

## **Connecticut Americans with Disabilities Act (ADA) Paratransit Application Form**

### **Instructions for Submission**

To request a copy of this application in an accessible format, please call (203) 365-8522 Extension 273.

The purpose of this application is to determine eligibility for Connecticut complementary ADA Paratransit service. If you have a disability that prevents you from using the public transit bus service in Connecticut, you may be eligible for ADA Paratransit service. ADA Paratransit is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the public bus service because of their disability.

### **Service Criteria**

The Connecticut ADA Paratransit program is designed to meet the Americans with Disabilities Act service criteria established by the federal government. Service is provided only to individuals found eligible by a Connecticut regional ADA service provider and is operated under the following ADA guidelines:

- Complementary service is only provided in areas where public buses operate. This does not include Express Commuter service, Intercity or Dial-A-Ride services. ADA Paratransit vehicles can only make pick-ups and drop-offs at places that are within three-quarters of a mile of a public bus route.
- Service is provided only during the hours and days when public bus service in that area operates.
- Rides must be reserved at least one day in advance.
- ADA Paratransit fares are typically double the cost of a full fare on a public bus route.
- Service is not restricted by trip purpose but provided for all types of trips.

### **ADA Definition of Disability**

Any person with a disability who is unable, as a result of a physical or mental impairment, and without the assistance of another individual (except the operator of a wheelchair lift), to board, ride, or disembark from any public bus.

Any person with a disability who has a specific impairment-related condition which prevents them from traveling to or from a bus stop on the public bus system.

Architectural and environmental barriers such as distance, terrain or weather; do not form a basis for eligibility alone. However, a person may be eligible if the interaction of the disability and environmental barriers prevent the person from traveling to or from the public bus stop.

### **Types of Eligibility**

There are three types of eligibility:

***Unconditional Eligibility*** - Your disability or health condition always prevents you from using public buses and you qualify for ADA Paratransit service for all of your trips.

***Conditional Eligibility*** - You are able to use the public buses for some of your trips and qualify for ADA Paratransit service for other trips when your disability or environmental barriers prevent the use of public bus service.

***Temporary Eligibility*** - You have a health condition or disability that temporarily prevents you from using the public bus.

### **Application Process**

ADA Paratransit service is provided for customers whose disability or health condition may prevent them from using public bus services for some or all of their travel. Individuals who are interested in using ADA Paratransit service must apply and be found eligible according to ADA guidelines. Regional ADA Paratransit service providers determine an individual's functional abilities and limitations for using public bus services. A list of service providers in Connecticut is attached to this application see “**ATTACHMENT A**”.

To apply for ADA Paratransit eligibility, contact the regional ADA Paratransit service provider or visit [www.CTADA.com](http://www.CTADA.com).

Once you have filled out as much of the application as you can and submitted it by mail or online to your regional service provider, **allow seven (7) days and then call your provider to set up your certification interview** (a list of service providers in Connecticut is attached to this application see “**ATTACHMENT A**”).

If needed, transportation to the interview will be provided and the services of an American Sign Language or other language interpreter offered at no charge. Please bring an acceptable form of identification with you (preferably a photo ID) to the interview. If you do not have a photo ID available, contact your service provider to determine acceptable forms of identification. You may also bring additional information about your disability or health condition, but this is not required.

During the interview, your application form will be reviewed and if necessary, assistance will be offered to help you complete it. Your travel abilities and limitations will be discussed in more detail. You may be asked to take a "mock" bus trip. This will take about 30 to 45 minutes and your travel abilities and limitations will be assessed. Please dress for the weather as you may be asked to go outside. Also, at the interview you may be asked to sign a document allowing the service provider to contact your physician or other professional to verify your eligible condition. Finally, at the interview you will be asked to sign a certificate that the information in your application is true and correct. Providing false and misleading information may result in a reevaluation of your eligibility.

A decision will be made on your application within 21 days after the completion of the interview, assessment and receipt of medical verification and follow-up questions, if necessary. If a decision is not made within 21 days, temporary eligibility and ADA Paratransit service will be provided until a final decision is made. You will be notified of your eligibility by letter.

