

# HELE-ON KAKO'O PARATRANSIT APPLICATION

## 1. PERSONAL INFORMATION - please print clearly

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_  
\_\_\_\_Female \_\_\_\_Male Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### HOME/PHYSICAL ADDRESS:

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### MAILING ADDRESS (if different from above):

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (required):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2. MOBILITY INFORMATION - please print clearly

Please state your disability: \_\_\_\_\_

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

- \*Power wheelchair Length (inches): \_\_\_\_\_ Width (inches): \_\_\_\_\_
- \*Manual wheelchair Length (inches): \_\_\_\_\_ Width (inches): \_\_\_\_\_
- Scooter Length (inches): \_\_\_\_\_ Width (inches): \_\_\_\_\_
- Walker
- Crutches
- Portable oxygen tank
- Cane
- Service animal
- Other (please explain): \_\_\_\_\_
- None

\*The maximum weight capacity of the vehicle ramp is a combined total weight of **600 pounds**. If you exceed this limit, you must be able to board the vehicle separately from your mobility device.

\*Vehicle ramp width and length may vary from vehicle to vehicle; however, the minimum dimensions of any vehicle ramp is **30"** (wide) and **48"** (length).

**Will a personal care attendant\* (PCA) be assisting you during travel?** \_\_\_\_ Yes \_\_\_\_ No

\*If you require the use of a PCA, they must be registered with the County of Hawai'i MTA to accompany you on Hele On Kako'o at no charge, subject to the rules and regulations regarding PCA. If you checked yes, please complete the following to register your PCA:

Name of PCA: \_\_\_\_\_ Phone: \_\_\_\_\_

PCA's address: \_\_\_\_\_

(continued on next page)

Is your disability permanent? \_\_\_ yes \_\_\_no

If you indicated no, what is the expected duration? \_\_\_\_\_

Please select the category that best describes your situation:

**C1** \_\_\_ I **am unable** to use ADA accessible buses on the fixed route service as I have a physical, mental or visual disability or impairment preventing me from using the Hele On bus independently. I have trouble (please check all that apply):

- \_\_\_ boarding/disembarking the bus
- \_\_\_ identifying the correct bus
- \_\_\_ riding due to grasping disability (e.g. unable to grasp/handle coins to pay fare, hold on to handles/railings)
- \_\_\_ riding due to balance issues (e.g. unable to keep balance while seated on a moving vehicle)
- \_\_\_ understanding or processing information necessary to make decisions during the trip
- \_\_\_ other (please explain): \_\_\_\_\_

**C2** \_\_\_ I **am able** to use ADA accessible buses on the fixed route service, but my bus stop is not accessible due to the physical characteristics of the stop.

Please indicate location of stop and what barriers prevent your accessibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C3** \_\_\_ I **am able** to use ADA accessible buses on the fixed route service, but I have an impairment-related condition preventing me from getting to and/or from the nearest bus stop and (please check the circumstance that applies):

- \_\_\_ I am unable to travel to the nearest bus stop.  
If this is checked, how far are you able to travel on your own or with the assistance of your mobility device? \_\_\_\_\_ (1 block = 500 feet)
- \_\_\_ I am unable to wait at the bus stop for the following reason(s): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_ I am prevented from traveling to and/or from boarding location due to the following reason(s):
- \_\_\_ inability to negotiate hilly terrain
- \_\_\_ extreme sensitivity of climatic conditions
- \_\_\_ allergic/environmental sensitivities
- \_\_\_ night-blindness
- \_\_\_ inability to cross busy intersections
- \_\_\_ other (please explain): \_\_\_\_\_
- \_\_\_\_\_

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

Name of Person if Other Than Applicant Completing Form: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**IMPORTANT! Call (808) 961-8408 to schedule your interview prior to mailing your application.**

Submit completed application and a photo ID to the County of Hawai'i Mass Transit Agency.