



Dear Customer,

Thank you for inquiring about Franklin Transit Authority (FTA) Prioritized Service. This designation gives reservation priority, reduced fares and origin to destination service to persons who qualify for eligibility status as established by the Americans with Disabilities Act (ADA) for both deviated flexible fixed-route pickup and Transportation on Demand (TODD) service of the Franklin Transit Authority. Please read the enclosed materials carefully and complete the Application. This will assist Franklin Transit Authority in determination if you are eligible for Prioritized Service under ADA. Franklin Transit will consider making reasonable modifications in policies, practices, or procedures in order to provide accessible transit service to you. If you have questions or would like Franklin Transit to consider a special request, contact us directly at 615 790-0604 and ask for our Transit Manager. You can also email us at [sconnor@tmagroup.org](mailto:sconnor@tmagroup.org) or contact us through our website at [www.franklintransit.org](http://www.franklintransit.org).

Generally, individuals who demonstrate an inability to use the fixed-route service because they are unable to travel to and from the stops, board or exit the bus, or understand how to ride and use the fixed-route system will qualify for this service.

Franklin Transit Authority provides this prioritized service to qualified customers within  $\frac{3}{4}$  miles of the fixed-route. Reservations are required to access this service.

If you need assistance completing the form, would like the application in a format that would suit your needs or have questions, please contact the Transportation Manager at the Franklin Transit Authority office at 615 790-0604.

After you have completed the application, please have a licensed health care or rehabilitation professional complete and sign the last page. The information you provide in the application is confidential.

Completed applications will be processed within 21 days of receipt. You will be notified in writing of your eligibility status.

Sincerely,

*Sue Connor*

Sue Connor  
Transportation Manager



# FRANKLIN TRANSIT AUTHORITY PRIORITIZED SERVICE APPLICATION

## GENERAL INFORMATION

### PLEASE PRINT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Bldg: \_\_\_\_\_

Building Complex or Development Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*If someone assisted you in completing this form, please identify them below:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**If you would like for Franklin Transit to notify someone in case of emergency, please list the contact below: \*Not Required**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Do you possess a Medicare card?      \_\_Yes                      \_\_No**



**INFORMATION ABOUT THE APPLICANT'S DISABILITY**

**Please indicate below the reason why you are seeking prioritized special services eligibility.**

I can use FTA fixed-route buses to go some places, but in other places I cannot get to or from the bus stops.

Because of my disability, I can NEVER use the FTA fixed-route bus service.

**1. What types of disabilities prevent you from using FTA fixed-route (Check all that apply)?**

Physical Disability

Developmental Disability

Diagnosis of Alzheimer Disease or related

Multiple Severe Disabilities

Visual Impairment/Blindness

Mental Illness

**Please describe your disability in more detail:**

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**2. Is the disability described above temporary or permanent?**

Temporary, I expect it to last for another \_\_\_\_\_ months.

Permanent

I don't know

**3. Please indicate below if you use any of the following mobility aids or equipment**

Cane

Crutches

Manual Wheelchair

Powered Wheelchair

Powered Scooter/Cart

White Cane

Walker

Leg Braces

Sighted (person) Guide

Optical Devices (telescope, light, special glasses, etc.)

Portable Medical Equipment (oxygen tank, etc.)

I don't use any of the above mobility aids or equipment

Other (specify) \_\_\_\_\_

**Note:**

All Franklin Transit Vehicles are equipped with wheel chair lifts. Franklin Transit will make every reasonable effort to transport safely the wheelchair equipment that you own. For your information, the manufacturer specifications for the lifts are 48 inches in length and 30 inches in width and a weight capacity of 600 pounds. If you are uncertain of your equipment specifications or concerned that your equipment exceeds the wheel chair lift capacity, please call Franklin Transit so that we can take an assessment of the situation.



**4. Do you require the assistance of a Personal Care Attendant (PCA) when you travel outside your home?**

- Yes
- No

**5. Do you travel with a service animal (guide dog, etc.)?**

- Yes
- No

**FUNCTIONAL ABILITIES**

**6. Do you currently use FTA fixed-route bus service?**

- Yes
- No

**7. If you currently use FTA fixed-route bus service, which routes do you use?**

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**8. When are you UNABLE to use the FTA fixed-route bus? (please indicate below the following situations that apply to you)**

I can only wait at FTA bus stops if there is a bench or shelter.

The severity of my disability can change from day to day. I can ride the bus only when I am feeling good.

I cannot cross busy streets and intersections.

I have difficulty or cannot climb stairs and can only board a FTA bus if it has a lift or a ramp.



I have a health condition and cannot ride the bus if the walk is too far or if there is incimate weather conditions.

I can never use the FTA fixed-route bus.

