

Fairbanks North Star Borough
Van Tran Application

Van Tran paratransit service meets the requirements of the Americans with Disabilities Act (ADA) and is provided to those people whose physical, cognitive or sensory disabilities prevent them from getting to and from and/or boarding the MACS Transit System, the fixed route bus system. Disability alone does not qualify an individual for ADA paratransit service. Eligibility is based on the applicant's functional capabilities.

In order to apply for eligibility for Van Tran, you must do the following:

1. Complete and sign the Van Tran Transportation Application. Answer all questions on the application will be considered incomplete and returned to you.
2. Have your medical provider complete the medical information form. This must be submitted with your application.
3. Return the completed application by mail or fax to:

Fax: 907-290-2454

Mail: Fairbanks North Star Borough

Attn: Van Tran

501 Cushman St

Fairbanks, AK 99701

4. Schedule an in-person interview and assessment, upon notification from a Van Tran Customer Service Representative.

A determination of your eligibility will be made within 21 days. You will be notified of your eligibility by mail. If eligible, the letter will include information about the process to receive an ADA card at the Juanita Helms Borough Administrative Center.

People who need assistance to complete the application may call the Van Tran customer service office at 459-1010, option 2.

Van Tran Paratransit Eligibility Determination

Those people who are determined eligible for Van Tran paratransit service will be given one of the following, based upon their functional capabilities.

Unconditional Eligibility

There will be no restrictions to Van Tran service within the program guidelines.

Temporary Eligibility

Van Tran service will be provided to people who are determined capable of using accessible MACS Transit bus service, but have a temporary need for Van Tran.

Conditional Eligibility

Van Tran service will be provided for certain trips for which it is determined that the person's disability prevents him or her from using MACS Transit independently.

Appeal Process

Applicants who are determined not eligible, or who do not agree with the conditions established for their use of Van Tran may request a review of their eligibility by submitting an appeal in writing to the Fairbanks North Star Borough Transportation Director. Information regarding the appeal process is provided when an applicant receives notification of eligibility.

Where to send the application, or to ask questions:

Return the application by mail or fax.

Phone: (907) 459-1010 option 2

Fax: 907-290-2454

Email: vantran@fnsb.us

Mail: Fairbanks North Star Borough
Attn: Van Tran
501 Cushman St
Fairbanks, AK 99701

VAN TRAN APPLICATION

All questions must be answered before your application will be considered.

Incomplete applications will be returned and will delay the process.

Part One - Contact Information

Last Name: _____

First _____ Middle Initial _____

Residence Address:

Street _____

Apt# _____

City _____

State _____ Zip _____

Mailing Address:

Street _____

Apt# _____

City _____

State _____ Zip _____

Home Phone _____ Work

Phone _____ Cell Phone _____

E mail: _____

Date of Birth: _____

Sex: Male Female

Emergency Contact

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Part Two - ADA Applicant Information

1. Are you a: Current Van Tran Rider
 New Applicant
 Visitor

2. What type of impairment or limitation prevents you from using MACS Transit buses?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Legally Blind | <input type="checkbox"/> Totally Blind |
| <input type="checkbox"/> Other _____ | |

Medical / Clinical Diagnosis (s)

Briefly explain how the impairment(s) or limitation(s) prevent you from using MACS Transit buses.

3. Is your disability or health condition:

- Permanent
- Weather related?
- Temporary, expected to last until

Varies, please explain

4. Can you stand outside without support for 15 – 30 minutes? Yes No

5. Can you sit outside for 15 – 30 minutes?

- Yes No

6. Please indicate the primary mobility aids you use when traveling in the community:

- | | |
|---|--|
| <input type="checkbox"/> Support cane | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Picture Board | <input type="checkbox"/> Long White Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Alphabet Board |
| <input type="checkbox"/> Low Vision Aid | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> None |

7. Do you use a service animal? Yes No

If yes:

a. What type animal?

b. What function does the service animal provide regarding your transportation?

c. Is the animal certified? Yes No

8. Is your wheelchair or scooter device greater than 30 inches wide and 48 inches long?

- Yes No N/A

9. Does your wheelchair or scooter device exceed 800 pounds when occupied by applicant?

Yes No N/A

10. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person provided by you to help with your daily needs.

