



APLIKASYON RESÈTIFIKASYON

Nou aksepte aplikasyon ki konplè yo pa lapòs / fax / imèl oubyen ou ka vini nan:
Palm Tran CONNECTION
50 South Military Trail, Suite 101
West Palm Beach, Florida 33415
Lendi-Vandredi
8am-5pm

Biwo: 561-649-9838 opsyon 7
Regle gratis: 1-877-870-9849 rele gratis si ou pa nan zòn lokal
Fax: 561-656-7156
Imèl: connpalmeligibility@pbcgov.org

**Progwam sa se pou moun k'ap renouvle elijibilite kounya pou
AMERICANS WITH DISABILITIES ACT (ADA)
AVÈK/OUBYEN
TRANSPORTATION DISADVANTAGED (TD)**

ENSTRIKSYON POU KONPLETE RENOUVÈLMAN APLIKASYON AN:

An rapò avèk Americans with Disabilities Act nan ane 1990 (ADA), Palm Tran CONNECTION (PTC) founi sèvis Pòt a Pòt (sa vle di..., tibis/transpò komen) pou moun ke domajman yo pa pèmèt yo vwayaje nan sitibòs yo. Aplikasyon sa a ap detèmine elijibilite pou sèvis Pòt a Pòt selman.

Ou resevwa notifikasyon sa a, paske li lè pou revouvle youn oubyen plizyè nan pwogram ou te kalifye yo **nan 30 jou**.

Aplikasyon ke nou resevwa pa lapòs, fax oubyen imèl, ap trete nan lòd nou resevwa yo. Pwosesis la pran ant 7 a 21 jou de lè nou resevwa yo.

TOUT APLIKASYON YO DWE GENYEN DOKIMAN KE YO MANDE YO



50 South Military Trail, Suite 101
 West Palm Beach, FL 33415
 561-649-9838 or 1-877-870-9849 (gratis)
www.palmtran.org

Konteni dokiman sa kapab chanje nenpòt lè san ke nou pa atann. Tanpri kontakte Palm Tran CONNECTION si ou tande yon chanjman fèt. Si ou gen kesyon sou nenpòt enfòmasyon nan dokiman sa oubyen pou mande yon dokiman sa nan yon lòt fòm (tankou...Bray, kasèt anrejistremant oubyen diskèt pou òdinatè) tanpri kontakte biwo administrasyon Palm Tran CONNECTION nan 561-649-9848.

Kilè Ou Ka Vwayaje?

PWOGRAM	LÈ SÈVIS	LÈ POU JOU KONJE
Americans with Disabilities Act (ADA) Transportation Disadvantaged (TD)	Lendi a Vandredi 4:50 am to 10:30 pm Premye Pick-up nou se 4:50 am a 5:20 am Dènye Pick-up nou se 9:20 pm to 9:50 pm	PA GEN SÈVIS NAN JOU SA YO New Years Day Easter Sunday Memorial Day Independence Day Labor Day Thanksgiving Day Christmas Day
	Samdi 6:00 am to 10:45 pm Premye Pick-up nou se 6:00 am to 6:30 am Dènye Pick-up nou se 9:35 pm to 10:05 pm	
	Dimanch 7:45 am to 8:15 pm Premye Pick-up nou se 8:00 am to 8:30 am Dènye Pick-up nou se 7:05 pm to 7:35 pm	
	TANPRI, LÈ YO KONN VARYE SELON DISTANS WOUT YO	
Division of Senior Services (DOSS)	Lendi jiska Vandredi 8:00 am to 5:00 pm Pa gen sèvis Samdi ak Dimanch	

Rezève vwayaj ou

Pou rezève vwayaj ou, w'ap bezwen rele liy rezèvasyon an nan **(561) 649-9838 Opsyon #3**. Ou kapab rezève yon vwayaj de Lendi jiska Samdi sòti 7:00 am rive 5:00 pm. Ou gen dwa rezève yon vwayaj rive jiska 7 jou alavans. Ou dwe rele avan **5:00 pm**. si ou ap fè yon rezèvasyon pou demen, ki vle di jou ki vin aprè a.

