

## Massachusetts Americans with Disabilities Act (ADA) Paratransit Application Form

The purpose of this application is to determine eligibility for complementary ADA Paratransit service. If you have a disability that prevents you from using the fixed route bus service in Massachusetts, 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 fixed route bus service because of their disability.

**ADA Level Service Criteria:** The Massachusetts' Regional Transit Authorities ADA Paratransit programs are each designed, **at a minimum**, to meet the Americans with Disabilities Act service criteria established by the federal government.

Service is provided only to individuals found eligible by the Regional Transit Authority and is operated under the following ADA guidelines:

- Complementary service is only provided in areas where fixed route buses operate. This does not include Express Commuter service, Intercity or Dial- A-Ride services. A trip is only considered ADA Paratransit when both the pick-up and drop-off are located within three-quarters of a mile of a fixed route bus route.
- Service is provided only during the hours and days when fixed route bus service in that area operates.
- Rides must be reserved at least by the day before the trip during normal business hours for the RTA.
- ADA Paratransit fares will vary throughout the Commonwealth but are typically no more than double the cost of a full fare on a fixed route bus.
- 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 cognitive impairment, and without the assistance of another individual (except the operator of a wheelchair lift), to board, ride, or disembark from any fixed route 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 fixed route 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 fixed route bus stop.

**Eligibility:** There are three types of eligibility:

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

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

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

**Application Process:** ADA Paratransit service is provided for customers whose disability or health condition may prevent them from using fixed route bus services for some or all their travel. Individuals who are interested in using ADA Paratransit service must apply and be found eligible according to ADA guidelines. Each Regional Transit Authority will determine an individual's functional abilities and limitations for using fixed route buses within their region.

1. Fill out Paratransit Application Form entirely
2. Attach any certifications pertaining to your disability: Certificate of Blind or Disability Verification.
3. Have Professional Verification Form filled out by your healthcare provider
4. Submit all forms to each Regional Transit Authority that you wish to have eligibility to ride ADA Paratransit Services (a list with contact information is included as Attachment A of this application). ADA federal law allows for 21-day visitor status for approved individuals to travel with other providers, however if you plan to travel frequently in other regions, please send this form to that Regional Transit Authority for their approval.
5. Once all paperwork has been received a decision will be made on your application within 21 days. If a decision is not made within 21 days, temporary eligibility for 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 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 fixed route buses for some or all 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 submitted in writing no later than sixty (60) days of receipt of determination. Appeals should be mailed to the Regional Transit Authority who made the determination.

If you have any questions about the application process, contact the Regional Transit Authority in your area.

**Massachusetts Americans with Disabilities  
Paratransit Application Form**

***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 THE REGIONAL TRANSIT AUTHORITIES LISTED IN  
ATTACHMENT A**

A. Personal Information			
Last Name:		First Name:	
Date of Birth:		Preferred Name:	
B. Current Residence			
Street Address (include building, apartment or room number information):			
City:		State:	Zip:
Is this residence:			
<input type="checkbox"/>	Single Family House	<input type="checkbox"/>	Multifamily House
<input type="checkbox"/>	Apartment or Condominium Complex	Name:	
<input type="checkbox"/>	Nursing or Assisted Living Facility	Name:	
<input type="checkbox"/>	College or University	Name:	
Other:			
Is this a temporary residence: <input type="radio"/> Yes <input type="radio"/> No			
C. Mailing Address (if different from residence)			
Street Address (include building, apartment, or room number information):			
<input type="checkbox"/> (check here if same as above)			
City:		State:	Zip:
D. Contact Information			
Primary Phone:		Alternate Phone:	
Email Address (optional):			
Preferred method of communication:			
<input type="radio"/> Phone	<input type="radio"/> Email	<input type="radio"/> Mail	<input type="radio"/> Text (if available at RTA)
Preferred Language:			
E. Emergency Contact			
Last Name:		First Name:	

