



SHAWNEE MASS TRANSIT DISTRICT

1001 WEST VINE STREET, VIENNA, ILLINOIS 62995 • Phone: 618-658-8380/866-577-6278 Fax: 618-658-8398

TEMPORARY ADA ELIGIBILITY FORM

Rider Name (first, middle, last): _____

Home Address: _____ Apt. # _____

City: _____ Zip: _____

Rider is Requesting: Off-Route Deviation Door-to-Door Discount Pass

Description of Condition/Disability:

Does the Rider use any of the following Mobility Aids / Equipment?

- | | | |
|---|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Chair | <input type="checkbox"/> Speech / Communication Devices |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Large Power Chair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Manual Chair | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Other Aid: _____ | | |

Is the Mobility Device oversized? Yes No

If yes, please explain: _____

Does your mobility device weigh less than 600 lbs when occupied? Yes No

Does the Rider travel with a Personal Care Assistant? Yes No

If yes, how does this person assist the Rider?

Description of pick up and drop off location (e.g., driveway, alley, obstacles, gravel, dirt, steps, ramp, etc):

Completed By: _____