

GALAVAN APPLICANT INTAKE FORM

Your answers to these questions do not affect your eligibility criteria for Galavan services. This data is collected for HRDC's internal statistics and reporting to funding sources. Your thoroughness is greatly appreciated!

Name _____ Date _____
Phone _____ SSN _____ DOB _____
Street Address _____ Zip _____
Mailing Address _____ Zip _____
Emergency Contact/Phone _____

Gender: ☐ M ☐ F Hispanic/Latino: ☐ Y ☐ N Veteran: ☐ Y ☐ N Disabled: ☐ Y ☐ N

Race: ☐ White ☐ American Indian/Native Alaskan ☐ Black/African American ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ Biracial/Multi-racial ☐ Other

Health Insurance: ☐ Medicaid ☐ Medicare ☐ Private ☐ None

Do you use a:

- ☐ power chair
☐ wheelchair
☐ walker

Marital Status Please select the option that best describes your marital status:

☐ Single ☐ Domestic partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Family Type Please select the option that best describes your family:

☐ Single person ☐ Single parent – female ☐ Single parent – male
☐ Two parent household ☐ Two or more adults (no children) ☐ Grandparent(s) raising child(ren)
☐ Mixed adults with children ☐ Extended family ☐ Other

Income Estimated gross household income: \$ _____ / ☐ week ☐ month ☐ year (check one)

Employment Are you employed? ☐ Yes ☐ No ☐ Retired ☐ Unable to work (disabled receiving SSI/SSD)

IF **NO**, do you have a positive work history and/or skills? ☐ Yes ☐ No

If **Yes**, are you employed ☐ Full-time (32+ hrs/wk) ☐ Part-time

If **Yes**, is your hourly wage ☐ Minimum Wage ☐ above Minimum Wage

If **Yes**, does your employer provide benefits? ☐ Yes ☐ No

Housing Status Please select the option that best describes your current living situation:

☐ Homeless ☐ Substandard or unsafe housing ☐ Living with relatives or friends (temporary)
☐ Home ownership ☐ Emergency/temporary shelter _____ ☐ Transitional housing _____
☐ Subsidized unaffordable rental (facing eviction? ☐) ☐ Non-Subsidized unaffordable rental (facing eviction? ☐)
☐ Unaffordable home (facing foreclosure? ☐) ☐ Subsidized safe/secure housing ☐ Non-Subsidized safe/secure housing

In addition.... ☐ Are you using a Section 8 Voucher to pay rent?

Education Level Please select your highest level of education:

☐ None ☐ 1st-8th ☐ 9th-12th non-graduate ☐ GED ☐ HS diploma ☐ Vocational / certificate training / some college
☐ College – Associates or Bachelors ☐ College – Masters or Doctorate

Transportation Please select the option that best describes your access to transportation:

☐ No vehicle or access to public transportation ☐ Rarely have transportation needs met
☐ Some transportation needs are met ☐ Most transportation needs are met ☐ Transportation needs are always met

Childcare Please select the option that best describes your childcare situation: ☐ Not applicable

Child/Children...

☐ enrolled in unlicensed childcare ☐ not enrolled in any childcare ☐ on waiting list for childcare
☐ provided childcare by family/friend ☐ enrolled in licensed subsidized childcare – limited choice
☐ enrolled in licensed subsidized childcare – of own choice ☐ enrolled in licensed non-subsidized childcare – of own choice

I authorize HRDC IX, Inc. to enter the information contained on this application in electronic database(s) for purposes of tracking services provided to my household, and reporting to federal, state, or other funding sources.

Signature

Date

☐ Intake by phone Intake completed by: _____ Client ID # _____ ☐ Head of Household

☐ CAP60 v3_07182013



FOR OFFICE USE ONLY

Application Received: _____

Card Sent: _____

ADA Code: _____

Expiration Date: _____

Application for ADA Comparable Para-transit Service

If you believe you have a disability, which prevents you from using the Streamline ramp and lift equipped fixed route bus system, you may be eligible for Para-transit service as provided by GALAVAN. Please keep in mind, The Americans with Disabilities Act (ADA) Para-transit eligibility, is not based on age, a medical condition, inability to drive, or the use of a particular mobility aid. The severity of a disability does not warrant eligibility. ADA Para-transit eligibility is based on the effect that a disability has on your ability to use the Streamline lift and ramp equipped fixed route bus system. Eligibility is based on an individual's functional ability.

Please Print

Last Name: _____ First: _____ Initial: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Evening Phone: _____

Date of Birth (month / day / year): _____ / _____ / _____

E-mail address: _____

In case of emergency, notify:

Name: _____ Phone: _____

Relationship to applicant: _____

Your Ability to Use Fixed Route Buses

Fixed route buses are buses that run on a set route and schedule. To utilize fixed route bus services, you may need to travel up to 3 blocks to the bus stop, wait outside for up to 10 minutes, and navigate the system (recognize destinations and understand transfers). All Streamline fixed route buses are equipped with lifts or ramps to accommodate anyone incapable of climbing stairs, including wheelchairs.

