



Dear SRTA Applicant,

Persons with disabilities may be considered eligible to use SRTA ADA service if they meet the following criteria:

- ✓ If the person's disability prevents him/her from getting to and from a station/stop at the point of origin or destination.
- ✓ If the person's disability prevents him/her from boarding, utilizing or disembarking from the vehicle at the station/stop, even with the assistance of a lift-equipped bus.
- ✓ If the person's disability prevents him or her from recognizing the pick-up point or the destination point once the person is on the vehicle.
- ✓ If the person's disability would not allow the person to negotiate transfers or connections if any should exist, on the desired fixed-route path of travel.

Architectural or environmental barriers not under the control of the SRTA (e.g. distance, terrain, lack of curb cuts, weather) alone, do not form a basis for eligibility. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location

A determination of your eligibility will be made by the SRTA within 21 days of receipt of the completed application. The SRTA will notify you in writing of the decision about your eligibility for ADA paratransit service. If it is determined that you are able to use the fixed route system and are not eligible for paratransit service, SRTA will explain the reason for this determination. An opportunity to appeal a SRTA decision will be available. The appeal process will be described in detail in the denial letter.

If your application is approved, you will be given information on how to use the appropriate service. If you are considered temporarily disabled by the SRTA then you will be granted TEMPORARY eligibility, which may be renewed (if necessary depending on your medical situation). Your eligibility may be reassessed periodically by our office.

Serving the Communities of

Acushnet, Dartmouth, Fairhaven, Fall River, Freetown, Mattapoisett, New Bedford, Somerset, Swansea, Westport

700 Pleasant St., Suite 320, New Bedford, MA 02740
srtabus.com, (P) 508-999-5211 (F) 508-993-9196

Assessing Your Eligibility for Services

If you are applying for ADA Paratransit, please complete the ADA Paratransit Application that is attached. Remember, in order to be eligible for this service, your origin and destination must be within $\frac{3}{4}$ of a mile of our fixed route corridor and the time of your trip must fall within the hours of the closest SRTA bus route. If you do not reside within the $\frac{3}{4}$ mile radius, you may be able to book a ride with SRTA if there is space available on the service when you make the request. Trips outside of a $\frac{3}{4}$ mile radius and outside of the hours of operation for the nearest route are not ADA trips and not guaranteed. SRTA will endeavor to accommodate all non-ADA trips requests for ADA certified clients as long as it does not create a capacity constraint for the ADA service.

Please complete your application as thoroughly as possible. The questions will assist us in determining the specific limitations you have in using our service. It is possible that SRTA will look to schedule a call or a meeting in person should additional questions arise from reviewing your application. If there is a need for an in-person meeting, SRTA will be happy to provide transportation to and from our offices at no cost to the applicant as well as caregivers or Personal Care Attendants who may need to attend.

It will be necessary for a licensed medical professional (not a relative or friend) that sees you on a professional basis to complete the Medical verification portion of your application. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, or mental health counselor employed by a medical facility. Contact our office if assistance is needed in completing your application. **Incomplete applications will be returned and not considered until all information (including the medical verification portion) is received.**

All applications and certifications will be kept strictly confidential and will not be released. We do reserve the right to verify the information reported on the application by contacting persons noted on the form.

Please return your completed application to:

Southeastern Regional Transit Authority

700 Pleasant Street, Suite 320
New Bedford, MA 02740-6263
Phone: 508-999-5211
Website: www.srtabus.com

All information relative to the SRTA ADA paratransit program is available (by request) in alternative forms, audio, Braille and large print formats

ADA PARATRANSIT APPLICATION

This application will be used solely to determine ADA eligibility for Southeastern Regional Transit Authority. Transportation is primarily curb-to-curb, however, if needed; arrangements may be made for door-to-door service. Please complete this application to the best of your ability. The SRTA's ADA paratransit services are for disabled individuals who travel within $\frac{3}{4}$ of a mile of our fixed route corridor and cannot navigate or access our fixed route service due to their disability. Transportation is provided from your point of origin to your destination and is available only when our regular fixed route buses operate. The fact that accessing the fixed route is difficult, inconvenient or does not travel near or to your home or point of destination is not sufficient grounds for eligibility, ADA service is available on a "next day basis" and costs double the adult base fare of our regular fixed route service.