If you are determined to be eligible for ADA Paratransit for some or all of your trips, you will receive a Certification Letter and a Customer Guide with information about how to use the service.

**Appeal Process:**

If you are determined to be able to use public buses for some or all of your trips, you will be notified of the exact reason(s) for this decision and told how you may appeal the decision.

You can appeal any eligibility decision made by the regional service provider that limits your ability to use ADA Paratransit service. For example:

- You were found "Not Eligible" for ADA Paratransit
- You were found "Conditionally Eligible" and disagree with the eligibility categories you were given or you think the conditional status is wrong.

All requests for an appeal must be in writing and should be mailed to your regional service provider.

If you have any questions about the application process, contact your regional ADA Paratransit service provider.

# Connecticut Americans with Disabilities Paratransit Application Form

*This form is also available online at [www.CTADA.com](http://www.CTADA.com)*

*Please note that any information given on this application will be kept confidential and shared only with professionals involved in providing the paratransit service on an as needed basis.*

**THIS APPLICATION WILL BE ACCEPTED AT ANY ADA PARATRANSIT  
PROVIDER IN THE STATE OF CONNECTICUT**

## A. Personal Information

<b>Mr.</b>	<b>Mrs.</b>	<b>Ms.</b>	<b>Date of Birth:</b> /    /
<b>Last Name:</b>		<b>First Name:</b>	

## B. Current Residence

<b>Street Address:</b>		
<b>Building:</b>	<b>Apartment:</b>	<b>Room:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Is this residence:</b>		
<b>A Single or Multi-Family House</b>		
<b>An Apartment or Condominium Complex</b>	<b>Name:</b>	
<b>A Nursing or Assisted Living Facility</b>	<b>Name:</b>	
<b>Other:</b>		
<b>Is this a temporary residence:</b>	<b>Yes</b>	<b>No</b>

## C. Mailing Address (if different from residence)

<b>Street Address or P.O. Box:</b>		
<b>Building:</b>	<b>Apartment:</b>	<b>Room:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

### D. Contact Information

<b>Primary Phone:</b>	<b>Alternate Phone:</b>
<b>TDD or Relay Number:</b>	
<b>Email Address:</b>	

### E. Emergency Contact

<b>Last Name:</b>	<b>First Name:</b>
<b>Relationship:</b>	<b>Agency if Applicable:</b>
<b>Primary Phone:</b>	<b>Alternate Phone:</b>

### F. If someone assisted you in completing this form please give the following information:

<b>Last Name:</b>	<b>First Name:</b>
<b>Relationship:</b>	<b>Agency if Applicable:</b>
<b>Primary Phone:</b>	<b>Alternate Phone:</b>

### G. General Information

<b>Do you need ADA service information in an accessible format?</b>	<b>Yes</b>	<b>No</b>
<b>If "yes", please indicate which format would be helpful:</b>		
<b>Large Print</b>	<b>Audio Recording</b>	<b>Braille</b>
<b>Other</b> _____		
<b>Are you certified for ADA paratransit services by another service provider or transit agency?</b>	<b>Yes</b>	<b>No</b>
<b>If, yes:</b>	<b>Name of Service Provider:</b>	<b>State:</b>
		<b>ID number:</b> (if applicable)

## H. Information About Your Disability

Please list by name what disabilities or health related conditions prevent you from using the public bus service:

Explain how your disabilities or health related conditions prevent you from independently using the public bus service?

Do you use any of the following when you travel?

<input type="checkbox"/> Manual Wheelchair *	<input type="checkbox"/> Scooter *
<input type="checkbox"/> Powered Wheelchair *	<input type="checkbox"/> Cane
<input type="checkbox"/> Walker	<input type="checkbox"/> Communication Device
<input type="checkbox"/> Oxygen If yes:	<input type="checkbox"/> Crutches
<input type="checkbox"/> Tank <input type="checkbox"/> Compressor	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Respirator	<input type="checkbox"/> Medical Equipment
<input type="checkbox"/> Other, explain:	

\*The term wheelchair refers to any three or more wheeled device utilized which is usable indoors. We will be able to accommodate a wheelchair if (1) the lift and vehicle can physically accommodate it and (2) if it is consistent with legitimate safety requirements. Legitimate safety requirements include but are not limited to such circumstances as a wheelchair of such size that it would block an aisle, or would interfere with the safe evacuation of passengers in an emergency.