Have you ever ridden Streamline's fully accessible fixed route buses?

Yes ____ No ____ If yes, please explain why you discontinued riding them: _____

Do you know where the nearest fixed route bus stop to your home is?

Yes ____ No ____ Location: _____

Can you, without assistance of another person, make it to the bus stop nearest your home?

Yes _____ No _____ If No, please explain: _____

Can you wait 10 minutes at a bus stop? Yes _____ No _____ If No, please explain: _____

Can you get on and off a fixed route bus if it has a passenger lift or ramp?

Yes _____ No _____ If No, please explain: _____

Are you able to recognize when it is time to get on and off the bus?

Yes _____ No _____ If No, please explain: _____

Have you ever received training to learn how to ride Streamline buses?

Yes _____ No _____

Would you be interested in learning how to use the fixed route bus?

Yes _____ No _____

Your Disability

"For anyone, going to a bus stop and waiting for a bus is more difficult and less comfortable than waiting for a vehicle at one's home. This is likely to be all the more true for an individual with a disability. But for many persons with disabilities, getting to a bus stop is possible; therefore comfort and convenience cannot be determining factors." Federal Register/ Vol.56, No.173 ADA

- GALAVAN Para-transit is a door to door service, which means that GALAVAN Operators are not required to enter any client's domicile to assist riders to or from the bus. Operators will position the bus and wait for a rider, as close as safely possible to the riders designated pick-up.

Please describe all professionally diagnosed disabilities and conditions that prevent you from getting to or from a bus stop or riding our lift and ramp equipped fixed route buses?

Is this condition temporary? Yes _____ No _____ If Yes, what is expected duration? _____

Does the condition ever change in ways which affect your ability to ride fixed route buses?
(Example: Auto-immune disorders like Multiple Sclerosis)

Yes _____ No _____ Please explain your answer: _____

Why would you be able to travel on a Para-transit bus independently, but not on fixed route? Explain: _____

Do you travel with a Personal Care Attendant? Yes_____ No_____

Do you use any of the following (check all that apply):

_____ Manual wheelchair	_____ Electric Wheelchair	_____ Walker
_____ Power Scooter	_____ Crutches	_____ Cane
_____ Service or guide animal	_____ Personal Assistant	_____ White Cane

Other (Please Describe): _____

If you use a wheelchair or scooter, is it more than 30 inches wide and 48 inches long?

Yes _____ No _____ Not Applicable _____ If yes, please describe: _____

Does the combined weight of the occupant and wheelchair or scooter exceed 600 pounds?

Yes _____ No _____ Not Applicable _____ If yes, please explain: _____

Using a mobility aid or on your own, how far can you travel on level ground? _____

If you use a manual wheel chair are you able to self propel?

Yes _____ No _____ Not Applicable _____ If No, please explain: _____

If you are determined to be eligible for GALAVAN Para-transit Service will you require assistance from your origin or destination to curbside? Yes_____ No_____ If yes, be specific_____

I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Para-transit Service. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in the loss of ADA Para-transit Services as well as a penalty under the law. I agree to notify GALAVAN if I no longer need to use ADA Para-transit Services. I understand that I am responsible for authorizing Healthcare Professional Verification of my condition(s) and that an in-person evaluation may be requested.

Applicant Signature: _____ Date: _____

Please print the name of person completing the application, if someone other than the applicant: _____

Signature: _____ Date: _____

Authorization Form Must be signed by Healthcare Professional

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

By signing this form, the applicant authorizes a healthcare professional to release eligibility and verification information. Verification about the applicant's disability and travel abilities will be used to evaluate his or her eligibility to receive ADA Comparable Para-transit Service.

This individual is applying for GALAVAN Para-transit Service. In accordance with ADA guidelines, Para-transit service is available only for persons who have disabilities that prevent them from taking fixed route buses. The individual could be prevented by inability to independently get to and from a bus stop, on or off a bus, or successfully navigate to a destination. Please keep in mind that the Americans with Disabilities Act (ADA) Para-transit eligibility, is not based on age, a medical condition, inability to drive, or the use of a particular mobility aid. The severity of a disability does not confer eligibility. ADA Para-transit eligibility is based on the EFFECT that a disability has on your ability to use the Streamline lift and ramp equipped fixed route bus system.

Please note that *Healthcare Professional* refers to the any of the following: Medical Doctors, Registered Nurses, Psychiatrists, Psychologists, Audiologists, and Ophthalmologists.

Name and Title of Healthcare Professional: _____

Address: _____

City, State, Zip: _____

Signature of Healthcare Professional: _____

Name of person completing the application for Para-transit Service, if someone other than the applicant:

Name: _____

Address: _____

City, State, Zip: _____

Note to Healthcare Professional: Please return the Authorization and Healthcare Professional Verification forms to Galavan:

**GALAVAN Para-transit Service
32 S. Tracy
Bozeman, MT 59715**

**Phone: 406 587 2434
Fax: 406 582 7946**