Trans-AID Eligibility Application
For Person’s with Visual Impairments

Trans-AID, a paratransit system operating in accordance with the Americans with Disabilities Act (ADA) of 1990, is designed to serve individuals whose disabling condition or functional limitation prevents them from using regular fixed route WSTA bus services.

Who Is Eligible?

Under the ADA regulations, individuals who qualify for paratransit services (known as Trans-AID) qualify for at least one of the following three categories:

1. The individual is unable, as a result of mental, visual or physical impairment as defined in the ADA to get on, ride, or get off an accessible vehicle of the WSTA fixed route bus system;
2. The individual can use or learn to use an accessible public transportation, BUT such a vehicle is not available on the route when the person wants to travel;
3. The individual has a specific impairment-related condition (including limitations of vision, hearing or disorientation), which prevents travel to or from the Downtown Transportation Center or stop of the WSTA fixed route bus system.

If at least one of the above items that applies to you, identify that item by filling in the corresponding number(s) ________. (Example - If you have a mental or physical impairment and cannot access WSTA fixed route system, you would fill in the #1).

Eligibility: What You Should Know About This Program:

- Individuals who can access regular fixed route bus services may not be eligible for Trans-AID service.
- Trans-AID service operates where the WSTA fixed route service operates, and during the same days and hours.
- If the applicant is determined to be eligible for this program, one of three designations may be made: Unconditional, Conditional, or Temporary. Unconditional eligibility indicates that the applicant can use Trans-AID services for all trips with the service area. Conditional eligibility indicates that some trips are eligible and some not, based on functional ability to use the WSTA bus system, given the specific environment and demands of each trip. Temporary eligibility indicates that your condition is not permanent and you have an expected duration of your disability.
**How to Apply**

To apply for the ADA Paratransit services (Trans-AID), you must complete an ADA Paratransit Certification application, which can be obtained from the Winston-Salem Transit Authority (336.727.2000) or www.wstransit.com and clicking Paratransit. You must complete both parts of the application in its entirety in order for your application to be considered. Please complete part A of this application. Then provide both parts A & B to a medical, certified or licensed professional who is familiar with your qualifying condition.

**Application Process**

Once your application is completed, contact WSTA’s ADA Department at 336.727.2000 to request a site assessment of your/the client’s residence. Our Safety Department will come to the residence or point of origin to access the exterior to ensure our vans can provide transportation to the location safely. Once we have received the completed environmental evaluation from the Safety Department, a representative from WSTA’s ADA Department will call to schedule an in-person interview and functional assessment to determine your eligibility.

On the date of your scheduled interview, please bring your completed application (both parts A & B). *Do not mail, fax, or email your application.* Your eligibility will be based on the following factors:

- Information provided by applicant in part A of the application
- Information provided in Part B by professionals (i.e., physician or therapist) familiar with your qualifying conditions
- In-person assessment of your abilities. All in-person interviews and assessments are held at the Clark Campbell Transportation Center
  - If requested, WSTA will provide transportation at no charge to and from the appointment for eligibility determinations.

Once WSTA staff has reviewed the completed application, and conducted the in-person interview and assessment, the ADA Compliance office has 21 calendar days to determine the eligibility for the transportation services. If WSTA has not made a determination of eligibility within 21 calendar days, you will be treated as eligible and may receive Trans-AID services until WSTA makes a determination.

If you are denied Trans-AID eligibility or are granted conditional or temporary eligibility, you will receive a letter regarding the decision and a copy of the Trans-AID Appeal Process. You have the right to appeal the eligibility determination.

WSTA will continue to accept re-certification applications for passengers eligible for ADA transportation. Re-certifications are for existing passenger’s eligible for Trans-AID under the ADA program. In order to continue utilizing the Trans-AID service, you are required to renew your certification every three (3) years. However, if you have been diagnosed with a permanent disability (i.e., total loss of vision, multiple sclerosis, and autism), re-certifications will take place every five (5) years; no professional verification is needed from a professional.

This application is available in alternative formats. If you would like additional assistance, please call (336) 727-2000. The information in this application will be used only to determine your eligibility for Trans-AID services, and will be kept confidential.
Trans-AID Eligibility Application
Part A

Please complete this application in its entirety.

