

# Application for Central West Virginia Transit Authority (CENTRA) Complementary Paratransit Service

Please complete and sign this application in ink. Only completed applications will be considered.

1. Name (please print) \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Street Address \_\_\_\_\_
4. Directions to the home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_
7. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (optional)
8. Emergency contact name \_\_\_\_\_
9. Emergency contact number \_\_\_\_\_
10. Do you need to use the services of a personal care attendant (PCA) to ride the bus?  
Yes L (see below) No L  
If yes, please provide the following contact information for your PCA.  
PCA Name (please print) \_\_\_\_\_  
PCA Address \_\_\_\_\_  
PCA Phone \_\_\_\_\_ cell \_\_\_\_\_
11. Please describe how your PCA assists you with your transportation needs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you use a service animal?  
Yes L (See below) No L  
If yes, what is the animal and what is the animal's function?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you need any other assistance?  
Yes L (See below) No L  
If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Can you climb three (3) twelve (12) inch steps without assistance? Yes L No L

15. What is the maximum distance you can travel without the assistance of another person?  
\_\_\_\_\_ feet

16. Do hills, or steps affect this distance?  
Yes L N L

17. What is the disability that prevents you from using our fixed route service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. How does this disability prevent you from using the fixed route service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Are there any other effects of your disability which we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is this condition temporary?  
Yes L (if yes, when will this disability end? \_\_\_\_\_)  
No L

21. Do you use any of these aides? Please check all that apply.  
Manual wheelchair L  
Powered wheelchair L  
Powered scooter L  
Cane L  
Walker L  
Crutches L

22. If you use a wheelchair or powered scooter, what are its dimensions when measured two (2) inches off the ground?  
\_\_\_\_\_

23. What is the total weight (occupant plus wheelchair) when occupied? \_\_\_\_\_pounds

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

*I hereby certify that the information provided in this application has been answered to the best of my ability and that the information contained in this application is accurate and true.*

Signature \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If this application has been completed by someone other than the person requesting certification that person must complete the following information:

Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relation to the applicant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Who may CENTRA contact who is familiar with your disability and is certified and authorized on your behalf to provide personal information which may be required to complete the final process of this Complementary Paratransit Application?

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

*I hereby give permission for the Central West Virginia Transit Authority (CENTRA) to contact the above listed individual concerning my disability.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you have any questions concerning this application, please contact CENTRA at 304-623-6002 during our normal business hours. Thank You.**

July, 2011 updated