

Travel Training Checklist

This checklist serves as a reminder for the designated school personnel to cover the main aspects of the travel training with his or her student.

- Obtain permission from parents/guardians for travel training
- Ensure that student has a train/bus pass or reduced fare card
- To map out the best route to and from the travel destinations, consult with parents/guardians, and check the website of the local transportation system in your area.
- Confer with teachers, transition staff, or other designated school personnel about the travel training dates
- Before first day of training begins, conduct the pre-assessment evaluation
- Set the schedule for the training with student
- Check weather report around the day/s of training to ensure that the student wears the appropriate clothing

Review:

- Where and how to purchase fare cards/tokens
- Transfer tickets and the rules governing its use from bus to bus (including its validity period)
- How to check/read bus schedules
- How to purchase a Fast Pass
- Bus stop locations
- Which direction of the train or bus to take to the destination
- How to alert the driver of a bus that you want to get off
- What to be alert about when taking the train/bus to your destination
- Crossing streets safely; transferring from one train or bus to another
- Safety tips and precautions when traveling
- School, home, and travel destination emergency contact information
- How to find and use the emergency alert systems inside trains, train stations, buses, bus stations and airport terminals

Remember:

- Ask your student questions along the way; engage him/her in conversation about traveling independently
- Ask another staff member to facilitate the post-assessment test and program evaluation with the student
- Document student progress
- Provide feedback to parents, teachers and or other designated school personnel
- Print certificate of completion and present it to the student (optional)

Parent/Guardian Travel Training Permission Form

My child, _____, has my permission to receive travel training from Steve Edmundson. He/she will learn how to use the Memphis Transit Authority public transportation system independently and safely. I understand that I will receive information on my child's progress from the teacher. My child will learn how to travel independently and safely to and from _____ and back.

Parent/Guardian Travel Training Permission Form

My child, _____, has my permission to receive travel training from Steve Edmundson. He/she will learn how to use the Memphis Transit Authority public transportation system independently and safely. I understand that I will receive information on my child's progress from the teacher of College Campus Transition Program. My child will learn how to travel independently and safely to and from home to the University of Memphis, and from the University of Memphis to home.

Parent's/Guardian's name and signature

Date

Designated School Personnel's name and signature **Date**

August 12, 2013

Name of Parent/Guardian

Address

City, State, ZIP

Dear Parent/Guardian:

Travel will be offered to students enrolled in the College Campus Transition Program on how to use the Memphis Transit Authority public transportation system. We believe that independent and safe travel is an important part of any child's transition.

We want to make travel training available to your child. Enclosed are handouts explaining aspects of the training. If you feel that your child will benefit from this and want your child to receive training, please complete the permission form attached and send it back to me. We will try to schedule the travel training from home to the University of Memphis and back home. If you have any questions, please contact *Steve Edmondson* at 416-1276.

Sincerely,

(Designated School Personnel)

Enclosures

Travel Training Pre-Assessment Guide Questions

Name of Student: _____

Facilitated by: _____

Date: _____

Question	Note responses here
1. What is your address? (Include city, state, and zip code)	
2. Do you have a reduced or half-fare card ID? What is this for?	
3. Have you ever taken the MATA bus or any public transportation alone? <i>(If the response is NO, skip to #8-15 then STOP)</i>	
4. If you have, where did you go?	
5. How often do you use the bus or any public transportation?	
6. Where do you go on the bus or any public transportation?	
7. Describe how you go home using the bus or any public transportation.	
8. If you want to cross the street, what must you do first (before you cross)?	
9. What is a stop sign?	
10. What are traffic lights?	
11. If you are at an intersection with a stop sign, when is it safe to cross the street?	
12. If you are at an intersection with a traffic light, when is it safe to cross the street?	
13. Using the bus schedule, how many bus transfers are there in the bus system?	
14. How do you know which bus to take to	

where you want to go?	
15. If you want to go shopping at a mall (store), where do you go and how do you get there?	
16. If you are inside a MATA terminal and your fare card won't work, whom do you approach for help?	
17. If you are on the bus, and you need to get off soon, how do you let the bus driver know?	
18. What is a bus transfer ticket? Where do you get it? When can you use your bus transfer?	
19. What is an emergency? Give me an example of an emergency situation.	
20. You have a list of emergency contact numbers with you or in your school bag. How will you contact your family in an emergency?	
21. Suppose you are at a bus stop waiting for a bus. Suddenly you see people running towards the bus stop. What would you do?	
22. Suppose you are inside a city bus on your way to school. A passenger sits next to you and starts to bother you. What would you do?	

