

PORTSMOUTH SENIOR TRANSPORTATION



EVALUATION OF FUNCTIONAL ABILITY

To be completed by a health care professional

Cannot be completed by person assisting the applicant with Part A

COAST's Portsmouth Senior Transportation is a curb-to-curb, shared ride services to Portsmouth residents who are at least 62 years or who have a qualifying disability.

Disability status under the Portsmouth Senior Transportation Program is for people who have a physical or mental impairment (Condition) that preclude them from riding in vehicles that do not have any accessibility features, such as your typical car, truck or SUV. Eligible clients are generally picked up outside their homes at or near the requested time and taken directly, or indirectly, to their destination.

Eligibility is a functional determination, not a medical one. Individuals qualify if they have a specific Condition that prevents them from riding in a typical automobile.

Please keep in mind that the following skills may be necessary for the effective use of Portsmouth Senior Transportation services:

- handling money
- getting on and off a standard vehicle
- sitting on a moving vehicle
- reading information signs
- hearing announcements by vehicle operators
- navigating and being aware of when it is time to get off the vehicle
- pulling the cord to signal the operator to stop the vehicle

The conditions listed on the following pages would limit the ability to perform these tasks as effectively as other people and without special considerations/modifications (for example, a wheelchair lift or ramp).

Instructions

The applicant (or their representative) has completed the TripLink Common Application and has indicated that they have a physical or mental condition that prevents them from independently riding the fixed-route bus system.

The applicant has requested that you complete this Evaluation of Functional Ability. If you are unsure how to answer any of the questions, we suggest that you speak with the applicant or with TripLink. This will help expedite the application process.

Please return the completed Evaluation directly to TripLink. The application must be filled out completely or it will not be processed. The TripLink staff or the COAST Administrative Assistant may contact you to discuss the information you provided.

Please note that COAST will not consider any person whose sole incapacity is pregnancy, obesity, or drug or alcohol addiction.

Applicant Name:

Applicant Date of Birth:

1. I am familiar with the applicant's physical/ mental condition.

- Yes
- No

2. This applicant's disability is (please choose one):

Temporary

The disability is expected to last between 3 months and one year.

Expected period of disability: _____

(Please be specific, as this information will be used to determine the length of time for which the temporary eligibility card is valid.)

Long-term

The disability is expected to last for at least one year, but there is hope of improvement or long periods of remission. All applications based on mental impairments are considered long-term applications.

Permanent

The disability will never significantly improve (for example, an amputation or a developmental disability). If the applicant is found eligible, he or she will be automatically issued a new eligibility card every year without the need for re-application.

3. In my professional opinion, this applicant is (please choose one):

A. Non-Ambulatory Disabled

The applicant cannot walk, even with the assistance of devices (e.g., walker, crutches, cane, brace, prosthesis, etc.), but has sufficient personal mobility and independence in a wheelchair that the use of fully accessible public transportation is a reasonable expectation.

B. Semi-Ambulatory Disabled

The applicant cannot walk more than a very short distance without the assistance of a walker, crutches, cane, brace, prosthesis, or other such adaptive device, and the use of fully accessible public transportation is a reasonable expectation.

C. Otherwise Disabled from a Transit Perspective

4. If you chose C for Question 3, please check any of the following that apply to this applicant.

- Hearing disability (total deafness or hearing loss 90db or greater in the 500, 1000, 2000 Hz ranges despite hearing aids)
- Vision disability (vision in the better eye is no better than 20/200 after correction, or visual field is contracted)
- Progressive, debilitating illness that significantly impairs mobility, with chronic symptoms such as pain, fatigue, weakness, or mental status changes (e.g., AIDS, cancer, lupus, etc.)
- Pulmonary or cardiac disability shown by X-ray, EKG or other tests, and resulting in breathlessness, pain or fatigue despite treatment
- Faulty coordination from a brain, spinal, or peripheral nerve injury or arthritis
- Loss or absence of both hands, or loss of major function of both hands
- Dependency on kidney dialysis to live
- Cerebrovascular accident (stroke) with persistent physical effects
- Neurological disability that is not controlled by medication (e.g., epilepsy, multiple sclerosis, etc.)
- Developmental disability originating before age 22 (e.g., cerebral palsy, autism, Down's syndrome, etc.)
- Psychiatric disability recognized by the DSM IV and severe enough to cause limitations of daily life functioning
- Other. *Please attach information about the applicant's diagnosis and its effects relating to the use of public transportation.*

**AUTHORIZED HEALTH CARE
PROFESSIONALS**

This Portsmouth Senior Transportation Evaluation of Functional Ability must be completed by one of the following health care professionals who is familiar with the Applicant's condition:

Must be licensed or certified:

- | | |
|-----------------------|-----------------------------|
| Physician | Physician Assistant |
| Social Worker | Psychologist |
| Respiratory Therapist | Physical Therapist |
| Psychiatrist | Audiologist |
| Nurse Practitioner | Optometrist/Ophthalmologist |
| Registered Nurse | |

I hereby certify that the above information is accurate and true to the best of my knowledge.

Signature of medical professional: _____

Printed name and title: _____

Date: _____

Address: _____

Phone number: _____

Fax number: _____