



## Application #1 Request for Eligibility Certification

Easy Breeze Paratransit is an ADA Complimentary Paratransit service that provides persons who, due to a disability, are unable to use Palmetto Breeze Transit's public fixed route transportation, which includes low floor accessible buses. Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, or if you need assistance to complete this form, please call Easy Breeze Paratransit (843-757-7129) for assistance. This is the first of two (2) applications that need to be completed in order for your eligibility to be determined. The purpose of this form is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using Palmetto Breeze Transit's fixed route bus service. The more information you provide, the better Easy Breeze Paratransit will understand your ability and travel challenges.

The second application (Application #2) will be sent to your physician, health care or rehabilitation professional indicated on the last page of Application #1, after our office receives it. Once both parts of the application have been received, a determination of eligibility is made, and a packet of information pertaining to this eligibility determination will be mailed to you.

Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility.

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### **I. General Information (Please Print Clearly)**

Name \_\_\_\_\_  
*Last First MI*

Street Address \_\_\_\_\_

(Bldg. Complex  
Apt/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you live inside Hilton Head or Bluffton Town Limits \_\_\_\_ Yes \_\_\_ No  
\*\*This does not determine your eligibility\*\*

Phone (Primary) \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

**Person to be contacted in the event of an emergency. Please select someone who would not be riding in the vehicle with you:**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

I understand that the purpose of this form is to determine if I am eligible to ride Easy Breeze Paratransit, and the Easy Breeze Paratransit staff may need to contact me for more information. I certify that I have been truthful in answering this form, and that the information I have provided is correct.

X \_\_\_\_\_ X \_\_\_\_\_  
(Signature of Applicant or Responsible Party) Date

Will you need further materials in a different format? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please check all that apply:

- Braille                       Audio Cassette  
 Large Print                 Other Language:

**Please read the following statements and check those that best describe the reason you are requesting Easy Breeze Paratransit (ADA) eligibility.**

- I can use Palmetto Breeze buses sometimes, if the conditions are right  
 I believe I could learn to ride the bus if someone taught me.  
 I have difficulty or cannot climb stairs and can only board a Palmetto Breeze bus if it has a lift.  
 I have a visual disability that prevents me from ever getting to and from the bus, even with training.  
 The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.  
 Because of my disability I can "**never**" use the bus by myself.

- I can get to and from the bus stop if the distance is not too great and the route is free from physical barriers.
- There is no Palmetto Breeze fixed route bus service in my area.
- I am not really sure if I can use the bus.
- My disability makes it impossible to walk to and from the bus, even in good weather.
- I **"do not"** want to ride the fixed route bus.
- I am not able to use the Palmetto Breeze fixed route bus for other reasons. (Please explain):

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## **II. Information About Your Disability and Mobility Equipment**

- What disability(s) prevents you from safely using our accessible fixed route bus service? *Please check all that apply:*
  - Physical
  - Mental Illness
  - Mental / Cognitive
  - Visual Impairment
  - Other: \_\_\_\_\_
  
- Have you had a disability for more than one year?  Yes  No
  
- Is your disability permanent?  Yes  No
  
- If **no**; how long do you expect to have your disability \_\_\_\_\_
  
- Does your disability change much from day to day?  Yes  No
  
- Check any and every mobility aids you use (check all that apply):
  - Manual Wheelchair
  - Electric Wheelchair
  - Large Electric Wheelchair
  - Powered Scooter/Cart
  - 3 Wheeled Scooter/Cart
  - 4 Wheeled Scooter/Cart
  - Prosthesis
  - Other \_\_\_\_\_
  - Service Animal
  - White Cane
  - Crutches
  - Walker
  - Leg Brace(s)/ Cast
  - Oxygen Tank
  - Communication Device

- Do you require a Personal Care Attendant (PCA) to accompany you when traveling? (If "Yes" that person is generally required for all trips.)
  - No
  - Yes, I need assistance when I travel with:
    - Mobility                       Reading                       Eating
    - Transfers                       Medication
    - Other: \_\_\_\_\_                       All of the above
- Can you safely get to the Easy Breeze Paratransit vehicle without the help of another person?       Yes       No       Sometimes