Name: ________________________________ Date: __________________

Date of Birth _____/_____/_________

Address ______________________________________________________________________

City __________________________ State_______ Zip Code _____________

Please list closest intersection to home: _________________________________

Please provide directions to your home from the Transportation Center at 100 W 5th Street
_____________________________________________________________________________
_____________________________________________________________________________
Home telephone number _______________________________________________________

Work/ other daytime telephone number___________________________________________

If the applicant was assisted by someone else to complete this form, please list contact information below:

Name: ________________________________ Daytime phone: __________________

Address: ____________________________________________________________________

Relationship to applicant: _________________________________________________________

Signature: ____________________________________________________________________

Applicant’s emergency contact (if different from person assisting with application):

Name: ________________________________ Daytime phone: __________________

Relationship to applicant: _________________________________________________________

Trans-AID Services 4

Revised: November 2021
A. **Information about your disability and mobility devices**

1. Cause of vision loss or diagnosis ____________________________________________________________

2. List any other disabilities or conditions which affect your ability to use the bus:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

3. Are you totally blind? ___ Yes ___ No
   If yes, skip to question # 8

4. My vision is worse during these conditions:
   ______ Bright sunlight
   ______ Dimly lit or shaded places
   ______ Night time
   ______ About the same in all lighting conditions

5. My eye condition is considered to be:
   ______ Stable
   ______ Degenerative
   ______ Other (please explain) ______________________________________________________________

6. I am able to use my vision consistently to identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:
   ______ The color of traffic lights
   ______ Pedestrian Walk / Don't Walk signals
   ______ Crosswalk markings
   ______ Curbs or curb ramps
   ______ Level changes along the walking path
   ______ Bus/transit stop signs that indicate location of stop

7. Anything else you wish to tell us about your vision in regards to mobility within the community?
   __________________________________________________________________________________________
   __________________________________________________________________________________________

8. Most often, I use the following mobility aids when I walk outdoors:
   ______ sighted (person) guide
   ______ dog guide
   ______ long white cane
   ______ optical devices (telescope, light, special glasses, etc.)
   ______ none of the above
   ______ Other (Please list) ________________________________________________________________

Trans-AID Services 6

Revised: November 2021
9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

___ Yes ___ No ___ Sometimes

10. My hearing is normal. ___ Yes ___ No

If No, please list

11. When necessary, I can rely upon traffic sounds to help me cross the street

___ Yes ___ No ___ Sometimes

B. Information about your current use of WSTA's fixed route bus service

1. Do you currently use WSTA bus service by yourself at all?

___ Yes ___ No

If YES, continue, If NO, go to question #6.

2. If yes, how often? (Circle the choice that best applies to you)

___ Daily ___ Several times per week ___ At least once per month ___ Rarely

3. When was the last time you independently used WSTA bus service?

__________________________________________________________

4. Are you able to travel on the bus without the assistance of another person?

___ Always ___ Sometimes ___ Never

5. If you travel with someone who assists you, what does this person assist you with?

__________________________________________________________

__________________________________________________________

6. You indicated that you do not use the bus. Why not? (Check all that apply)

___ The closest stop is too far from my house
___ I don't know how to ride the bus
___ I can't walk by myself between the bus stop and my destination
___ I'm afraid to use the bus
___ I don't want to use the bus
___ Other (explain)
C. Mobility Training

1. Have you ever received mobility training? _____ Yes _____ No

If no, do you think you would like to participate in mobility training: _____ Yes _____ No

If yes, which agency provided your training? ______________________________________

Location of agency____________________________________________________________

Do you feel your instructor has information relevant to your ability to use fixed route transit?

_____ Yes _____ No

2. Did you receive instruction in bus travel in this community? _____ Yes _____ No

Did you successfully complete training to use the bus? _____ Yes _____ No

If yes, which route(s) did you learn?

______________________________________________________________________________

Which destinations did you learn?

______________________________________________________________________________

D. Your ability to travel independently

1. My widest area of independent travel is:

_____ a. My own property

_____ b. Places within the same block of my residence

_____ c. Restricted to specific routes I know (such as home to work, (home to shopping, home to church, etc)

_____ d. Practically anywhere in the community

2. The reason(s) I do not travel independently within the community include (check all that apply):

_____ a. I have never been taught.

_____ b. My neighborhood is too dangerous (crime, vulnerability).

_____ c. I don't want to travel beyond my immediate neighborhood alone.

_____ d. Environmental barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)

_____ e. Other please explain __________________________________________________

______________________________________________________________________________

3. How far can you walk by yourself or with the assistance of a mobility aid?

_____ I can get from the curb in front of the house/ apartment

_____ I can travel up to 3 blocks (1/4 mile)

_____ I can travel up to 6 blocks (1/2 mile)
_____ I can travel up to 9 blocks (3/4 mile)
_____ I can’t travel outside my house/ apartment
4. Are you able to get to and from the bus stop by yourself?
   ___ Yes ___ No
   If No, check reasons that apply:
   ___ I cannot travel outside of my house or apartment
   ___ I can only get to the curb in front of my house or apartment
   ___ I can if someone is with me to assist me
   ___ I cannot get to places where there are no curb cuts
   ___ I cannot cross busy streets or intersections
   ___ I cannot travel outside when it is too hot
   ___ I cannot find my way at night due to a vision problem

