



Recertification Application for Continued EI Lift Service

INSTRUCTIONS: On pages 1 and 2 of this questionnaire, EI Lift will be asking for information about the EI Lift patron's current medical condition and special travel needs. Some questions are general and some are specific, but all are important. Please take the time to answer **ALL** questions carefully and completely. A friend, family member, or caseworker may complete the questionnaire for the EI Lift patron. If someone other than the patron is completing this application, Part 3, Page 2 must also be completed.

Complete Application must be submitted to the following address:

Laredo Transit Management, Inc.- EI Metro
EI Lift Department
401 Scott
Laredo, Texas 78041

PART I. GENERAL INFORMATION:

EI Lift ADA# _____

NAME _____ DATE OF BIRTH: _____

ADDRESS: _____ APT# _____

CITY _____ ZIP _____

PHONE NUMBERS: HOME# _____ CELL# _____ WORK# _____

EMERGENCY CONTACT: _____ RELATIONSHIP? _____

PHONE # _____ ADDRESS _____

WHAT IS YOUR DISABILITY? _____

PLEASE DESCRIBE ANY CHANGES IN YOUR CONDITION OR TRAVEL NEEDS SINCE YOUR INITIAL APPLICATION: _____

WHEN WAS YOUR MOST RECENT EI Lift TRIP? _____

PART II. INDIVIDUAL AND MOBILITY INFORMATION:

What assistive device(s) do you use when traveling? (Please check any that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Trained service animal |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Communications device |
| <input type="checkbox"/> Leg brace(s) | <input type="checkbox"/> Electric "scooter" | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Aluminum "walker" | <input type="checkbox"/> Portable oxygen (tank size and class) | |
| <input type="checkbox"/> Other (describe): _____ | | |

If you travel by wheelchair or scooter, please provide the following information about your device:

- a. Type(Wheelchair): _____ Brand Name: _____ Make and Model# _____
- b. Measurements(in inches) width: _____" length: _____" height: _____"
- c. Combined weight of occupied chair(chair weight + applicant's weight) _____ lbs.
- d. Special or custom features, attachments, etc. _____

Do you require a "personal care attendant (PCA)" to accompany you on EI Lift? If "yes", what duties does the PCA perform for you:

INDICATE WHAT COMMUNICATIONS FORMAT DO YOU REQUIRE OR PREFER:

ENGLISH STANDARD PRINT BRAILLE TDD
 SPANISH LARGE PRINT AUDIO CASSETTE OTHER?

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRIMARY PHYSICIAN:

NAME: _____ TELEPHONE#: _____

ADDRESS: _____ DATE LAST EXAM: _____

CONDITION TREATED: _____

EI Lift PATRON'S SIGNATURE: _____ DATE: _____

PART III. If this application has been completed by someone other than the EI Lift patron, that person must complete the following:

NAME: _____

WHAT IS YOUR RELATIONSHIP TO APPLICANT? _____

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: HOME _____ WORK _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

[] Approved [] Denied By _____ Date _____

Expiration Paratransit Service Date: _____

Current EI Lift Customer Paratransit ADA number: _____