

Hall Area Transit
Instructions for Completing ADA Eligibility Application
for WeGo On-Demand Vanpool Service

Hall Area Transit (HAT) is the public transit agency serving individuals within Hall County and WeGo is the on-demand vanpool service that individuals can hail by using the WeGo Powered by Via on a smartphone. Individuals that do not have a smartphone may call directly into the HAT Administrative Office at 770-503-3333 to set-up an account and request rides.

The WeGo van does not pick-up or drop-off individuals at specific addresses. Rather, the service is designed to pick-up and drop-off passengers at “virtual” bus stops. Such stops are typically located within 250 yards of the desired location. Attached is a *WeGo Fact Sheet* that contains additional helpful information.

Individuals with disabilities that prevent them from safely accessing a virtual bus stop may apply for ADA Eligibility. If approved, the WeGo vehicle will pick you up and drop you off at the specific address requested within our service area. It is important to note that WeGo is an on-demand service and does not guarantee rides for any person. Wait times can vary greatly and there are times when the demand for rides exceeds the available seats.

Attached is the ADA Eligibility Application which, if approved, assures that the applicant will receive curb-to-curb service after booking a trip. Please complete the application along with a medical professional and return it to:

Attention: ADA Application
Hall Area Transit
687 Main Street
Gainesville, GA 30501

ADA Eligibility Application

General Information

Applicant Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

Cell/Mobile #1: _____

Cell/Mobile #2: _____

Contact Person(s) in Case of an Emergency:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Public Transit Experience:

In what cities have used public transit service?

Mobility Aid Information

Which of the following mobility aids do you use? (check all that apply)

- 1. Cane/Crutches
- 2. Prosthesis/Prosthetics
- 3. Walker
- 4. Manual Wheelchair

_____ Brand of Device
_____ Dimensions of Device
_____ Weight of Device
_____ Weight of applicant

- 5. Powered Wheelchair or Scooter

_____ Brand of Device
_____ Dimensions of Device
_____ Weight of Device
_____ Weight of applicant

- 6. Service Animal

What type of service animal do you use? _____

What service is the animal trained to provide? _____

- 6. Portable Oxygen
- 7. None of the above
- 8. Other (please describe) _____

Do you need use of a lift or ramp when using public transit services?

____ Yes ____ No

Will you travel with an aid/caregiver while using transit services?

____ Yes ____ No

If you do travel with an aid/caregiver, are you able to board/alight vehicle without assistance from the vehicle operator?

____ Yes ____ No

If you travel with an aid/caretaker, what is this person's role?

- Getting me to or from vehicle
- Getting me on and off of vehicle
- Planning my trip
- Other: _____

Disability Information

What is the health condition or disability in which you applying for ADA public transit consideration? Please list all applicable conditions/disabilities?

- 1. _____ 2. _____
- 3. _____ 4. _____

Is this condition temporary? Yes No

If "yes", what is the expected duration of this condition/disability?
of _____ (circle one) days / weeks / months / years

Does your condition/disability change form day-to-day in ways that affect your ability to use public transit service Yes No

If "yes", please explain: _____

Travel Capabilities Information

Are you able to ask for, understand and follow written or spoken directions, either independently or with the help of an aid? Yes No

If "no" or sometimes, please explain: _____

Are you able to deal with unexpected situations and unexpected changes in routine? *(Some examples of unexpected situations include road detours which forces the vehicle operator to drive on roads that are unfamiliar to you, delays caused by traffic or accidents, loud sounds such as sirens, tornado watch/warning, or an usually large number of people on the van)*

Yes No

Using a mobility aid, how far are you able to travel without the assistance of another person?

- Less than 200 ft
- ¼ mile (3 city blocks)
- ½ mile (6 city blocks)
- ¾ mile (9 city blocks)

Applicant Printed Name: _____

Applicant Signature: _____

Name and Relationship of Person Who Assisted in Completed This Application:

Professional Certification

I hereby certify that the information given above is true and correct. I expressly acknowledge that Hall Area Transit (HAT) will rely upon the information contained herein, in making a determination as to my eligibility to participate in the program. I agree that if any of the information given to HAT is materially false or misleading that HAT shall have the right to reconsider my right to access curb-to-curb on-demand service, in addition to pursuing any other right or remedy which HAT may have under the circumstances.

Additionally, I authorize the release of medical information to HAT about my disability and its effect on my ability to travel, which may be needed, in connection with my request for ADA eligibility certification. Its is my understanding that the information released will be used solely to determine ADA eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release information described until 60 days after the date appearing below.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____