

For office use only

Request for Certification of ADA Eligibility

Valley Transit provides specialized transportation for people with disabilities who are unable to use the fixed route bus system. This service, called Valley Transit II, is administered by Valley Transit and provided under contract by Running, Inc. under the requirements of the Americans with Disabilities Act (ADA). The paratransit eligibility process is also an ADA requirement.

The information obtained in this certification will be used only for the provision of Valley Transit and Valley Transit II transportation services. It may be shared with other transit providers to facilitate travel in their areas, but will not be provided to any other person or agency.

Please type or print.

Personal Information

1. Last name _____ First name _____ M.I. _____

2. Address _____ Gender _____

City _____ County _____ State _____ Zip _____

3. Telephone number(s) (home) _____ (work) _____

4. Date of birth _____ Insurance Provider _____

Insurance ID Number _____

Medical Condition

5. What is the disability that prevents you from using fixed route service?

Is this condition temporary? Yes No If "Yes," the expected duration is until ___ / ___ / ___

Are you on S.S.I. and/or Medical Assistance? Yes No

If "Yes" for Medical Assistance, what is your M.A. number? _____

6. How does this disability prevent you from using fixed route services? Please explain completely. *(If necessary, continue on the back of this sheet.)*

7. Are there any other effects of your disability or other medical conditions of which Valley Transit should be aware? *(If necessary, continue on the back of this sheet.)*

Last name: _____

The following information will be used to insure that an appropriate vehicle is used to provide your transportation and that an accurate analysis of your trip requests can be made.

8. Which, if any, of the following aids to mobility do you use? (Check all that apply.)

- Manual wheelchair Electric wheelchair Powered scooter Walker
 Personal care attendant Guide/attendant animal Cane Crutches

9. Do you require a personal care attendant when you use paratransit?

- Yes No Sometimes

10. Please answer all the following questions:

Can you travel a half block without the assistance of another person?

- Yes No Sometimes _____

Can you travel ¼ mile without the assistance of another person?

- Yes No Sometimes _____

Can you travel ¾ mile without the assistance of another person?

- Yes No Sometimes _____

Can you climb 12-inch steps without assistance?

- Yes No Sometimes _____

If "Yes," how many in succession? _____

Can you wait outside without support for ten minutes?

- Yes No Sometimes _____

11. List the names of two people and/or agencies (if appropriate) that may be contacted in case of an emergency.

Name _____ Telephone number(s) _____

Address _____ Relationship _____

Name _____ Telephone number(s) _____

Address _____ Relationship _____

Mobility Needs

Emergency Contacts

Last name: _____

12. If this application has been completed by someone other than the person requesting certification, he/she must supply the following information about him/herself.

Name _____

City _____ State _____ Zip _____

Daytime telephone number _____

Signed _____ Date ____/____/____

13. In order for your request to be evaluated, it may be necessary to contact a physician or other professional to confirm the information that you have provided. Please complete the following information and authorization form.

The following (check one) is familiar with my disability and is authorized to provide Valley Transit with the information required to complete this certification.

Physician Health care professional Rehabilitation professional

Professional's name _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

I hereby authorize the above professional to provide the required information to Valley Transit. Further, I certify that the information here and on the preceding pages is correct.

Signed _____ Date ____/____/____

Additional Contacts & Authorization

IMPORTANT! This form must be filled out completely. Please forward completed forms to Valley Transit, 801 S. Whitman Ave., Appleton, WI 54914.

Valley Transit will be responsive to all Requests for ADA Certification. However, the certification process may take up to 21-days after Valley Transit receives all necessary information. A personal visit for assessment may be required by Valley Transit.

Effective: January 2026

Completed by Certifier

Certifier's signature _____

Certifier's name (typed or printed) _____

Date(s) of certifier's interview(s) _____

Decision: I.D. Card # issued _____ Denied
 Referred to review panel

Card class: Conditional Unconditional
 Temporary

If the disability is temporary, the expected end date is ____/____/____