



**LAWRENCE TRANSIT SYSTEM**  
 1260 Timberedge Rd.  
 Lawrence, KS 66049  
 Phone: 785-312-7054 Fax: 785-312-7958  
[www.lawrencetransit.org](http://www.lawrencetransit.org)

## T LIFT PARATRANSIT ELIGIBILITY APPLICATION

### PART B Professional Verification

**PART B must be completed by an independent qualified medical professional who can verify and substantiate the applicant’s functional abilities. The qualified medical professional must fall under one of the following categories:**

- **Physician (M.D. or D.O.) or registered nurse**
- **Physical or occupational therapist**
- **Psychiatrist, psychologist, or mental health counselor**
- **Ophthalmologist**

DEAR QUALIFIED PROFESSIONAL:

The application form below contains questions to assist you in evaluating the applicant to determine their ability or inability to ride Lawrence Transit System regular fixed-route T service unassisted. The applicant is currently applying for T Lift ADA Complementary Paratransit Service. T Lift service is strictly limited for only those persons with disabilities requiring public transportation services in the City of Lawrence who are unable to utilize regular fixed-route T bus service. T Lift is a door-to-door demand response service where customers call ahead to schedule trips and must be able to meet the vehicle at street level for pickup.

***Please read the following ADA (Americans with Disabilities Act) definition of a person with a disability, as it relates to public transit:***

Any person with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped) 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 system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration should be given to the interaction of environmental conditions (terrain and weather) with the individual’s impairment related condition.

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Name of Applicant	P.O. Box/Street Address	City	State	Zip code
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Is the applicant **unable** to use **T** fixed-route service as outlined above.    Yes \_\_\_\_\_    No \_\_\_\_\_

If no, **STOP HERE** and don't complete the rest of the application form. Please sign, date and mail this page to Lawrence Transit System, 1260 Timberedge Rd., Lawrence, KS 66049

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Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_ Certification/Licensure \_\_\_\_\_ Phone Number \_\_\_\_\_

If you answered yes to the above question, please continue to the next page and answer all of the questions. Questions regarding this form may be directed to Lawrence Transit System at (785) 312-7054.

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the transit system's staff/contractor. Please verify the disability claimed by the applicant, the extent of this disability, and for functional assessments as to the applicant's ability to perform activities related to using a fixed route transit service. Your input will be particularly important where applicants have claimed a "hidden" or "non-visible" disability (e.g. a medical condition such as a cardiac or pulmonary condition, mental illness, or a joint disease etc.). This verification will also assist in determining the degree of cognitive capability.

1. Have you ever examined/evaluated the applicant in the past? 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/limitation and how does it limit or prevent his/her ability to travel independently or utilize regular fixed-route T service?

- \_\_\_ 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, for example, Lupus or Scleroderma etc.
- \_\_\_ Severe cardiac and/or respiratory impairment affecting strength and/or endurance
- \_\_\_ Severe emotional disorder (may require an escort)
- \_\_\_ Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, autism or neurological disorder, etc.
- \_\_\_ Hearing loss accompanied by an inability to understand speech with/without a hearing aid
- \_\_\_ Other (***Please explain the medical diagnosis and then describe the disability or health condition/limitation) Use other side of page if necessary***)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of onset? \_\_\_\_\_

3. Is the applicant's disability:

Permanent Yes \_\_\_\_\_ No \_\_\_\_\_

If temporary, how long? \_\_\_\_\_

Is this applicant's disability:

Seasonal \_\_\_\_\_ If so, which season(s)? \_\_\_\_\_

4. What mobility aids does the applicant utilize? **Check all that apply.**

Manual Wheelchair	_____	Electric Wheelchair	_____
Powered Scooter	_____	Cane	_____
Walker	_____	White Cane	_____
Service Animal	_____	Crutches	_____
Oxygen	_____	Other (please list)	_____

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

**(Riders must provide their own PCA)**

Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Always \_\_\_\_\_

If a PCA is needed, explain why.

\_\_\_\_\_  
\_\_\_\_\_

6. Which of the following weather conditions impact the applicant's disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

Indicate: Heat \_\_\_\_\_ Cold \_\_\_\_\_ Humidity \_\_\_\_\_ Snow \_\_\_\_\_ Ice \_\_\_\_\_

Pollution/Allergies \_\_\_\_\_ Other \_\_\_\_\_ N/A \_\_\_\_\_

What specific weather condition prevents this person from getting around on his/her own? How so?

\_\_\_\_\_  
\_\_\_\_\_

7. Does rough terrain make it hard for the applicant to travel?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

If you answered Yes or Sometimes, describe your definition of rough terrain and how that makes it difficult for the applicant to travel.

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8. Is applicant able to: **Check all that apply**

- Understand and/or process information
- Ask for or follow written or oral information, such as schedules including TDD, audio tape or voice?
- Figure out the correct fare?
- Follow instructions in an emergency?
- Recognize his/her destination while on the bus?
- Once he/she gets off the bus, locate and reach his/her destination?
- Cross a busy intersection?
- Find his/her way between familiar locations?
- Signal the bus driver to get off the bus at familiar stop and then get off the bus? *Assume the driver the calls all stops*
- Grasp coins, passes, and handles?
- Communicate addresses, destinations, and telephone numbers on request?
- Deal with unexpected situations or unexpected changes in routine, e.g., route changed due to road construction, regular bus stop closed?
- Go up and down steps?

Your Name and Title: \_\_\_\_\_

Certificate/Licensure: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Qualified professional** please forward the signed original to Lawrence Transit System at 1260 Timberedge Rd., Lawrence, KS 66049. You may also fax a copy to (785) 312-7958 to expedite the process, but the signed original must be forwarded to the Lawrence Transit System, Attn: T Lift Certification Officer. Thank you for your cooperation.

