

State of Connecticut ADA Paratransit Application Form

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

GENERAL INFORMATION SECTION

Mr. Mrs. Ms. Date of Birth: _____

Last Name: _____ First Name: _____

Street Address: _____

Building #: _____ Apartment #: _____ Room #: _____

City, State, Zip _____

CURRENT RESIDENCE

Is this residence:

Single or Multi-Family House Name: _____

Apartment or Condo Complex Name: _____

Nursing or Assisted Living Facility

Other

Is this a temporary residence: Yes No

MAILING ADDRESS (if different from residence)

Street Address: _____

Building #: _____ Apartment #: _____ Room #: _____

City, State, Zip _____

Email Address: _____

PHONE NUMBER

Primary Phone: _____ Alternate Phone: _____

INFORMATION ABOUT YOUR DISABILITY

Please list by NAME what DISABILITIES or HEALTH RELATED CONDITIONS prevent you from using the public bus service:

INFORMATION ABOUT YOUR DISABILITY continued...

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"/> Oversized Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Oxygen If yes: | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Tank <input type="checkbox"/> Compressor | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Respirator/Medical Equipment | <input type="checkbox"/> Service Animal |

Other, explain: _____

If you use a wheelchair or scooter, please answer the following questions:

Figure 1

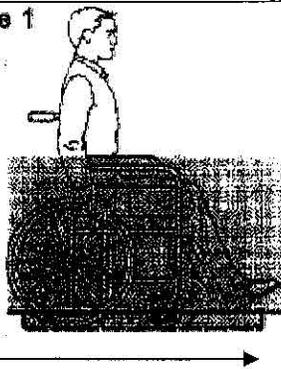
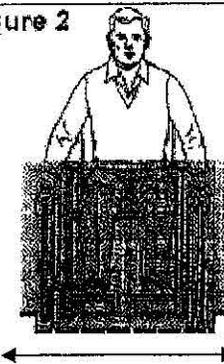


Figure 2



What is the length of your wheelchair? _____

What is the width of your wheelchair? _____

How much does your wheelchair weigh? _____

Please note: We may not be able to transport a wheelchair/scooter that is:

- a) Wider than 30 inches
- b) Longer than 48 inches measured 2 inches above the floor
- c) Weighs more than 600 pounds when occupied.

Is the disability or health related condition you describe:

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Permanent | Expected to last _____ months |
| <input type="checkbox"/> Temporary | |
| <input type="checkbox"/> Unsure | |

AUTHORIZATION TO OBTAIN PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION

Please provide the following information for a physician or professional who is familiar with your disability and is able to provide the needed information that would help determine eligibility for ADA paratransit service.

Physician Health Care Professional Rehabilitation Professional

Professional's Name _____

Agency _____

Office Address _____

City, State, Zip _____

Phone # _____

Applicant's Name _____ Date of Birth _____

Signature of Applicant or Guardian _____

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 city 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 city bus system.

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

INFORMATION ABOUT YOUR DISABILITY continued....

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", Please explain: _____

Does someone accompany you to assist you when you travel?

Yes No Sometimes

PUBLIC BUS SERVICE EXPERIENCE

Do you ride the public bus?

Yes How often and to what locations?

No Why don't you currently ride the public bus?

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

Yes No

FUNCTIONAL ABILITY

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

Yes No Sometimes

How far can you walk (using a mobility aide if necessary)? _____

Can you walk up/down a gradual hill?

Yes No Sometimes

Can you see/detect curbs, ramps and other drop off areas?

Yes No Sometimes

How long can you wait at a public bus stop? _____

FUNCTIONAL ABILITY continued....

Can you get on and off a public bus?

Yes No

If "No", Please explain: _____

I am able to ask for, understand, and follow travel directions.

Yes No Sometimes

BARRIERS

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

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

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

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 the application is true and correct. I understand that providing false or misleading information may result in a re-evaluation of my eligibility.

Signature of Applicant or Guardian Date

PLEASE SUBMIT COMPLETED APPLICATION BY MAIL OR IN PERSON TO:

**Middletown Transit District
340 Main Street
Middletown , CT 06457**

After all the required information is gathered and the interview has been completed, Middletown Transit has 21 days in which to make an eligibility determination.

Please Complete Authorization to Obtain Physician or Other Professional Verification