All questions must be answered for the application to be considered complete. Please print or type.

Last name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. _____

Mailing Address (if different) _____

City or Town: _____ Zip _____

Home Phone: _____ Cell Phone: _____

DOB: _____

Please give us the name and telephone number of someone we can call in the event of an emergency.

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Please read the following statements and circle the one that best describes what you believe is your ability to use SRTA fixed bus service by yourself. Circle only one:

1. I don't think I can ever ride the bus independently
2. I'm really not sure if I can ride the bus.
3. I can ride sometimes, if the conditions are right.
4. I use the bus frequently.

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. Please choose what type or types of disabilities prevent you from using our fixed bus route (you may choose more than one).

Physical disability _____ Mental impairment _____ Visual Impairment _____
Blindness _____ Intellectual disability _____ Other _____

2. Describe your disability and explain in detail how it prevents you from using SRTA's fixed bus route some of the time or all of the time.

Is this condition permanent _____ or temporary _____ if temporary, how long do you expect your condition to last? _____

Are there any other effects of your disability of which we need to be aware?

3. Please indicate the use of any of the following mobility aids or equipment*:

- | | |
|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Powered scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Leg brace | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Portable oxygen | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> I do not use any of these mobility aids | |

*If you use a manual or powered wheelchair or scooter, is it more than 31 inches wide, more than 45 inches long, or does it, when in use, weigh more than 800 pounds?

Yes No

INFORMATION ABOUT YOUR CURRENT USE OF SRTA FIXED BUS ROUTE SERVICE

Do you currently use the SRTA fixed bus route service? _____ Yes ____ No

When was the last time you used the SRTA fixed route service? _____

Which bus route(s) serve your neighborhood, and what is the closest bus stop? Please give the Route name and location (ex. Route 10 Dartmouth, Hawthorn Medical Center). You may call SRTA customer service at (508) 999-5211 for information about bus routes and stops in your neighborhood.

Can you get to the stop by yourself? (check one)

Sometimes _____ Not Sure _____ Yes _____ No _____

If not, why? _____

YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answer should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently.

Can you:

1. Walk up and down three (3) steps if there are handrails?

Always Sometimes Never Not Sure

2. Use the telephone to get information?

Always Sometimes Never Not Sure

3. Travel one level block on the sidewalk if the weather is good?

Always Sometimes Never Not Sure

4. If you are able to do this, how long does it take you?

Less than five (5) minutes Five (5) to ten (10) minutes Not Sure

5. Cross the street if there are curb cuts?

Always Sometimes Never Not Sure

6. Ride up and down a wheelchair lift with handrails on both side?

Always Sometimes Never Not Sure

7. When the weather is good, travel three (3) level blocks on the sidewalk?

Always Sometimes Never Not Sure

8. If you are able to do this, how long does it take you?

Less than five (5) minutes Five (5) to ten (10) minutes Not Sure

9. Wait fifteen (15) minutes at a bus stop that does not have a seat and a shelter?

Always Sometimes Never Not Sure

FUNCTIONAL ABILITY, CONTINUED

10. Travel up or down a gradual hill on the sidewalk, if the weather is good?

Always Sometimes Never Not Sure

11. Find your own way to the bus stop?

Always Sometimes Never Not Sure

12. Are you currently able to travel by yourself?

Always Sometimes Never Not Sure

13. If you need assistance from another person such as a Personal Care Attendant (PCA), how do they assist you?

14. What barriers in your surroundings make it difficult for you to use the fixed bus route?

Circle all that apply:

Lack of curb cuts No sidewalks Steep hills Busy streets I must cross

Sidewalks are in poor condition (holes, etc.)

