

APPLICATION FOR DETERMINATION

MWRTA USE ONLY

OF

Application mailed on: _____

ADA PARATRANSIT ELIGIBILITY

Application received on: _____

PART A:

To be completed by applicant

The information obtained in this certification process will only be used by the MetroWest Regional Transit Authority for the provision of ADA complementary paratransit service. This information will not be provided to any other person or agency other than for ADA transit purposes. **The application will be returned if all sections are not completed.**

Alternate formats will be provided upon request

Please Print

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone #: H _____ W _____ C _____

Date of Birth: _____ Male _____ Female _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone #: H _____ W _____ C _____

1. Do you use any of the following mobility aids?

(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Guide Dog |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Other: _____ |

2. Please check the following descriptions which best apply to your disability:

	I cannot	I have extreme difficulty	I have moderate difficulty	I have no difficulty
A. Using stairs	-----	-----	-----	-----
B. Riding a bus with a wheelchair lift.	-----	-----	-----	-----
C. Reading informational signs.	-----	-----	-----	-----
D. Standing in a moving vehicle	-----	-----	-----	-----
E. Hearing announcements or spoken directions	-----	-----	-----	-----
F. Walking more than 200 feet	-----	-----	-----	-----
G. Traveling in a transit vehicle without assistance, except from the driver.	-----	-----	-----	-----

3. Is this condition temporary?

Yes { }

No { }

If yes, please indicate expected duration.

Condition will last until approximately _____ 20_____

4. Explain how your disability prevents you from either boarding, riding or exiting a fixed route bus. (*Attach an additional sheet if needed.*)

5. Do you currently ride a fixed route bus?

Yes { }

No { }

6. Do you currently ride specialized transportation?

Yes { }

No { }

7. Does weather affect your disability?

Yes { }

No { }

If yes, please explain.

8. Do you require a Personal Care Attendant to accompany you when you travel by public transit? (*Either fixed route bus or paratransit*)

Yes { } No { }

9. In order that your impairment is properly evaluated, please answer the following questions.

- A. How many city blocks can you walk without assistance? _____
- B. If you use a mobility aid, how many city blocks can you travel without assistance using this aid? _____
- C. How many 12 inch high steps can you climb without assistance? _____
- D. How far (in city blocks) is the closest bus stop to your residence? _____
- E. How long can you stand and wait without support or sitting? _____

10. In order to allow the MetroWest Regional Transit Authority to properly evaluate your application, it may be necessary to contact your Licensed Health Care Professional. Please complete the following for informational and authorization purposes.

The following, (check one), My Physician { } Licensed Health Care Professional { } Rehabilitation Professional { } is familiar with my disability and is authorized to provide information to the MetroWest Regional Transit Authority,(or its designee), required to complete this certification.

Physician/Licensed Health Care Professional

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone#: H _____ W _____ C _____

11. To the best of my knowledge, I certify that the information contained in this application is true and correct.

(Knowingly furnishing false or misleading information could result in denial of ADA complementary paratransit services.)

Applicants

Signature: _____

Note: Due to capacity limitations of the wheelchair lifts and restraint systems, if you and your mobility aid exceed 600lbs., or your wheelchair measurements exceed 30" wide x 48" long (inches), (measured 2 inches above the ground), MetroWest Regional Transit Authority will not be able to safely provide transportation. For your safety, MetroWest Regional Transit Authority may require verification that these limits are not exceeded.

12. If this application has been completed by someone other than the person applying for certification, that person must complete the following.

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Telephone#: H _____ W _____ C _____

Signature: _____ **Date:** _____