Relationship:		Agency (if Applicable):	
Primary Phone:		Alternate Phone:	
<b>F. If someone assisted you in completing this form, please give the following information:</b>			
Last Name:		First Name:	
Relationship:		Agency (if Applicable):	
Primary Phone:		Alternate Phone:	
May we contact this person with questions regarding your application? <input type="radio"/> Yes <input type="radio"/> No			
<b>G. General Information About Your Disability</b>			
Please indicate below if you need ADA service information in the following accessible formats:			
<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio	<input type="checkbox"/> Braille	<input type="checkbox"/> Email    Other: _____
Are you certified for ADA Paratransit services by another service provider or transit agency: <input type="radio"/> Yes <input type="radio"/> No			
If yes:	Name of Service Provider:		State:
Please list the diagnosis' that prevent you from using the fixed route bus service: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>			
Explain how your diagnosis prevents you from independently using the fixed route bus service: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>			
Is the disability or health related condition you describe:			
<input type="checkbox"/> Permanent	If permanent is level of ability expected to change <input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Temporary	If temporary how long is it expected to last:		
<input type="checkbox"/> Unsure			
Does your health condition or disability change from day to day in a way that affects your ability to use the fixed route bus service? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes			

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

Are there times when someone accompanies you when you travel?

☐ Yes ☐ No ☐ Sometimes

Do you use any of the following devices when you travel?

<input type="checkbox"/>	Manual Wheelchair*	<input type="checkbox"/>	Powered Wheelchair*	<input type="checkbox"/>	Scooter*
<input type="checkbox"/>	Walker	<input type="checkbox"/>	Cane	<input type="checkbox"/>	Long White Cane
<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Communication Device	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	Service Animal	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	Other:

\*The term wheelchair refers to any three or more wheeled device 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 safe evacuation of passengers in an emergency, and/or is overweight when occupied for the vehicle specifications.

#### H. Fixed Route Bus Service Experience

Have you ever ridden the fixed route bus?

Yes ☐ How often and to what locations?

☐

If not currently riding, why?

Some providers have Travel Training, which is a free service that teaches people how to use the fixed route bus. If this is available in your area, would you be interested in receiving more information? ☐ Yes ☐ No

#### I. Functional Ability

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

☐ Yes ☐ No ☐ Sometimes

How far can you safely walk (using a mobility aid if necessary)? \_\_\_\_\_ Feet \_\_\_\_\_ Blocks

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 stand and wait at a fixed route bus stop? \_\_\_\_\_ minutes

Can you recognize and request stops when on the bus? ☐ Yes ☐ No ☐ Sometimes

Can you physically get on and off a fixed route bus? All RTA vehicles have lifts, ramps, or the ability to kneel and are accessible. ☐ Yes ☐ No ☐ Sometimes

If "No" or "Sometimes", please explain:

Can you ask for, understand, and follow travel directions? ☐ Yes ☐ No ☐ Sometimes

If "No" or "Sometimes", please explain:

#### J. Barriers

What environmental barriers make it difficult for you to use the fixed route bus service?

<input type="checkbox"/> Lack of curb cuts/ramps	<input type="checkbox"/> Steep hills	<input type="checkbox"/> No sidewalks
<input type="checkbox"/> Busy street I must cross	<input type="checkbox"/> No crosswalk light/vocal indicator	<input type="checkbox"/> Sidewalks in poor condition
<input type="checkbox"/> Snow/Ice on Ground	<input type="checkbox"/> Other (describe):	

Explain why the conditions you indicated make it difficult:

#### K. Applicant Acknowledgement

By signing below, you certify that the information submitted on this application is true to the best of your knowledge.

Applicant Signature:	Date:
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If an applicant cannot sign their name, the legal guardian must sign on their behalf:

Legal Guardian Signature:	Date:
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## MEDICAL INFORMATION RELEASE AUTHORIZATION

For an RTA to evaluate your request they will need to contact a medical/clinical professional to confirm the information you provided. Please complete the following information and authorization form.