If no or sometimes, please explain? \_\_\_\_\_

### **III. Use of Fixed Route Service**

- If you currently use Palmetto Breeze Transit's fixed route Bus service, do you need the assistance of another person? (Check One)
  - Always                       Sometimes                       Never

- If you ever need another person's assistance, what does that person do for you? \_\_\_\_\_

- What is the closest bus stop to your home that meets your needs? Please give the location (ex: Corner of Wm Hilton Parkway & Matthews Drive)

\_\_\_\_\_

- Can you safely get to this bus stop by yourself? (Check One)       Always                       Sometimes                       Never

If never or **sometimes**, please explain?

\_\_\_\_\_

- What is the most difficult part of riding Palmetto Breeze Transit's fixed route bus service for you? (Ex: The bus moves before I am seated, etc.) Please list as many things as you can think of:

\_\_\_\_\_

- Can you ever safely cross the street by yourself? (Check One)       Always                       Sometimes                       Never

If **sometimes**, under what circumstances?

\_\_\_\_\_

- Does your health condition or transportation disability change from day to day in a way that affects your ability to use accessible buses?
  - Yes, good on some days, bad on others.
  - No, doesn't change.
  - Don't know.

If “yes” or “don't know” was selected, explain why.

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#### **IV. Travel / Mobility Training**

- Have you ever received training to learn how to use the bus or travel around the community?  
(Check One)  Yes  No

If **yes**, which agency or person provided the training?

- When were you trained? \_\_\_\_\_
- Did you successfully complete training?  Yes  No

If **no**, why not? \_\_\_\_\_

- Was your training route specific?  Yes  No
- Which routes did you learn? \_\_\_\_\_
- Would you like to participate in free training to learn to ride the bus?  
 Yes  No

#### **V. Weather Considerations**

- Does the weather affect your ability to use Palmetto Breeze Transit fixed route bus service?  Yes  No

If you answered **yes**, please explain how: \_\_\_\_\_

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#### **VI. Your Functional Ability**

Your answers to the questions in this section will help us better understand you functional ability in specific areas. For each question, check one answer box. Your answers should be based on how you feel most of the time, under normal circumstances, using your mobility equipment, and whether you can perform this activity independently.

**Without the help of someone else, can you:**

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1. **Walk up and down three steps if there are handrails on both sides?**  
 Always     Sometimes     Never     Not sure
  2. **Use the telephone to get information?**  
 Always     Sometimes     Never     Not sure
  3. **Travel one block of the sidewalk when the weather is good?**  
 Always     Sometimes     Never     Not sure
  4. **If you are able to do this, how long does it take you?**  
 Less than five minutes     Five to ten minutes     Not sure
  5. **Cross the street, if there are curb cuts?**  
 Always     Sometimes     Never     Not sure
  6. **Ride up and down a wheelchair lift with handrails on both sides?**  
 Always     Sometimes     Never     Not sure
  7. **Travel three level blocks on the sidewalk, when the weather is good?**  
 Always     Sometimes     Never     Not sure
  8. **If you are able to do this, how long does it take you?**  
 Less than ten minutes     Ten to fifteen minutes     Not sure
  9. **Wait 10 minutes in good weather outdoors without a place to sit?**  
 Always     Sometimes     Never     Not sure
  10. **Step on and off the curb from a sidewalk?**  
 Always     Sometimes     Never     Not sure
  11. **Travel up or down a gradual hill on the sidewalk, if weather is good?**  
 Always     Sometimes     Never     Not sure
  12. **Find your way to the bus stop, if someone shows you the way once?**  
 Always     Sometimes     Never     Not sure
  13. **Currently travel by yourself?**  
 Always     Sometimes     Never     Not sure
  14. **If you need the assistance of another person, what do they do for you?**
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15. **Have you ever gotten lost when traveling alone?**  
 Yes  No, I never travel alone  No, I've never gotten lost

16. **If yes, were you able to find your way back?**  
 Yes  Yes, with help  No

17. **If you weren't able to find your way back, what did you do?**

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18. **The weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk using your mobility aid?**

- |   |  |
|---|--|
| <input type="checkbox"/> I can't travel outdoors alone at all | <input type="checkbox"/> Curb in front of my house |
| <input type="checkbox"/> Less than 1 block                    | <input type="checkbox"/> 6 blocks                  |
| <input type="checkbox"/> 3 blocks                             | <input type="checkbox"/> More than 9 blocks        |
| <input type="checkbox"/> 9 blocks                             | <input type="checkbox"/> Other (explain)           |
| <input type="checkbox"/> Not sure                             |  |

**VII. Visual Disability** (Note: If you do not have a visual disability, please skip this section and move on to the next.)

