does your disability and/or health condition prevent you from boarding, riding, or disembarking a fixed-route transit vehicle (bus)? ☐ No ☐ Yes (if "yes" please describe below)

Does your disability and/or health condition prevent you from navigating the fixed-route transit system(bus)?

☐ No ☐ Yes (if "yes" please describe below)

Does your disability and/or health condition prevent you from getting to and from transit stops?

☐ No ☐ Yes (if "yes" please describe below)

Do you use any mobility aids or specialized equipment?

Yes ☐ No ☐

If you answered "Yes" please check all that apply:

<input type="checkbox"/> Cane	<input type="checkbox"/> White Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Respirator	<input type="checkbox"/> Portable Oxygen
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Speech Devices	<input type="checkbox"/> Communication Board	<input type="checkbox"/> Other _____

Do you need written information provided to you in an accessible format?

Yes ☐ No ☐

If yes, please describe: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Section 3: Applicant Certification (Please sign)

All applicants must sign the completed application. If this application has been completed by someone other than the person requesting certification, the person who completed the application must provide the following information:

Name of Person Assisting Applicant: _____

Relationship to Applicant: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

By signing this application, you are certifying under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct.

Applicant/Legal Guardian Signature: _____ Date: _____

Please Note: a licensed Medical or Mental Health Provider, one who is **most** familiar with you and your disability/limiting condition, may be required to complete a Professional Verification form if an eligibility determination cannot be made based upon the information provided on this application.

Professional Verification

Applicant Name: _____

Thank you for completing this Professional Verification form for City of DeKalb paratransit services. We will use the information to help determine paratransit eligibility in accordance with the Americans with Disabilities Act (ADA). Paratransit is a shared ride, public transportation service for individuals who, because of the effects of their disabilities/limiting conditions, are not able to ride a regular ramp-equipped and accessible fixed route bus. **Age, language, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for paratransit service.** Please call the City of DeKalb's contracted paratransit provider, Transdev, at 815-420-5500 if you have any questions.

Please review the information provided by the applicant on this application form. Based on your knowledge of the applicant's condition, is the information accurate? ☐ Yes ☐ No ☐ Somewhat

If you checked *No* or *Somewhat*, please explain:

Are there any changes or additions you would make to the list of stated Diagnosis/Disability shown on page 1, Section 2 of this application?

Please provide any additional information that you deem relevant as to why the effects of the applicant's disability/limiting condition will prevent their use of the regular, fixed route bus system?

I am an approved provider, licensed in the State of Illinois in the field indicated below, and certify that the above mentioned individual has the disability and limitations indicated above.

Professional Care Provider's Signature

Date

Professional Care Provider's Name (Please Print)

Phone

Mailing Address

Clinic Name

Individual National Provider Identifier (NPI)

***This form considered incomplete without a valid individual number.**