

**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. There are four (4) pages.

1. Name (please print) _____

2. Mailing Address _____

City _____ State _____ Zip _____

3. Street Address _____

City _____ State _____ Zip _____

4. Directions to the home _____

5. Telephone (home) _____ (work) _____ (cell) _____

6. Date of Birth _____ (optional)

7. Emergency Contact name _____

8. Emergency Contact number(s) _____

9. Do you need to use the services of a personal care attendant (PCA) to ride the bus?
Please circle. YES (see below) NO

If yes, please provide contact information for your PCA.

PCA name _____

PCA address _____

City _____ State _____ Zip _____

PCA phone number(s) _____

10. Please describe how your PCA assists you with your transportation needs.

11. Do you use a service animal? Please circle. YES NO

If yes, what is the animal and what is the animal's function? _____

12. Do you need any other assistance? Please circle. YES NO

If yes, please explain. _____

13. Can you climb three (3) twelve (12) inch steps without assistance? Please circle.

YES NO

14. What is the maximum distance you can travel without assistance of another person? _____ (In feet)

15. Do hills or steps affect this distance? Please circle. YES NO

16. What is the disability that prevents you from using our fixed route services?

17. How does this disability prevent you from using our fixed route services?

18. Are there other effects of your disability we should be aware of?

19. Is this condition temporary? Please circle. YES NO

20. Do you use any of the following aides? Please circle all that apply.

- | | |
|--------------------|----------|
| MANUAL WHEELCHAIR | CANE |
| POWERED WHEELCHAIR | WALKER |
| POWERED SCOOTER | CRUTCHES |

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

22. What is the total weight when occupied (occupant plus wheelchair or scooter)?
_____ (in 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 the 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:

Name _____

Address _____

City _____ State _____ Zip _____

Relation to applicant _____

Phone number(s) _____

Signature _____ Date _____

Who may CENTRA contact that 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 _____

City _____ State _____ Zip _____

Phone number(s) _____

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 questions concerning this application, please contact CENTRA at 304.623.6002 daily from 8:00 am until 4:00 pm. Thank you.