5. My independent travel using fixed route bus service is restricted because I have difficulty with:
   (Check all that apply, and add more information as needed)
   ___ negotiating large parking lots to get to business entrances
   ___ walking in areas without sidewalks
   ___ traveling to new areas
   ___ crossing streets between my home & the bus stop
   ___ traveling in inclement weather
   ___ other - please explain __________________________________________________________

6. I can cross streets independently under the following conditions: (check all that apply)
   a. At quiet streets with very little traffic (stop signs or no traffic control)
      ___ Usually ___ Sometimes ___ Never

   b. At most traffic lights
      ___ Usually ___ Sometimes ___ Never

   c. Anywhere
      ___ Yes ___ No

   d. Never
      ___ Yes ___ No

**E. Your Current Travel**

Please list the destinations for which you think you need paratransit, and the reasons why you are unable to use fixed route service for those trips.

1. Destination: __________________________________________________________
   Reasons why fixed route service cannot be used:
   ____________________________________________________________________
   ____________________________________________________________________

Trans-AID Services                   12
Revised: November 2021
2. Destination: __________________________________________________________
Reasons why fixed route service cannot be used:
_____________________________________________________________________
_____________________________________________________________________

3. Destination: __________________________________________________________
Reasons why fixed route service cannot be used:
_____________________________________________________________________
_____________________________________________________________________

Please read the following statements and check those that best describe your ability to use public transportation independently. You may check all that apply:

_____ I use fixed route for some trips, but sometimes there are barriers that prevent me from using the bus.

_____ I use the bus frequently, on familiar routes to familiar destinations

_____ I use the bus to go to new places.

_____ I believe I could learn to ride the bus if someone taught me how to use it.

_____ I am not able to use the bus by myself

_____ The severity of my disability can change from day to day. I ride the bus when I am feeling well

_____ Some weather conditions prevent me from getting to and from the bus stop

_____ I can get to and from the bus stop if the distance is not too great

_____ I can use the bus except when I have no orientation to new transfer points or between the bus stop and my final destination.

_____ The bus does not always go to where I want to go

F. Your Functional Ability

Your answers to the questions in this section will help us better understand your functional ability in specific areas. Check one answer for each question. Answers to these questions should be based on your physical or cognitive ability to perform this activity independently with or without mobility equipment.

Without the help of some else, can you:

1. Are you able to use the telephone to get information?

_____ Yes    ____ No     ____ Not Sure
2. Are you able to travel one level block on the sidewalk if the weather is good?
   ____ Yes  ____ No  ____ Not Sure

3. If you are able to do this, how long does it take you?
   ____ Less than 5 minute’s  ____ Five to ten Minutes  ____ Not Sure

4. Travel three level blocks on the sidewalk, when the weather is good
   ____ Always  ____ Sometimes  ____ Never  ____ Not Sure

5. Wait ten minutes in good weather at a bus stop that does not have a seat and a shelter?
   ____ Always  ____ Sometimes  ____ Never  ____ Not Sure

6. Step on and off the curb from a sidewalk?
   ____ Always  ____ Sometimes  ____ Never  ____ Not Sure

7. Find your own way to the bus stop, after being shown?
   ____ Always  ____ Sometimes  ____ Never  ____ Not Sure

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use WSTA’s fixed route bus service.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
G. Applicant’s Signature

I have received and read the Trans-AID Eligibility Application for persons with disabilities. I have read and understand who is eligible, how to apply for Trans-AID, and the process of qualifying for services after I turn in the completed application. I understand that it is my responsibility, or an appointed representative, to read the guidelines and requirements of the Trans-AID eligibility process.

I understand the purpose of the application is to determine if I am eligible for the Trans-AID service. I certify the information I gave in the application is true and correct, and the application will be returned to me if not completed in its entirety, which delays the process. I recognize that falsification or misrepresentation of facts or changes in my medical condition may result in changes to my certification status. I further realize that additional information from my healthcare professional related to the disability or medical condition is required; and may be used to help determine my eligibility.

I understand that Part A must be completed in order for the application to be considered eligible. It is further acknowledged that the determination of my eligibility is based on the completed application.

Applicant Signature

Date

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a parent or guardian is required)
Part B of this application must be filled out by a health care or human services professional who is familiar with the applicant’s disabling condition and/or functional limitation.

Your signature on the application authorizes this professional to provide information to the Trans-AID regarding your eligibility for ADA services and any needed clarification of functional limitations due to your disabling condition.

In the space provided below, CLEARLY PRINT the name of the professional who will be verifying your application, and specify his/her position.