• **Name of eye disease/condition:** \_\_\_\_\_

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• **My vision is worse during these conditions:**  
 Bright sunlight  Dimly lit or shaded places  
 Glare (from snow or vehicles)  I have no vision at all  
 See the same in different lighting conditions

• **My eye condition is considered to be:**  
 Stable  Degenerative  Other \_\_\_\_\_

• **I have difficulty safely navigating through traffic conditions because of the following:**  
 Insufficient peripheral vision  
 Inability to judge distances and speeds of oncoming vehicles  
 Difficulty seeing motorcycles and bicycles  
 Difficulty seeing traffic lights  
 Other: \_\_\_\_\_

- **I can easily see steps and curbs:**  
 Yes                       No
- **While waiting to board my bus, I can see bus routes on the buses:**  
 Yes                       No                       Sometimes
- **I can safely find my destination without assistance:**  
 Yes                       No                       Sometimes

**VIII. Environment Around Your Home**

- Do you have multiple steps at the entrance you use at your residence?  
 Yes                       No
- How would you describe the terrain where you live? (Ex: steep hill, flat, long gradual hill, etc.) \_\_\_\_\_
- Are there sidewalks in your neighborhood?                       Yes                       No

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Palmetto Breeze Transit fixed route service:

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- Please list the trips you take most often, which you believe you would not be able to use the accessible fixed route bus. Factors should include being able to get to the bus stop, wait, board and ride or disembark from the bus as well as get from the stop to your destination. This information will not be used to schedule any trips. You must call the office for all trip requests.

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**List any additional trips on a separate sheet if necessary**

- Did you require any assistance to complete this form?    Yes                       No
- If **yes**, how did that person assist you? \_\_\_\_\_

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**\*\*Please review the questionnaire to make sure you have answered all the questions to the best of your ability. Be sure you have completed every page and signed the form on Page 2 and Page 9.\*\***



# Authorization for Release of Doctor's Information

In order for Easy Breeze Paratransit to evaluate your request for eligibility, it is necessary for us to contact a professional(s) who is familiar with your health condition or disability and your functional abilities and limitations. This information helps us to gain a better understanding of your disabilities and to find the eligibility type to suit your needs. Please list one or two professionals who we can contact if we need additional information.

**Examples of qualified professionals include:**

Physician (M.D. or D.O.)	Independent Living Specialist	Ophthalmologist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Social Worker	Psychologist
Mobility Instructor	Registered Nurse	Case Manager

Please complete the following information requested below and mail Application #1 to Easy Breeze Paratransit, 25 Benton Field Road, Bluffton, SC 29910. Palmetto Breeze Transit will then forward Application #2 to the physician(s) or professional(s) noted below.

**Please check this box if you would like a copy of the Application #2 to take to your physician**

_____	_____
(Name of qualified professional)	(Name of qualified professional)
_____	_____
(Type of Professional)	(Type of Professional)
_____	_____
(Professional's Agency)	(Professional's Agency)
_____	_____
(Street Address)	(Street Address)
_____	_____
(City, State & Zip Code)	(City, State & Zip Code)
_____	_____
(Phone Number)	(Phone Number)

I authorize the professional(s) listed above to release to Easy Breeze Paratransit information about my disability or health condition and its effect on my ability to travel on Palmetto Breeze Transit's fixed route bus system. I understand that I may revoke this professional from releasing the information described up to 60 days from the date below.

X	X
_____	_____
(Signature of Applicant or Responsible Party)	Date

All medical information, which you or a professional provide about your disability, will be kept strictly confidential.