Authorization Form for Disclosure of Protected Health Information

I _____authorize the qualified professional
(Printed Name of Patient)

_____ completing Part B (Qualified Professional
(Printed Name and Title of Qualified Professional)

Verification) of the aTa Bus ADA Para-transit Eligibility Application on my behalf, to release this information about my disability and abilities to use the accessible aTa Bus fixed-route bus service to representatives of the Flint Hills Area Transportation Agency for their review as well as any supporting or other pertinent information about my health or medical condition to assist Flint Hills Area Transportation Agency solely for the purpose of determining eligibility for the aTa Bus ADA complementary para-transit service. I understand that all medical information about my disability will be kept strictly confidential.

I understand that I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Flint Hills Area Transportation Agency has acted in reliance upon this authorization.
My written revocation must be submitted to Flint Hills aTa, 5815 Marlatt Avenue, Manhattan, KS 66503

_____ _____
Signature of Applicant or Legal Guardian Date

Legal Guardian's Relationship to Applicant:_____

Printed Name of Legal Guardian, if applicable:_____

Printed address & telephone number of Legal Guardian: _____

_____

Applicant / guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a "mark" for your signature, simply make your mark and then have someone act as a witness by signing their name above or beside yours. May be signed by a "legal guardian" or "power of attorney" only if a copy of documentation showing your legal authority to act and sign on applicant's behalf is also provided. **DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A MINOR CHILD.**

Qualified professional please fax a copy of this signed release form to 785-537-6327. Thank you for your cooperation.

Flint Hills Area Transportation Agency
5815 Marlatt Avenue
MANHATTAN, KS 66503
785-537-6345 FAX: 785-537-6327
Email:fhata@fhata.org
flinthillsatabus.com

ADA PARATRANSIT ELIGIBILITY APPLICATION

PART B

Professional Verification

_____

Name of Applicant P.O. Box/Street Address City State Zip code

Dear Qualified Professional:

The applicant is currently applying for the Flint Hills **aTa Bus** ADA Complementary Para-transit Service. **aTa Bus** ADA Complementary Para-transit Service is intended for those persons with disabilities that require assisted transportation services and are unable to utilize the **aTa Bus** fixed-route service. The Flint Hills **aTa Bus** ADA Complementary Para-transit Service is where customers call ahead to schedule trips from an origin location to a specific destination.

According to the ***Americans with Disabilities Act*** definition a person with a disability is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped aTa Bus fixed route bus) independently or complete transfers without the assistance of another individual.

and/or

Any person with a disability who has a specific impairment related condition that prevents them from traveling to and from a bus stop on the public bus fixed route system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition.

Is the applicant **able** to use Flint Hills **aTa Bus FIXED ROUTE** service as outlined above? Yes ___ No___

If you answered ***YES***, *STOP HERE*. Please sign, date and mail only this page to Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503. DO NOT complete the rest of the application

_____

Professional Signature Date

_____

Printed Name Certification/Licensure Phone Number

If you answered ***NO*** to the above question, DO NOT SIGN here. Please complete the rest of this form to help us determine the eligibility of the applicant for aTa Bus ADA Para-Transit Service.

Your input will be particularly important where applicants have claimed a "hidden" or "non-visible" disability (e.g. a cardiac or pulmonary condition, mental illness, or a joint disease, etc.). This verification can also assist in determining the degree of cognitive capability with the goal being to qualify only those applicants who are truly unable to use the aTa Bus fixed route service and need the curb-to-curb aTa Bus ADA Para-Transit service.

1. Have you ever examined/evaluated the applicant? Yes _____ No _____

   If yes, was examination/evaluation within the last twelve months? Yes _____ No_____

   Length of time in treatment/under your care? _____

2. What is the applicant's specific disability or health condition?

   ___ Certified Legally Blind

   ___ Loss or inability to use one or more limbs

   ___ Severe effects of stroke

   ___ Paralysis affecting mobility, speech, vision or memory

   ___ Severe arthritis

   ___ Autoimmune disorders (e.g., Lupus, Scleroderma, etc.)

   ___ Severe cardiac and/or respiratory impairment affecting strength and/or endurance

   ___ Severe emotional disorder (may require an escort)

   ___ Developmental disability (e.g., mental retardation, cerebral palsy, epilepsy, autism, neurological disorder, etc.)

   ___ Hearing loss accompanied by an inability to understand speech with/without a hearing aid

   ___Other *(*Please describe the disability or health condition/limitation. Use other side if necessary.)

   _____

   _____

   _____

   Date of onset? _____

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

   If temporary how long? _____

4. Is this applicant's disability seasonal? Yes _____ No _____

   If so, which season(s)?_____

5. What, if any, mobility aids does the applicant utilize? **Check all that apply**.

Manual Wheelchair	____	Electric Wheelchair	____
Powered Scooter	____	Cane	____
Walker	____	White Cane	____
Service Animal	____	Crutches	____
Oxygen	____	None	____

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR Parts 27, 37, and 38) defines a "wheelchair" as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. If you checked Wheelchair and/or Scooter under #5 does the mobility aid meet this definition?

Yes _____ No _____

Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceeds 300 lbs. Will applicant be able to maneuver themselves onto the bus, into a forward facing position and in moving out of and away from the bus on de-boarding or provide a PCA for such movement?

Yes _____ No _____

6. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles?

Yes ____ No ____ Sometimes _____

If needed, please explain why. _____

7. Which, if any, weather conditions impact the applicant's disability or health condition preventing him/her from independently getting to and/or from a bus stop?

Heat ____ Cold ____ Humidity ____ Snow ____ Ice ____ Pollution/Allergies____ Other _____

8. Would rough terrain prevent the applicant from traveling to and/or from a fixed route bus stop?

Yes ____ No ____ Sometimes _____

If "Yes" or "Sometimes", describe the type of rough terrain that would prevent the applicant from traveling to and from a fixed route bus stop.

_____

_____

9. What abilities apply to the applicant? **Check all that apply**

___ Understand and/or process information enabling them to use a fixed route bus service

___ Ask for or follow written or oral directions (e.g., schedules, audio tape or voice)

___ Figure out the correct fare

___ Follow instructions in an emergency

___ Recognize his/her destination while on a fixed route bus

___ Once he/she gets off the bus at a fixed route bus stop, locate and reach his/her destination

___ Cross a busy intersection to get to and/or from a fixed route bus stop

___ Find his/her way between familiar locations

___ Signal the bus driver to stop at a familiar bus stop

___ Get off the bus after signaling the driver to stop at a familiar stop (*the driver calls out all stops)*

___ Grasp coins, passes, and handles

___ Communicate addresses, destinations, and telephone numbers on request to a fixed route driver

___ Handle unexpected situations or changes in routines (e.g., route change, bus stop closed, etc.)

___ Go up and down steps unassisted

By signing below you confirm the applicant's need for origin to destination bus service.

Name and Title: _____

Certificate/Licensure: _____

Office Address: _____

_____

Office Telephone Number: _____

Signature _____ Date: _____

Please forward the signed original to: Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503 or you may email to: fhata@fhata.org or fax a copy to 785-537-6327. Thank you for your cooperation.