Name of professional: _____________________________________________________

Professional affiliation (check the appropriate designation):

☐ Licensed physician          ☐ Licensed physical therapist
☐ Licensed occupational therapist ☐ Licensed social worker
☐ Nurse (LPN or RN)            ☐ Certified psychologist
☐ Certified rehabilitation counselor ☐ Speech pathologist
☐ Vision specialist            ☐ Orientation/Mobility specialist
☐ Audiologist/Hearing specialist ☐ MR/DD qualified specialist
Release of Information

Because I receive services from the following rehabilitation facility or health care professional or agency which is familiar with my disability, you have my permission to discuss or provide healthcare information to the ADA Coordinator of the Winston-Salem Transit Authority, should they need to contact you for the purpose of completing this certification procedure.

(Please use a separate form for each agency)

Name: ___________________________________________________________
Address:  
________________________________________________________________ 
________________________________________________________________

Staff person familiar with the case: ____________________________________

I understand that this information will be held by WSTA in the strictest confidence and will not be shared with any other person or agency, unless it is needed for an Appeal Hearing with the Trans-Aid Appeal Committee.

Signature of Applicant: ________________________________

Witness: ________________________________________________

Date: __________________________________________________________
You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of the Winston-Salem Transit Authority. WSTA provides ADA paratransit services through Trans-AID to ADA eligible persons with disabilities who cannot use regular 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: WSTA fixed route transit services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. The individual applying for Trans-AID service MUST BE UNABLE TO ACCESS THESE SERVICES due to:

- Conditions which prevent them from getting to or from a WSTA fixed bus stop, or transferring between vehicles and/or
- Conditions which prevent them from being able to independently get on, ride, or get off a lift-equipped vehicle.

Individuals for whom performing these tasks is inconvenient or uncomfortable are NOT ELIGIBLE for services, and you are asked to verify this information.

Eligibility for Trans-AID is determined on a trip by trip basis. It is extremely important that you provide specific information about the individual’s functional limitations, so these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible for transportation based on the destination.

Please follow these steps to verify this application:

1. Read Part A of the application in its entirety.
2. Fill out Part B of the application completely, using the criteria provided.
3. Return the completed application to the applicant within 7 days of receipt. The applicant is responsible for returning the application to WSTA.
4. Be aware that you may be contacted for further information if questions remain about the applicant’s abilities.
5. If you have any questions, contact WSTA at (336) 727-2000. If you use a TTY, call 1-800-735-8262 and ask to be connected to (336) 727-2000.
Part B – Professional Verification, Continued

Name of Client: ____________________________________________________________

Name of Professional: _____________________________________________________

Professional affiliation (check the appropriate designation):

☐ Licensed physician       ☐ Licensed physical therapist
☐ Licensed occupational therapist ☐ Licensed social worker
☐ Nurse (LPN or RN)        ☐ Certified psychologist
☐ Certified rehabilitation counselor ☐ Speech pathologist
☐ Vision specialist        ☐ Orientation/Mobility specialist
☐ Audiologist/Hearing specialist ☐ MR/DD qualified specialist

I have read Part A in its entirety:  _______ Yes    _______ No

I agree with the information provided in Part A:    _______ Yes    _______ No

If no, please explain: _______________________________________________________

How long have you known the applicant?  ____________________________

When did you last see the applicant?  _____________________________________

What is the formal diagnosis of the applicant's eye disease or condition?
________________________________________________________________________
________________________________________________________________________

What was the date of onset?  ______________________________________________

What is the prognosis?  Is the condition stable, degenerative, or otherwise changing?
________________________________________________________________________
________________________________________________________________________

Is this individual able to travel independently from their front door to the vehicle?
Yes______ No______
Part B – Professional Verification, continued

If no, will the applicant require assistance from a PCA/companion to the van?
Yes _____ No_______

If the applicant is able to travel independently, do they have the ability to cross streets?
Yes _____ No_______

Does applicant have total loss of vision? Yes_____ No____

If no, is visual acuity dependent on season or time of day? Yes_____ No____

Is the applicant’s ability to travel independently affected by other environmental conditions? If so, please describe.
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Has the applicant received any mobility or travel training from an O&M Specialist?
Yes_____ No______

If no, do you believe that the applicant would benefit from mobility instruction or travel training? Yes_____ No______
Please explain:
________________________________________________
________________________________________________
________________________________________________
________________________________________________

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 opinion regarding this individual’s use of fixed route bus services:

☐ This individual should be able to access fixed route bus services successfully
☐ This individual can use fixed route bus services under certain situations as stated above
☐ This individual cannot use fixed route bus services due to one or multiple functional limitations
Thank you for your assistance!!

Date: ________________________________________________________________

Signature: _____________________________________________________________

Printed Name: __________________________________________________________

Address: ______________________________________________________________

Phone # ________________________________________________________________

Organization / Practice: _________________________________________________