**The following Licensed Health Care Professional is familiar with my disability and is authorized to provide the RTA with all information required to complete this certification.**

Licensed Professional's Information					
Name:		Agency/Facility:			
Mailing Address:					
City:		State:	Zip		
Professional Certification:					
<input type="checkbox"/>	Physician	<input type="checkbox"/>	Nurse Practitioner	<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	Psychiatrist	<input type="checkbox"/>	Licensed Social Worker	<input type="checkbox"/>	Neurologist
<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Physical Therapist	<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	Other:				
I hereby authorize the professional listed above to release any information necessary to determine Paratransit eligibility to the: <i>(Enter Name of RTA)</i>					
Applicant Signature:				Date:	
Printed Name:					

## REQUEST FOR PROFESSIONAL VERIFICATION

The patient indicated that you could provide information regarding their disability and its impact upon their ability to utilize public transit services. Federal law requires that Regional Transit Authorities provide paratransit services to persons who cannot use available accessible fixed-route bus services. ***(Fixed-route services are transit services where vehicles run on regular, scheduled routes with fixed stops. For example, a city bus that always travels the same route is part of the fixed- route system.)*** Please keep in mind that any condition which makes traveling to or from a boarding/disembarking location or riding on a fixed-route system more difficult or less comfortable, are not reasons for paratransit eligibility. The information you provide will let us evaluate the request and its application to specific trip requests.

Applicant/Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Information Regarding Applicant's Functional Abilities

Medical/clinical diagnosis of condition causing disability:

Explain how the applicant's disabilities or health related conditions could prevent them independently using the fixed route bus service:

Is the disability or health related condition:

Permanent ☐ If permanent is it expected to change ☐ Yes ☐ No

Temporary ☐ Expected to last:

Unsure ☐

Does the health condition or disability change from day to day in a way that affects their ability to use the public bus service? ☐ Yes ☐ No ☒ Sometimes

If "Yes" or "Sometimes", Please explain (for example: extreme temperatures, medication side effects, etc.):

Does the applicant require a Personal Care Attendant to complete daily tasks?

☐ Yes ☐ No ☐ Sometimes

I certify that I have completed the questions in this Professional Verification Form and that the information provided is correct to the best of my knowledge

Signature of Health Care Provider:

Printed Name:

Date:

License #

Date of Expiration:



## Attachment A

Locate the Regional Transit Authority provider to send your paperwork to below. The Towns served in each region are listed with their contact information.

<p><b>Berkshire Regional Transit Authority (BRTA):</b> <i>Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Savoy, Sheffield, Stockbridge, Washington, West Stockbridge, Williamstown, and Windsor</i></p> <p>1 Columbus Avenue, Suite 201 Pittsfield, MA 01201 (413) 499-2782 ext. 4 <a href="mailto:ADAinfo@berkshirerta.com">ADAinfo@berkshirerta.com</a></p>	<p><b>Brockton Area Transit (BAT):</b> <i>Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Hanson, Rockland, Stoughton, West Bridgewater, Whitman</i></p> <p>155 Court Street Brockton, MA 02302 (508)588-1000 <a href="mailto:Info@ridebat.com">Info@ridebat.com</a></p>
<p><b>Cape Ann Transportation Authority (CATA):</b> <i>Essex, Gloucester, Hamilton, Ipswich, Rockport</i></p> <p>3 Pond Road Gloucester, MA 01930 (978)283-1886 <a href="mailto:Jackie@cantran.com">Jackie@cantran.com</a></p>	<p><b>Cape Cod Regional Transit Authority (CCRTA):</b> <i>Barnstable, Bourne, Brewster, Chatham, Dennis, Eastham, Falmouth, Harwich, Mashpee, Orleans, Provincetown, Sandwich, Truro, Wellfleet, Yarmouth</i></p> <p>PO Box 1988 Hyannis, MA 02601 (508)775-8504</p>
<p><b>Franklin Regional Transit Authority (FRTA):</b> <i>Ashfield, Bernardston, Blandford, Buckland, Charlemont, Chester, Chesterfield, Colrain, Conway, Cummington, Deerfield, Erving, Gill, Greenfield, Goshen, Granville, Hatfield, Hawley, Heath, Huntington, Leyden, Middlefield, Montague, Montgomery, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Russel, Shelburne, Shutesbury, Southampton, Southwick, Tolland, Warwick, Wendell, Westhampton, Whately, Worthington</i></p> <p>12 Olive St, Suite 1 Greenfield, MA 01301 (413)774-2262 <a href="mailto:ada@frta.org">ada@frta.org</a></p>	<p><b>Greater Attleboro Taunton Regional Transit Authority (GATRA):</b> <i>Attleboro, Bellingham, Berkley, Carver, Dighton, Duxbury, Franklin, Foxborough, Halifax, Hanover, Kingston, Lakeville, Mansfield, Marshfield, Medway, Middleborough, Norfolk, North Attleboro, Norton, Pembroke, Plainville, Plymouth, Raynham, Rehoboth, Scituate, Seekonk, Wareham, and Wrentham</i></p> <p>10 Oak Street, 2<sup>nd</sup> Floor Taunton, MA 02780 (800) 483-2500 <a href="mailto:mjoyce@gatra.org">mjoyce@gatra.org</a></p>