Lè ou ap mete yon rezèvasyon, men enfòmasyon w'ap bezwen founi:

- Non pa w' ak nimewo kliyan w' oubyen dat nesans ou
- Dat ak jou ou bezwen vwayaje a
- Adrès la konplè avèk zipkòd epi nimewo telefòn kote **nap vin chèche w'** la, plis non bilding nan, minewo pòt kote a ak non ri ki kwaze avèk adrès la
- Adrès la konplè avèk zipkòd epi nimewo telefòn kote **nou pral depoze w'** la, plis non bilding nan, minewo pòt kote a ak non ri ki kwaze avèk adrès la
- Lè ke ou vle rive kote w' prale a ak lè ou vle retounen (Bay tan kap sifi pou ou a; men nou bay inèd tan minimòm de lè randevou w la pou n' vin chèche w').
- Endike si wap vwayaje ak yon moun k'ap ede w', yon konpayon oubyen yon sèvis animal, etc.
- Lòt enfòmasyon ki ka ede tankou direksyon pou yon adrès ki difisil pou jwenn, yon kote spesifik pou antre, lari ki gen yon sèl vwa, etc.

PATI 1. ENFÒMASYON JENERAL

Tanpri Ekri

SIYATI: _____ Non: _____ MI: _____

Adrès: _____ Apt#: _____ Bldg#: _____

Non Bilding/Kompleks ou Devlopman : _____
(ri/entèksyon kwaze ki tou pre a)

Vil: _____ Eta: _____ Zip: _____

Telefòn: _____ Dat ou Fèt: _____

IMÈL: _____

Bay kèk kontak an ka dijans:

Non/Relasyon/Adrès	Nimewo telefòn

PATI 2. SÈTIFIKASYON APLIKAN

Mwen konprann ke enfòmasyon apwopo de domaj mwen founi nan aplikasyon an ap rete konfidansyèl epi pataje l' selman ak profesyonèl ki enplike nan evalyasyon elijibilite m' nan k'ap ofri sèvis transpòtasyon. Enfòmasyon w' lan ap disponib tou pou lòt kote ki bay menm sèvis transpòtasyon ki apwopriye. Nou pap founi enfòmasyon an ak okenn lòt moun ak ajans. Mwen sètifye, ak tout bon konesans mwen, ke enfòmasyon nan fòm sa vrè epi kòrèk. Aplikasyon pou elijibilite sèvis Paratransit la kapab anile si aplikan an bay fo deklarasyon nan aplikasyon an oubyen bay manti.

Siyati Aplikan: _____ **Dat:** _____

Si gen youn moun ki ede ou pou ranpli fòm sa a, tanpri bay enfòmasyon kontak moun nan:

Non: _____ Telefòn: _____

Nan ka Evakyasyon:

An ka ke Direksyon ijans nan Palm Beach County egzije fè yon evakyasyon akòz de siklòn oubyen inondasyon, èske ou ap bezwen transpòtasyon pou ou ale nan cheltè?

Wi

Non

Pou enskri nan Inite Swen Espesyal la, tanpri kontakte Palm Beach County Emergency Operations Center a nan (561) 712-6400.

A. Ki tip de domaj ou genyen ki fè 'w paka itilize Palm Tran sitibòs yo?

(Tcheke tout sa ki aplike yo):

- Domaj Fizik (konjesyon serebral, tansyon, sèvo, nè, chòk)
- Domaj newologikal (MS, MD, sèvo paralize, epilepsi, alzaymè, Parkinson ak lòt)
- Pwoblèm vizyèl Deteryore/ Avèg
- Fatig (Kimo/Radiasyon, dayalasis)
- Domaj mantal oswa sansoryèl (pwoblèm devlopman mantal, Ôtis)
- Lòt domaj (pwoblèm tande (soud), kadiak/COPD, pwoblèm respiratwa, atrit, neropatik)

Tanpri bay plis detay sou pwoblèm domaj ou a: _____

B. Tanpri indike anba a si ou itilize youn nan mobilite sa yo oubyen ekipman pou ede ou (cheke tout sa ki aplike yo)

- Baton
- Beki
- Plak nan Janm
- Oksijèn
- Sèvis animal
- Moun k'ap gide w'
- Machè
- Chèz Woulèt Manyèl
- Chèz Woulèt Elektrik
- Charyo Elektrik/Kat
- Stik (avèg)
- Ekipman Medikal Pòtab (rezèvwa oksijèn, etc.)
- Si vwayajè a paka ret poukont li
- Lòt (tanpri spesifye) _____
- Mwen pa itilize okenn nan mobilite sa yo oubyen ekipman.

Note: Nou pap tranpòte ou si chèz woulèt oubyen charyo w' la pi long ki 54 pous oubyen pi laj ke 34 pous oubyen si tout pwa total lè w' chita sou chèz woulèt la depase 600 liv.