## H. Information About Your Disability (continued)

**Is the disability or health related condition you describe:**

**Permanent**

**Temporary**

**Expected to last \_\_\_\_\_ Months**

**Unsure**

**Does your health condition or disability change from day to day in a way that affects your ability to use the public bus service?**

**Yes**

**No**

**Sometimes**

**If "Yes" or "Sometimes",  
Please explain:**

**Are there times when someone accompanies you when you travel?**

**Yes**

**No**

**Sometimes**

## I. Public Bus Service Experience

**Have you ever ridden the public bus?**

**Yes**

**If yes, how often and to what locations?**

**No**

**If no, why don't you currently ride the public bus?**

**Travel training is a free service that teaches people how to use the public bus. Would you like more information about this service?**

**Yes**

**No**

## J. Functional Ability

**Can you find your way to a public bus stop if someone shows you once?**

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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**How far can you walk (using a mobility aid if necessary)?**

**Can you walk up/down a gradual hill?**

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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**Can you see/detect curbs, ramps and other drop off areas?**

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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**How long can you stand and wait at a public bus stop?**

**Can you get on and off a public bus?**

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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**If “No” or “Sometimes”, please explain:**

**Can you ask for, understand, and follow travel directions.**

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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**If “No” or “Sometimes”, please explain:**

## K. Barriers

**What barriers in the environment would make it difficult for you to use the public bus service?**

<input type="checkbox"/> <b>Lack of curb cuts</b>	<input type="checkbox"/> <b>Steep Hills</b>
<input type="checkbox"/> <b>Busy street I must cross</b>	<input type="checkbox"/> <b>No crosswalk light</b>
<input type="checkbox"/> <b>No sidewalks</b>	<input type="checkbox"/> <b>Sidewalks in poor condition</b>
<input type="checkbox"/> <b>Other, describe:</b>	

**Explain why the conditions you indicated make it difficult to use the public bus service**



**AUTHORIZATION TO OBTAIN  
PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION**

**After the interview, the local ADA paratransit provider may need to contact a physician or a professional familiar with your disability. Please provide the following information for a physician or professional who is able to provide the needed information that would help determine eligibility for ADA paratransit service provider. You do not need to have the professional sign this form.**

<b>Physician</b>	<b>Health Care Professional</b>	<b>Rehabilitation Professional</b>
<b>Professional's Name:</b>		
<b>Agency:</b>		
<b>Office Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Office Fax:</b>
<b>Applicant's Name:</b>		<b>Date of Birth:</b>
<b>Signature of applicant or guardian:</b>		
<b>Applicant agrees to share the application information with other service providers within the State of Connecticut</b>		
<b>Yes</b>	<b>No</b>	

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**Any person with a disability who has a specific impairment-related condition which prevents them from traveling to or from a bus stop on the public city bus system.**

**Architectural and environmental barriers such as distance, terrain or weather; do not form a basis for eligibility alone. However, a person may be eligible if the interaction of the disability and environmental barriers prevent the person from traveling to or from the public bus stop.**

**DO NOT SIGN THIS PAGE NOW OR SUBMIT WITH YOUR APPLICATION.**

**THIS PAGE MUST BE SIGNED IN PERSON AT THE INTERVIEW.**

**I understand that the purpose of this application is to determine if there are times when I cannot use the public bus service and must therefore use ADA paratransit services. I certify that to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in a reevaluation of my eligibility.**

\_\_\_\_\_  
**Signature of Applicant or Guardian**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**PLEASE NOTE:**

**Thank you for completing the Connecticut Americans with Disabilities Paratransit Application form.**

**Once you have filled out as much of the application as you can and submitted it to your regional service provider, allow seven (7) days and then call your provider to set up your certification interview. If needed, transportation to the interview will be provided and the services of an American Sign Language or other language interpreter offered at no charge. Please bring an acceptable form of identification with you (preferably a photo ID) to the interview. If you do not have a photo ID available, contact your service provider to determine acceptable forms of identification. You may also bring additional information about your disability or health condition, but this is not required.**