Travel Training Post-Assessment Guide Questions

Name of Student: _____

Facilitated by: _____

Date: _____

Question	Note responses here
1. What is your address? (Include city, state, and zip code)	
2. What public transportation do you need to take to go home?	
3. If you want to cross the street, what must you do first (before you cross)?	
4. What is a stop sign?	
5. What are traffic lights?	
6. If you are at an intersection with a stop sign, when is it safe to cross the street?	
7. If you are at an intersection with a traffic light, when is it safe to cross the street?	
8. Using the subway map, how many lines (routes) are there in the subway system?	
9. How will you know which bus to take to where you need to go?	
10. If you want to go shopping at a mall (store), where do you go and how do you get there?	
11. If you are at a MATA terminal and your fare card won't work, whom do you approach for help?	

12. What is a bus transfer ticket? Where do you get it? When can you use your bus transfer?	
13. What is a subway transfer ticket? Where do you get it? When can you use it?	
14. What is an emergency? Give me an example of an emergency situation.	
15. You have a list of emergency contact numbers with you or in your school bag. How will you contact your family in an emergency?	
16. Suppose you at a bus stop waiting for the. Suddenly you see people running towards the nearest exit. What would you do?	
17. Suppose you are on a bus on your way to school. A passenger sits next to you and starts to bother you. What would you do?	

MATAPLUS

Application for Paratransit Service

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill, which bans discrimination against people with disabilities. Under the ADA, transit agencies operating a fixed-route system must provide a comparable paratransit system for people with disabilities who cannot use the fixed-route system. MATApplus paratransit Service is a pre-reservation, shared-ride, curb-to-curb service. Its service area is defined as up to ¾ mile on either side of an existing bus route. Service is available on the same days and times that routes in the area are operating.

If you have a disability which prevents you from using a lift-equipped fixed route bus some or all the time, you may be eligible for MATApplus paratransit service. To be certified for the MATApplus paratransit you will need to submit a written application and a color photograph. **NO ID CARDS OR COPIES OF ANY STATE ID CARDS.**

Eligibility is determined by three factors:

- 1. Individual's ability to get to/from the bus stop**
- 2. Individual's ability to board/exit the bus**
- 3. Individual's cognitive ability to navigate the regular fixed-route bus system**

Operational issues are not used to determine eligibility, including:

- 1. Age**
- 2. Distance to bus stop**
- 3. Lack of bus service**
- 4. Overcrowded bused**
- 5. Convenience**

All information will be kept confidential. Once all the information needed to make an eligibility determination is collected, MATApplus will respond to you by mail within 21 calendar days. If you are determined **Not Eligible** for ADA paratransit service, you may appeal the decision by submitting a written request to Memphis Area Transit Authority within 60 days after receipt of your denial letter. **It is important that all parts of the application are completed and a photo is attached to the application. If the application is not completed, or there is no photo attached, it will be returned to you for completion which will delay the application process. You may e-mail any questions to abest@matatransit.com or call 901-722-7100**

Please return your completed application in person or mail to:

**MATApplus-ADA Certification
1370 Levee Road
Memphis, TN 38108**

Walk-in applications are accepted Monday through Friday between the hours of 10:00am to 3:00pm

SECTION 1 PERSONAL INFORMATION (completed by the applicant)

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female Language Ability: English Other: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Last 4 digits of Social Security #: _____ Date of Birth: _____

- - - - - (MM/DD/YYYY)

Email Address _____

SECTION 2 EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Day Phone: () _____ Evening Phone: () _____

SECTION 3 MOBILITY INFORMATION

1. Which of these mobility/communication aids or equipment do you use to help you get where you need to go? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Brace |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Crutches | | |
| <input type="checkbox"/> Prosthesis: (Specify) _____ | | |
| <input type="checkbox"/> Other: (Specify) _____ | | |

2. With or without the use of a mobility aid, how many blocks can you go?

- Less than 2 blocks 2 to 4 blocks more than 4 blocks

3. If you were to ride regular fixed route would you need a Personal care Attendant (PCA) with you?

- Always Sometimes No

4. Have you ever had any training to learn how to use a regular bus? Yes No

5. Would you like to learn how to use the regular bus? Yes No

SECTION 4 TRAVEL INFORMATION

1. What form of transportation do you currently use?

- | | | | |
|------------------------|---------------------------------|------------------------------------|--------------------------------|
| A. Regular Fixed Route | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| B. MATApus | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| C. Drive Myself | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| D. Someone Drives Me | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

2. How many blocks are there from your residence to the nearest bus stop?

- Less than 2 blocks 2 to 4 blocks more than 4 blocks

3. Can you independently travel from your residence to your nearest bus stop?

- Yes Sometimes No Never tried

If sometimes or No, please indicate the barrier(s) that prevent you from accessing your nearest bus stop:

- the stop has no curb cut for my wheelchair/scooter
- uneven surface of the road
- the street is too steep
- unable to cross street(s)
- get confused and cannot find my way
- cannot walk/wheel that far away
- when the weather is too hot
- when the weather is too cold
- night blindness
- light sensitive

4. Are there any other conditions that prevents or limits your ability to use the Regular Fixed Route Bus?

SECTION 5 FUNCTIONAL TRANSIT SKILLS

Check the box that most appropriately applies to your ability to independently perform the following skills.