**9. Can you ask for and follow written or verbal instructions to use FTA fixed-route buses?**

Yes

No

Sometimes

**If you chose either “No” or “Sometimes” please check all those that apply:**

I get confused and might get lost

I probably could, with instructions

Other people cannot understand me

Other (describe)\_\_\_\_\_

**10. Without help of someone else, are you ABLE to do the following? (Please check all that apply)**

Walk up and down three steps if there are handrails on both sides

Use a telephone to get information

Ask for and follow written or oral instruction

Cross the street if there are curb cuts

Get on and off a FTA bus if it has a wheelchair lift

Wait 30 minutes or more at a bus stop that does not have a bench or



shelter

Easily hear the bus drivers' voices when they announce bus routes while you are standing outside or inside the bus

Step on and off a sidewalk that does not have a curb cut

Cross streets and intersections

Hear traffic well enough to safely cross streets consistently

See well enough to walk to a bus stop in the dark

Find your own way to and from the bus stop if someone shows you the way once

**11. Using a mobility aid (wheelchair, etc.) or on your own, how far can you walk or travel**

Less than one block

3 blocks (1/4 mile)

6 blocks (1/2 mile)

9 blocks (3/4 mile)

More than 9 block

**12. Does the weather affect your ability to travel outside and use FTA fixed-route bus?**

Yes

No



If yes, please explain:

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**13.** Can you wait up to 30 minutes for the FTA fixed-route bus at a bus stop?

Yes

Yes, only if the stop has a bench and shelter

Yes, but I don't like to wait that long

No (please explain):

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**14.** How would you describe the terrain where you live?

Flat

Uneven sidewalks

Sidewalks

Steps

No sidewalks

**CURRENT TRAVEL INFORMATION**





**15. Please list trips that you will make most frequently using the Franklin Transit service. \* Not Required**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I, the applicant, confirm that all the information provided on this application is true to the best of my knowledge.

I understand:

- My application will be returned if it is **not complete**.
- The purpose of this application is to determine my eligibility to receive Prioritized Special Service.
- My application is subject to review and verification and that misrepresentation of any material information will lead to the cancellation of my certification.
- A false statement made herein may result in the rejection of my application for Prioritized Special Service (PSS).
- Failure to follow the policies and procedures for using Prioritized Special Service may be grounds for suspending or cancelling my eligibility to participate in the program.
- The information contained herein will be treated confidentially, unless otherwise required by law.
- The TMA Group, on behalf of the Franklin Transit Authority, reserves the right to request additional information at its discretion.

I agree to release the information requested to The TMA Group, on behalf of the Franklin Transit Authority. I agree to notify The TMA Group if I no longer need Prioritized Special Service



for any reason, including a change in my ability to use regular route service.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Printed Name of Preparer \_\_\_\_\_

If Preparer represents an Agency, please print the Agency name here: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Date \_\_\_\_\_

You will be notified of your eligibility status in writing within 21 days of the receipt of this application. The notification will also explain the reason for the determination.

**Any person denied eligibility or granted a conditional eligibility may file a written or verbal request with The TMA Group Executive Director for an appeal within 60 days of the date of the notification. You have the opportunity to be heard and present information and arguments concerning your situation and status. You may also request that your argument be heard by another management person within the agency other than the manager who made the initial decision. Prioritized Special Service will not be provided during the appeal process unless the appeal process cannot be concluded within 30 days.**



## RELEASE OF INFORMATION

To properly evaluate this application, The TMA Group, on behalf of the Franklin Transit Authority, may contact your health care or rehabilitation professional to confirm the information provided.

Note: If possible, please give the name of a professional who is familiar with your particular disability and who also understands your ability or inability to travel using the public transit system. This could include:

- A rehabilitation specialist
- An independent living counselor
- A social worker
- A psychologist
- A vocational rehabilitation counselor
- A mental health counselor
- An occupational or physical therapist
- A physician or registered nurse

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The following Healthcare or Rehabilitation Professional is familiar with my disability and is hereby authorized to provide The TMA Group, on behalf of the Franklin Transit Authority, with any information required to confirm the information contained in this application or to clarify the limitations of my disability.

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

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In the event that I apply for paratransit eligibility or prioritized special service in another community, I hereby authorize The TMA Group on behalf of the Franklin Transit Authority to release the information on my application to such agency.

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



**PROFESSIONAL CERTIFICATION**

The attached authorization form has been submitted by \_\_\_\_\_. The Americans with Disabilities Act of 1990 (ADA) requires public transportation companies to provide persons with disabilities complementary, comparable access to their regular route services.

The Applicant may be found eligible for ADA transportation services for all trips he/she requests, or eligible (based on functional ability) for some trip requests but not for others, or capable of using the regular route services.

NOTE: All Franklin Transit Authority regular route vehicles are equipped with a lift for people who use a wheelchair or cannot climb steps.

The information you provide will enable us to make an appropriate determination for each trip request. All information is required to be kept confidential. Thank you for your assistance.

**Capacity in which you know the Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical and/or cognitive condition which functionally prevents use of lift-equipped vehicles:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this condition temporary?** \_\_\_ No \_\_\_ Yes, for \_\_\_\_\_ weeks

I have reviewed all of the information contained in this Application, and hereby certify that all information is true and correct to the best of my knowledge and ability.

**Exceptions or Additions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print Name and Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Clinic/Agency** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Professional License, Registration, or Certification #** \_\_\_\_\_