<p><b>Lowell Regional Transit Authority (LRTA)</b>  <i>Acton, Billerica, Carlisle, Chelmsford, Dracut, Dunstable, Groton, Lowell, Maynard, Pepperell, Tewksbury, Townsend, Tyngsborough, and Westford</i></p> <p>100 Hale Street - Office of Eligibility  Lowell, MA 01851  (978) 452-6161 ext. 204  <a href="mailto:transportationaccess@lrta.com">transportationaccess@lrta.com</a></p>	<p><b>Martha's Vineyard Transit Authority (VTA):</b>  <i>Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury and West Tisbury</i></p> <p>11 A Street  Edgartown, MA 02539  (508) 693-9440 #1  <a href="mailto:ada@vineyardtransit.com">ada@vineyardtransit.com</a></p>
<p><b>Merrimack Valley Regional Transit Authority (MEVA):</b> <i>Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Lawrence, Merrimac, Methuen, Newbury, Newburyport, North Andover, North Reading, Rowley, Salisbury, and West Newbury</i></p> <p>85 Railroad Avenue  Haverhill, MA 01835  (978) 469-6878 - Option #3  <a href="mailto:LWorcester@MeVaTransit.com">LWorcester@MeVaTransit.com</a></p>	<p><b>MetroWest Regional Transit Authority (MWRTA):</b>  <i>Ashland, Dover, Framingham, Holliston, Hopkinton, Hopedale, Hudson, Marlborough, Milford, Natick, Sherborn, Southborough, Sudbury, Wayland, Wellesley, and Weston</i></p> <p>15 Blandin Avenue  Framingham, MA 01702  (508) 820-4650  <a href="mailto:info@mwrtta.com">info@mwrtta.com</a></p>
<p><b>Montachusett Regional Transit Authority (MART):</b>  <i>Ashburnham, Ashby, Athol, Ayer, Barre, Bolton, Boxboro, Fitchburg, Gardner, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Littleton, Lunenburg, Phillipston, Royalston, Shirley, Sterling, Stow, Templeton, Townsend, Westminster, and Winchendon</i></p> <p>1427R Water Street  Fitchburg, MA 01420  (978) 345-7711  <a href="mailto:ada@mrta.us">ada@mrta.us</a></p>	<p><b>Nantucket Regional Transit Authority (NRTA):</b>  <i>Nantucket</i></p> <p>20R S. Water Street  Nantucket, MA 02554  (508)325-9571</p>
<p><b>Pioneer Valley Regional Transit Authority (PVTA):</b>  <i>Agawam, Amherst, Belchertown, Chicopee, East Longmeadow, Easthampton, Granby, Hadley, Hampden, Holyoke, Leverett, Longmeadow, Ludlow, Northampton, Palmer, Pelham, South Hadley, Springfield, Sunderland, Ware, West Springfield, Westfield, Wilbraham, and Williamsburg</i></p> <p>2808 Main Street  Springfield, MA 01107  (413) 732-6248 ext. 2214  <a href="mailto:iris@pvta.com">iris@pvta.com</a></p>	<p><b>Southeastern Regional Transit Authority (SRTA):</b>  <i>Acushnet, Dartmouth, Fairhaven, Fall River, Freetown, Mattapoisett, New Bedford, Somerset, Swansea, and Westport</i></p> <p>700 Pleasant St, STE 530  New Bedford, MA 02740  Phone: (508) 997-6767  Fax: (508) 993-9196  Email: <a href="mailto:info@srtabus.com">info@srtabus.com</a></p>