Other: _____

WEATHER RELATED CONSIDERATIONS

1. Does the weather affect your ability to use the SRTA fixed bus service? ___yes ___no
2. If you answered yes, please explain how: _____

- ___I cannot travel through deep snow or when there is ice
___I cannot travel at night due to night blindness
___Very cold weather is dangerous to my health
___Very hot weather is dangerous to my health
___High air pollution (smog, etc.) is dangerous to my health
___Other. Explain: _____

THE ENVIRONMENT AROUND YOUR HOME

1. How many steps are at the entrance you use at your residence? _____
2. Can you get to the SRTA vehicle without any help from another person at your residence?
___Yes ___No
3. If not, why? _____
4. How would you describe the terrain where you live? (Ex: steep hill, flat, gradual hill, etc.)

5. Are there sidewalks in your neighborhood? ___Yes ___No

Did you require any assistance to complete this form? ___Yes ___No

If yes, how did that person help you? _____

Please review the questionnaire to make sure that you have answered all of the questions to the best of your ability.

I hereby understand that in order to be eligible to use ADA Paratransit service, I must have a disability which makes me unable to use the SRTA fixed route service. I agree that if any of the information given to the SRTA is materially false or misleading, the SRTA shall have the right to reconsider my eligibility for ADA paratransit services. I certify that the information given above is correct. I understand that the SRTA may contact the health care professional who has completed the medical verification attached to this application in order to confirm information included in this application.

SIGNED: _____ DATE: _____

In order to allow the SRTA to evaluate your application it will be necessary to have your Physician or other Professional confirm the information you have provided and return it with your application.

PROFESSIONAL VERIFICATION FOR ADA PARATRANSIT SERVICES

IMPORTANT NOTICE: The information, which you provide, will assist the SRTA in determining your patient's functional and cognitive ability to use public transportation. This form assists the SRTA in determining when and under what circumstance the consumer can utilize the bus system. All of our vehicles are equipped with a wheelchair lift for individuals who need to use a wheelchair or cannot climb stairs. It is essential that you be as precise as possible in your evaluation. All information on this form will be kept strictly confidential and will not be released. Thank you for your cooperation. Please contact our office if you would like to return this form via fax.

Name of Physician or Health Care Professional completing this form: _____

Office Address: _____

Phone: _____ Date: _____

1. In what capacity do you know this individual? _____

2. How long have you known this individual? _____

3. When was the last face to face contact with this individual? _____

4. What is the individual's diagnosis? _____

5. Is the person taking medication? _____

6. Do you deem the individual to be compliant in taking medication? _____

Does the medication affect the individual's functional ability to travel independently within the community?

If yes, how? (drowsiness, confusion, etc.) _____

7. Is the individual's disability the same every day? Yes _____ No _____

If no, please answer the following:

What is a "good day" like? _____

What is a "bad day" like?

How many "good/bad" days has the individual had in the last month?

_____ "good" day _____ "bad" day

Does anything trigger a "bad" day? Yes, _____ No _____ Explain: _____

8. Are any of the following affected by the individual's disability? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Concentration | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Gait or Balance | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Short term memory | <input type="checkbox"/> Monitoring time | <input type="checkbox"/> Coping skills |
| <input type="checkbox"/> Long term memory | <input type="checkbox"/> Judgement | <input type="checkbox"/> Inappropriate social behavior |
| <input type="checkbox"/> Other _____ | | |

Please explain how the above interferes with safe community travel:

9. Does the individual demonstrate inappropriate social behavior? Yes No

If yes, please describe _____

10. Describe how the individual's disability affects his/her ability to complete the following travels tasks:

Traveling alone outside _____

Leaving the house on time _____

Seeking and acting on directions _____

Finding way to/from the bus stop _____

Crossing streets _____

Waiting for the bus _____

Boarding the correct bus _____

Riding on the bus _____

Transferring to a second bus _____

Monitoring time _____

11. Would mobility training be appropriate for this individual? Yes No

If no, why? _____

I certify that this information is true and correct to the best of my knowledge.

Signature _____

Title _____

Please print or type name

Please print or type title

Agency _____

Date _____

Address _____ Phone _____

Thank you for your time and input.