Eske li rekòmandab pou ou gen yon Asistan Swen Pèsonèl (PCA) (yon moun ki pou vwayaje avèk ou nan aktivite jounalye w')? *Tanpri note ke nou ka mande ou pou ou voyaje avèk yon PCA si kondisyon ou oubyen domaj ou a grav.*

Non Tojou Kèk fwa

C. Eske pwoblèm domaj ou dekri nan anlè a (Pati B) tanporè oubyen pèmanen?

- Tanporè, men l'ap dire _____ mwa
- Pèmanan Mwen pa konnen

If applying for the Americans with Disabilities Act Program or the Transportation Disadvantaged Program, please have your PHYSICIAN COMPLETE THE ATTACHED (MEDICAL VERIFICATION FORM)



MEDICAL VERIFICATION
(THIS PORTION TO BE COMPLETED BY APPLICANT)

I certify that I am a person with a disability as described by the Americans with Disabilities Act. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required.

Name of Applicant as printed on the Identification

Signature of Applicant, Parent or Guardian of Applicant

Date of Birth

Sex

Date Signed

Street Address

City

State

Zip Code

MEDICAL VERIFICATION, CONTINUED
(THIS PORTION TO BE COMPLETED BY A LICENSED PHYSICIAN)

Keeping in mind that all Palm Tran buses are 100% wheelchair accessible; can the applicant ever use a regular bus?

Yes No Sometimes

1. MOBILITY IMPAIRMENT:

- Non-ambulatory disability (requires wheelchair to travel) Please specify the condition which requires full time use of a wheelchair. _____
- Ambulatory disability (ambulation may be limited, but able to walk with or without mobility aid, may use wheelchair but can transfer to a seat with little or no assistance).
- Amputation (detail extremity): _____
- Stroke
- Brain Spinal Nerve Trauma
- Other: _____

2. MOBILITY AID: PLEASE INDICATE ALL THAT APPLY

- Standard Wheelchair Cane Other: _____
- Wide Wheelchair Walker
- Scooter Crutches
- Wide Scooter Braces
- Service Animal

3. NEUROLOGICAL DISABILITY (MOTOR DYSFUNCTION):

- Multiple Sclerosis Epilepsy Other: _____
- Muscular dystrophy Alzheimer's
- Cerebral Palsy Parkinson's

4. VISUAL DISABILITY:

- Macular Degeneration
- Visually Impaired
- Legally Blind – If this person is legally blind, please complete the following:
Corrected visual acuity: Right Eye _____ Left Eye _____ (Please attach Snellen reports of both eyes)
Corrected Field of Vision: Right Eye _____ Left Eye _____ (Please attach Perimeter chart reports of both eyes)

5. UNCONTROLLED FATIGUE:

- Chemo/Radiation Dialysis



**MEDICAL VERIFICATION, CONTINUED
(TO BE COMPLETED)**

6. COGNITIVE OR SENSORY IMPAIRMENT:

- Autism Dementia Other: _____
 Down Syndrome Alzheimer's
 Developmental Disability Emotional _____

Level of impairment: Mild Moderate Severe Profound I.Q.: _____ (must specify)

7. IMPAIRMENT RELATED CONDITION

- Hearing Impaired Arthritis Other: _____
 Cardiac/COPD Neuropathy
 Respiratory _____

8. DESCRIBE IN DETAIL THE APPLICANT'S PRIMARY DISABILITY: (BE SPECIFIC):

9. IS THIS DISABILITY:

- Permanent
 Temporary: This is to certify that the applicant stated within is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired.

Date of Disability: _____ **through recovery date of** _____

Is this disability controlled by medication? Yes No

Explain:

Please attach any pertinent medical documentation (Test Results, Notes, Reports, etc.) that would help to explain the diagnosis or limitations on the applicant's ability to utilize Palm Tran's mass transit system.

10. PERSONAL CARE ATTENDANT:

- Applicant requires a personal care attendant

WARNING: any person who knowingly makes a false or misleading statement in an application or certification may be denied eligibility to Paratransit services.

Print/Type Name of Certifying Authority	Signature	Date Signed
Business Street Address Number	(Area Code) Telephone Number	Fax
City	State	Zip Code

Certification or License No. **(REQUIRED)** _____ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

LICENSED IN THE STATE OF: _____

CREOLE RECERTIFICATION



50 South Military Trail, Suite 101
West Palm Beach, Florida 33415

**RETURN COMPLETED RECERTIFICATION
WITHIN 30 DAYS TO AVOID SERVICE
EXPIRATION**



**Palm Beach County
Board of County Commissioners**

County Administrator
Verdenia C. Baker

