



2801 Technology Forest Blvd., The Woodlands, TX 77381

**TOWNSHIP USE ONLY**

Decision \_\_\_\_\_  
Letter Issued \_\_\_\_\_  
Card Number \_\_\_\_\_

**THE WOODLANDS TOWNSHIP ADA COMPLEMENTARY PARATRANSIT PROGRAM ELIGIBILITY FORM**

*This form provides an opportunity to describe the limitations you may have which prevent you from using The Woodlands Town Center Trolley fixed-route service. Please complete this form to the best of your ability. If there are questions you cannot answer, please call The Woodlands Township Transportation Department at (281) 210-3800 for assistance. Please answer all questions on this form.*

*It is the responsibility of the individual to have their certifying healthcare professional fill out the last page of this form as well as write a letter on letterhead, confirming disabilities.*

*The information provided below will only be used by The Woodlands Township and its agents to determine eligibility. All information is confidential.*

**NOTE: A map of the eligible service area is included with this form for your reference.**

**BASIC INFORMATION**

Name						
Date of Birth (Optional)						
Address						
	City		State		ZIP	
Phone	Home		Work			

*I certify that the information provided in this form is true and correct.*

Signature	Date

**To be completed if the applicant was helped by another person in the completion of the form.**

Name						
Relationship						
Address						
	City		State		ZIP	
Phone	Home		Work			

*I certify that the information provided in this form is true and correct.*

Signature	Date

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT			
Tell us about your disability.			
Have you provided verification of your disability?		Yes	No
Is your disability permanent?		Yes	No
If not, how long do you expect to have a disability?			
Designate any mobility aids you use (Circle all that apply)			
Manual wheelchair	Power Wheelchair	Power Scooter	Crutches/Walker
Cane	Service Animal	Personal Care Attendant	Other
If Other, please specify:			
THE ENVIRONMENT AROUND YOUR HOME			
How would you describe the terrain at your home? (e.g., steep hill, etc.)			
Are there sidewalks at your home?		Yes	No
How many steps are there at your home?			
YOUR CURRENT TRAVEL			
List your 4 or 5 most frequent destinations in The Woodlands and how you get there now.			
Woodlands	Frequency	Mode of Travel	

YOUR FUTURE TRAVEL				
Please list any destination in the designated service area that you cannot get to now.				
Destination	Frequency		Mode of Travel	
YOUR FUNCTIONAL ABILITY <i>(CIRCLE ONE ANSWER)</i>				
Walk up and down steps if handrails are present?	Always	Sometimes	Never	Don't Know
Use a telephone to get information?	Always	Sometimes	Never	Don't Know
Walk a city block in favorable weather?	Always	Sometimes	Never	Don't Know
- If you are able to, how long does it take	0-5 mins	5-10 mins	10+ mins	Don't Know
Cross the street if there are curb cuts?	Always	Sometimes	Never	Don't Know
Travel 3 city blocks in favorable weather?	Always	Sometimes	Never	Don't Know
- If you are able to, how long does it take	0-5 mins	5-10 mins	10+ mins	Don't Know
Wait 10 minutes at a bus stop that does not have a bench or shelter?	Always	Sometimes	Never	Don't Know
Travel up or down a gradual hill on a sidewalk?	Always	Sometimes	Never	Don't Know
Find your own way to the bus stop?	Always	Sometimes	Never	Don't Know
Currently able to travel by yourself?	Always	Sometimes	Never	Don't Know

FOR OFFICE USE ONLY		Form #	
Date Received		Date Approved	

## PERMISSION FOR RELEASE OF INFORMATION

In order to allow The Woodlands Township to evaluate your form, it may be necessary to contact a qualified healthcare professional to confirm the information that you have provided. Identify the healthcare professional who would be best able to verify your functional ability to use transit services and who would have the appropriate specialization to provide more information about your condition. The Woodlands Township will not use any information in this form except for the purposes of determining eligibility.

PLEASE CIRCLE ONE OF THE FOLLOWING TO BEST DESCRIBE YOUR HEALTHCARE PROFESSIONAL						
Rehabilitation Counselor	Social Service Professional		Independent Living Counselor			
Occupational Therapist	Physician		Other Healthcare Professional			
Professional's Name						
Address						
	City		State		ZIP	
Phone						

This above healthcare professional is familiar with my disability and is authorized to provide information to The Woodlands Township and its agents as necessary to complete this form.

Signature of Applicant	
Date	

***Please send completed ADA Complementary Paratransit Program Eligibility Form to:***

The Woodlands Township  
Transportation Department  
2801 Technology Forest Blvd.  
The Woodlands, TX 77381  
(281) 210-3800

## THE WOODLANDS TOWNSHIP PARATRANSIT SERVICE FORM

*Please have your Qualified Healthcare Professional fill out this form.*

Qualified Healthcare Professional:

In order to determine whether the undersigned applicant is eligible for ADA Complementary Paratransit Service, we are requesting your assistance. Paratransit service is an origin-to- destination transportation service for individuals with a disability provided as a supplement to the fixed-route bus systems. An individual would be eligible if they are unable to use The Woodlands Town Center Trolley fixed-route service, including traveling to, boarding, and navigating the system, due to a disability.

Please render judgment whether the applicant can or cannot access the bus system due to a disability in your professional opinion. Please fill out the information below to describe in layman terms the applicant's disability and how it prevents use of the fixed-route bus system. Detailed information will help make a proper eligibility determination. All information provided will be kept confidential and only used for eligibility determination by the Township

**Please sign the form below and provide an additional signature on your professional letterhead or prescription note to help us prevent fraudulent forms.** The form cannot be processed without all requested information and both signatures.

Thank you.

Patient/Client Name				
How does the medical condition prevent local fixed-route bus usage?				
Is this disability:	Permanent	Temporary	If temporary, please specify	
Does the applicant use any of the following aids for mobility?				
Manual Wheelchair	Electric Wheelchair	Cane	Service Animal	Other (please specify)
Crutches	Powered Scooter	Walker	Personal Care Attendant	
Name			Phone Number	
Signature			Date	

Please Note: Both the origin and destination of your trip must be within the eligibility area depicted below.

## Service Area Map

