



# **CAPITAL**

## **TRANSIT**

### **CAPITAL AKcess**

### **ADA Pass Application**

### ***What is CAPITAL AKcess?***

CAPITAL AKcess provides door-to-door service for individuals whose disability prevents them from riding a Capital Transit fixed route bus for all or some trips. CAPITAL AKcess operates the same days and hours as Capital Transit, with a range of up to  $\frac{3}{4}$  mile from an existing fixed route.

### ***Who is eligible to ride CAPITAL AKcess?***

Individuals who the City and Borough of Juneau determines as unable to independently ride Capital Transit due to a disability or as having a specific impairment that prevents them from getting to or from a bus stop are eligible.

### ***How to apply?***

Complete the attached application. Application forms are available for download from the Capital Transit website [juneaucapitaltransit.org](http://juneaucapitaltransit.org) or visit our offices at 10099 Bentwood Place to pick one up. An application may also be requested by calling the Capital Transit office at (907) 789-6901.

Anyone may help you complete the application, including your treating professional. Please sign and, if necessary, have your treating professional review and sign the application. Once all sections are completed and signed, bring the form and current valid photo identification, to the City and Borough of Juneau Capital Transit facility at 10099 Bentwood Place. *Capital Transit staff are also available to meet you at a pre-arranged time and location to assist with reviewing your ADA application.*

### ***Who is a treating professional?***

A treating professional is a person who is familiar with your disability, including a physician, physical therapist, occupational therapist, registered nurse, rehabilitation specialist, licensed social worker, optometrist, or psychologist.

## ***What is an ADA Pass?***

The ADA Pass is the picture identification card that the City and Borough of Juneau issues you if you are determined to be eligible. The pass enables you to ride free on Capital Transit **and** CAPITAL AKcess.

*Based upon application criteria, if you are determined to be able to independently ride fixed route buses, a VIP Pass may be issued to you instead of an ADA Pass.*

## ***How long is an ADA Pass valid?***

Passes issued to persons with a permanent disability may be issued for a period of 3 years. A review of disability criteria is necessary for reissue. Temporary passes are issued to persons with a disability that are expected to last more than 3 months, but less than a year. These passes will carry an expiration date and may be renewed only if the documented disability continues beyond that date.

## ***What does an ADA Pass cost?***

There is no charge to obtain the ADA Pass. Replacement passes may be obtained for a fee of \$2.10 with tax included.

## ***How does the ADA Pass work?***

Simply show the pass to the bus or van driver when you board. Pass holders may use the ADA pass to apply to schedule an ADA paratransit ride in other communities across the United States as a visitor.

## ***Where can I obtain additional information?***

Please call us at (907) 789-6901. We are here to help you and answer your questions. Please let us know if you need assistance in another language.



**CAPITAL**  
**TRANSIT**  
**CAPITAL AKcess**  
**ADA Application**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Contact phone \_\_\_\_\_ Alternative phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please answer the following questions to help us understand how your disability inhibits you from travelling to and from bus stops.

	Yes	No
1. Are you able to move ¼ mile without the assistance of another person? If no, how far can you move?		
2. Are you able to move ¼ mile up or down hill without the assistance of another person?		
3. Are you able to wait outside without support for 10 minutes?		
4. Are you able to safely cross streets using a crosswalk, such as Mendenhall Loop Rd?		

	Yes	No
5. Do you use a mobility aid, such as a cane, walker, manual wheelchair, or motorized device? Please describe providing type and frequency:		
6. Would your combined weight with any mobility aid exceed 1,000 lbs?		
7. Is the condition temporary? If yes, when is the condition expected to end? Date: _____		
8. Do you have a visual impairment? Please describe:		

Please answer the following questions to help us understand your ability to plan a bus trip, follow directions, or make a bus transfer.

	Yes	No
1. Are you able to provide addresses and telephone numbers when asked?		
2. Are you able to recognize a destination or landmark?		
3. Are you able to deal with unexpected situations or change in routine?		
4. Are you able to ask for, understand, and follow simple directions?		

Please answer the following questions to help us understand what assistance you require.

	Yes	No
1. Do you travel with a service animal? What function does the animal perform for you?		
2. Do you travel with a personal care attendant? What assistance does the personal care attendant provide?		

Please provide any additional information that will help us understand why you are unable to safely ride Capital Transit.

