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 615 628 0260 and ask for our Transit Manager. You can also email us at mjohston@tmagroup.org or contact us through our website at 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 ¼ 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. If Franklin Transit does not determine eligibility by the 21st day, you shall be provided service beginning on the 22nd day until final eligibility can be determined. You will be notified in writing of your eligibility status.

Sincerely,

Mike Johnston
Transportation Manager
### GENERAL INFORMATION

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Last Name:__________________</th>
<th>First Name:__________________</th>
<th>MI:_____</th>
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<tr>
<th>Street Address: ____________________________</th>
<th>Apt:______</th>
<th>Bldg:_____</th>
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<tr>
<th>Building Complex or Development Name:_______________________________</th>
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<th>City:_______________________</th>
<th>Zip Code:_________________</th>
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<tr>
<th>Telephone: (<strong><strong>)</strong></strong>_________</th>
<th>Date of Birth:<em><strong><strong><strong>/</strong></strong></strong></em>/_______</th>
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**If someone assisted you in completing this form, please identify them below:**

<table>
<thead>
<tr>
<th>Name:____________________________</th>
<th>Phone: (____<strong>)</strong>_________________</th>
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**If you would like for Franklin Transit to notify someone in case of emergency, please list the contact below: *Not Required**

<table>
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<tr>
<th>Name:____________________________</th>
<th>Phone: (____<strong>)</strong>_________________</th>
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<tr>
<th>Relationship:____________________________</th>
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**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:
____________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
____________________________________________________
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 wheelchair 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 1000 pounds. If you are uncertain of your equipment specifications or concerned that your equipment exceeds the wheelchair 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

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**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?

________________________________________________________________________________________
________________________________________________________________________________________

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 inclimate 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:
________________________________________________________________________
________________________________________________________________________

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):
________________________________________________________________________
________________________________________________________________________

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

Flat

Uneven sidewalks

Sidewalks

Steps

No sidewalks
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

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 ___________________

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 #**____________________

708 Columbia Avenue, Franklin, TN 37064  •  (615) 790-0604  •  www.franklintransit.org