I can:

Understand how to take a trip on a public bus

Read and understand a bus schedule

Tell time

Count bus fare or change

Always

Sometimes

Never

	Always	Sometimes	Never
Recognize bus routes numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize landmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold on to handrail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathe without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb three 10' steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait at a bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 UNDERSTANDING THIS APPLICATION

I understand the purpose of this application form is to determine if I, the applicant am eligible to use MATApplus ADA paratransit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that MATApplus may contact my healthcare professional/agency to verify my disability. I understand that a representative from MATApplus may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time MATApplus receives a completed application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application.

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service as well as penalty under the law.

I hereby authorize the release of verification information and any additional information to MATA for the purpose of evaluating my eligibility to participate in the MATApplus program.

Signed: _____
 Applicant Signature

Date: _____

Co-Signed: _____
 Guardian/Person assisted with this application

Date: _____

Relationship to Applicant: _____

SECTION 7 PROFESSIONAL VERIFICATION ASSESSMENT (medical professional doctor, nurse, therapist, O&M specialist) this section must be completed by the MEDICAL PROFESSIONAL)

The individual who has asked you to review and sign this application is applying for MATApplus Paratransit Services. ADA paratransit service is intended ONLY for those trips that the person cannot take on the regular public bus system due to his/her disability. Please complete the assessment below. **DO NOT USE ABBREVIATIONS OR CODES.**

1. What is the nature of the disability or condition that affects the person's ability to use the regular fixed route bus system? (check all that apply)

A. General Medical Conditions

- None
- Cancer
- Kidney Failure
- Respiratory
- HIV/AIDS
- Diabetes
- Other: _____

B. Bone and Joint Conditions

- None
- Amputation of: _____
- Broken Bone: _____
- Arthritis
- Osteo-Arthritis
- Rheumatoid Arthritis
- Other: _____

C. Brain/Nerves/Muscle Conditions

- None
- Alzheimer's Disease
- Brain Injury
- Cerebral Palsy
- Dementia
- Epilepsy
- Hemiplegia
- Multiple Sclerosis
- Muscular Dystrophy
- Stroke
- Quadriplegia
- Other: _____

D. Heart and Circulatory Conditions

- None
 - Angina
 - Heart Attack
 - Heart Surgery
 - Edema
 - Congestive Heart Failure
 - Peripheral Vascular Disease
 - High Blood Pressure
 - Other: _____
-

E. Lung and Breathing Conditions

- None
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Cystic Fibrosis
 - Emphysema
 - Lung Cancer
 - Other: _____
-

Does the person require portable oxygen Yes No

F. Vision/Hearing/Speech Conditions

- None
 - Aphasia
 - Cataracts
 - Glaucoma
 - Totally Blind
 - Partially Sighted Acuity Left Eye _____ Acuity Right Eye _____
 - Diabetic Retinopathy
 - Deaf
 - Hard of Hearing
 - Other: _____
-

G. Developmental/ Mental Conditions

- None
 - Autism
 - Psychosis
 - Developmental Disability mild moderate severe
 - Mental Retardation
 - Other: _____
-

Is the health condition or disability temporary?

Yes

No

If yes how long do you expect it to last?

H. Does the person require a personal care attendant (PCA) to accompany them on trips? Yes No If yes in what capacity will the PCA assist the person?

I. How do the disabilities listed prevent fixed rout use? Please explain in full. (MUST COMPLETE)

J. How long have you been treating the applicant? _____

Name of Healthcare Profession or Agency: _____

Person Completing Verification: _____

Business Address: _____

Business Telephone: _____

Signature of Qualified Professional: _____

Date: _____

TO BE COMPLETED BY MATAPLUS CERTIFICATION DEPARTMENT:

Date Received: _____ Date Reviewed: _____

Approved

Denied

Returned

Presumptive

If returned/denied list reason: _____

Eligibility Code: _____

Disability: _____

Personal Care Attendant

Yes

No

Expiration Date: _____

Signature: _____

Date: _____