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I certify that, to the best of my knowledge, the information in this application is true and correct. I authorize my treating professional to release any information necessary to complete this application. I understand that if any of the statements made on this application are false, I will lose the privileges granted by the ADA pass. I will notify Capital Transit if there are changes to my disability transportation needs. I understand the pass remains the property of Capital Transit and must be surrendered to a Capital Transit or CAPITAL AKcess employee upon demand. I understand that if changes occur in my eligibility qualifications, my application may need to be reviewed by Transit Staff for recertification. I understand that denial of eligibility may be appealed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

## Treating Professional Certification

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A treating professional is a person who is familiar with the applicant's disability, including a physician, physical therapist, occupational therapist, registered nurse, rehabilitation specialist, licensed social worker, optometrist, or psychologist.

Please provide any additional information that will help the City of Borough of Juneau understand the applicant's ability to ride Capital Transit.

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I certify that I am the applicant's treating professional and to the best of my knowledge, the information provided in this application is true and correct and that the applicant's disability is:

Temporary (Date Range) \_\_\_\_\_  Long-Term / Permanent

Applicant's Name: \_\_\_\_\_

Date patient last seen: \_\_\_\_\_

Treating Professional's Name: \_\_\_\_\_

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

Occupation and License: \_\_\_\_\_

Practice/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CBJ TRANSIT STAFF REVIEW ONLY**

New Application

Recertification

Appeal

Date Received: \_\_\_\_\_

Approved  Denied Date: \_\_\_\_\_

ADA I.D.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Appeal Received: \_\_\_\_\_

**CONFIDENTIAL**



AMHT  
CODE: \_\_\_\_\_

**VISITOR** \_\_\_\_\_

ADA Card:  
ParaPlan IDN:

### PARTICIPANT REGISTRATION FORM

SITE:	JUNEAU/DOUGLAS	DATE:			
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NAME: (LAST, FIRST, MIDDLE INITIAL):			
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PHYSICAL ADDRESS:	
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MAILING ADDRESS:		EMAIL:	
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CITY:	Juneau	STATE:	AK	ZIP:	99801
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PHONE NUMBER:		CELL PHONE:	
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BIRTH DATE:		MALE:		FEMALE:	
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\*\*\*\*\* THIS INFORMATION IS IMPORTANT FOR FEDERAL FUNDING \*\*\*\*\*

ETHNICITY: (Check)	<input type="checkbox"/> Alaskan Native/ American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
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<input checked="" type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	White
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DO YOU LIVE ALONE?	YES	NO	ARE YOU A VETERAN?	YES	NO
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IS YOUR INCOME ABOVE (\$1,329 – 1 person) or (\$1,796) – Couple) PER MONTH (Not including Senior Benefits Program and Permanent Fund Dividend)?	YES	NO
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DO YOU HAVE A DISABILITY?	YES	NO
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ARE YOU 80 OR OLDER?	YES	NO
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SPOUSE'S NAME:	
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EMERGENCY CONTACT:	TELEPHONE:
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DO YOU HAVE AN ADA CARD?	YES	NO	SERVICES RECEIVED
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ADA CARD NUMBER:		MANAGER PLEASE CHECK ONE:
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Indicate if the participant uses:	<input checked="" type="checkbox"/> Transportation
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Wheelchair:	Walker:	Cane:	Shopping Assistance
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DO YOU USUALLY RIDE WITH AN ESCORT?	YES	NO	Adult Day Program
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DO YOU USUALLY RIDE WITH AN ESCORT?	YES	NO	Other
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Do you need assistance with any of the following activities? Please check the activity.

Activities of Daily Living (ADL's)		Instrumental Activities of Daily Living (IADL's)	
<input type="checkbox"/>	Eating	<input type="checkbox"/>	Preparing meals
<input type="checkbox"/>	Dressing	<input type="checkbox"/>	Shopping for personal items
<input type="checkbox"/>	Bathing	<input type="checkbox"/>	Medication management
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Managing money
<input type="checkbox"/>	Transferring in/out of bed/chair	<input type="checkbox"/>	Using telephone
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Doing heavy housework
<input type="checkbox"/>	Total ADL's	<input type="checkbox"/>	Doing light housework
Comments:		<input type="checkbox"/>	Using available transportation
		<input type="checkbox"/>	Total IADL's

Referred By:	Phone Number:
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For Project Use Only:	REV 4-7-20
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Class: C S V DE MV	Status: O N I R M D V MV	NR	ADL	IADL
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Check here if the client has formally authorized release of information