Yes No

11. Have you applied for Van Tran before?

Yes No

If yes, how has your condition changed?

12. How are you currently traveling?

Family / Friends Cab Bus Other _____

13. Can you climb three steps with a hand rail, without assistance?

Yes No Don't Know

14. Check the items listed below that might help you ride MACS Transit buses:

- Help with trip planning
- Bus stops closer to my house
- Help communicating
- Other _____

Someone to teach me

None

15. Have you ever used MACS Transit in Fairbanks?

Yes No

Yes, but I can't any longer due to:

16. Has anyone ever taught you how to use MACS Transit buses in Fairbanks?

Yes No

If yes, who did the training?

17. Have you used public buses in another city or cities?

Yes No

18. What is the closest bus route to your home?
Route _____ I don't know

19. What is the terrain from your home to the nearest bus stop?

20. What are some trips that you frequently make?

21. Living Arrangements

- Family/Friend
- Nursing Home
- Supported / Assisted Living
- By yourself
- Group Home
- Other (Specify) _____

22. What agencies or persons are allowed to represent you, and exchange information with MACS Transit on your behalf? (List name and phone number)

Part 3 - Medical Provider Verification

TO COMPLETED BY MEDICAL PROVIDER

The applicant has requested to use Van Tran service for their transportation needs. The Van Tran system requires that all applicants submit a medical verification of their disability that prevents them from using the MACS Transit bus system. The information you provide will allow us to make an appropriate evaluation of this request and how it may apply to specific trip requests.

1. Capacity in which you know the applicant:

2. Medical diagnosis of this person's disability:

3. The applicant has listed impairments or limitations that prevent them from using MACS Transit buses (reference client application page 3). Are the statements consistent with your medical diagnosis?

YES NO

4. Is the condition temporary? YES NO

If so, what is the expected duration?

Begin _____ Until _____

5. If the applicant has a disability that effects their mobility, are they:

a. Able to walk or use a mobility device to move 200 feet without assistance from another person:

in summer in winter

neither summer or winter

b. Able to walk or use a mobility device to move 1/4 mile without assistance from another person:

in summer in winter

neither summer or winter

c. Able to walk or use a mobility device to move 1/2 mile without assistance from another person:

in summer in winter

neither summer or winter

d. Able to walk or use a mobility device to move 3/4 mile without assistance from another person:

in summer in winter

neither summer or winter

e. Able to climb three 12-inch stairs with handrails without assistance from another person in summer in winter neither summer or winter

f. Not applicable

6. Does this applicant use mobility aids? If so, what are they?

7. If this applicant has a visual disability, what is their visual acuity with best correction?

Right _____ x_____

Left _____ x_____

Both eyes _____ x_____

Visual fields R_____ L_____ Both _____

Not applicable

8. Does this person require a Personal Care Attendant for travel? YES NO

9. If the applicant has a cognitive disability, is the applicant able to:
- a. give addresses and telephone numbers upon request? YES NO
 - b. recognize a destination or landmark? YES NO
 - c. deal with unexpected situations or changes in routine? YES NO
 - d. ask for, understand and follow directions? YES NO
10. What disabilities restrict this person from using the regular bus system?
11. Is there any other effect of the applicant's disability of which Van Tran should be aware?
 YES NO

If so, please describe it below.

Medical Provider Name:

Office Address:

Office Phone Number:

Signature: _____

Date: _____

Part 4 – Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use MACS Transit bus service and will require Van Tran service. I understand that the medical information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I give permission for Van Tran to contact the professional who has filled-out this application or given supplemental verification of my condition.

Applicant Signature: _____

Date: _____

Person completing this form if other than Applicant (check one):

I certify the information in this application is true and correct based upon the information given to me by the applicant.

I certify that the information provided in this application is true and correct based upon my own

knowledge of the applicant's health condition or disability and that I have legal authority to complete this application.

Print Name: _____

Day Phone: _____

Signature: _____

Date: _____

Relationship to Applicant: _____

Agency: _____

Return the completed application by mail or fax to:

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