

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