REQUEST FOR CERTIFICATION OF
AMERICANS WITH DISABILITIES ACT (ADA)
PARATRANSIT ELIGIBILITY

Dear Applicant:

Valley Transit District (VTD) thanks you for your inquiry concerning eligibility for our ADA Paratransit service. Please read all information carefully before completing the enclosed application.

“ADA Paratransit” is a transportation service for individuals who, because of their disability, are unable to travel by a public city bus (CTTransit, GBTA). ADA Paratransit service is intended to be used only for those trips whereby individuals cannot travel by the public city bus (CTTransit, GBTA) service. ADA Paratransit extends their service areas within a ¼ mile radius from the fixed-routes.

Completion of the enclosed application will help in determining the circumstances under which a person is eligible to use the ADA paratransit service provided by VTD. Applicants’ eligibility will fall under one of the four categories below:

1. Unconditional Eligibility: If your disability prevents you from traveling on the public city bus (CTTransit, GBTA) service for any trips.

2. Conditional Eligibility: If your disability prevents you from traveling on the public city bus (CTTransit, GBTA) service for some trips but not others, depending on the circumstances and the nature of the disability.
3. Temporary Eligibility: Eligibility will be granted for a specific period of time depending on the circumstances, nature, and length of the disability.

4. Not Eligible: If an individual who does not have a disability or has a disability but is not prevented from traveling on the public city bus (CTTransit, GBTA) service, he will not be granted eligibility for ADA paratransit at that time.

In order for us to accurately determine your eligibility, please complete and sign the application. If any pages or sections are left blank, the application will be returned to you. These questions are meant to determine specific limitation, as well as when and under what circumstances you are able to travel by public city bus (CTTransit, GBTA) service. Information you provide in your application will be kept strictly confidential.

Upon receipt of your completed application, you will be contacted to schedule a face-to-face interview. A functional assessment, a professional verification and environmental check may be included as this is part of the application process on a case-by-case basis. Applicants will be notified of eligibility determination within 21 days after receiving an application with all the information required. Please note that this process only applies to those individuals requesting ADA paratransit. If you desire any of the other transportation services VTD provides or have any questions about the application please contact the agency. You may call us at (203) 735-6824.

We look forward to receiving your completed application.

Sincerely,
Valley Transit District
Request for Certification of
Americans with Disabilities Act (ADA)
Paratransit Eligibility

ALL QUESTIONS MUST BE COMPLETELY ANSWERED
INCOMPLETE APPLICATIONS WILL BE RETURNED

GENERAL INFORMATION

Last Name _______________________ First Name _______________________
Street Address _________________________Apt.#/Bldg.# ________________
City ___________________________ State ___________ Zip________________
Is this a Licensed Nursing Care Facility? Yes ____  No ____
   If yes, Name of Facility ____________________________________________

Is this a temporary residence?   Yes___ No___

Telephone (daytime)____________________(evening) _____________________
TDD/Relay# (If applicable)___________________ Date of Birth____/____/____
Male ____ Female____

Do you need information given in accessible formats?  Yes_____ No________

How did you hear about our services? ___________________________________
Please give us the name and telephone number of someone we can call in an emergency or if we are unable to reach you at your regular number:

Name ___________________________ Relationship ______________________

Telephone (Home) ______________________ (Work) _____________________

Agency (If Applicable) ______________________________________________

If someone assisted you in completing this application, please provide us with that person’s name and telephone number below:

Name_____________________________________________________________

Telephone________________________ Relationship_______________________

Agency (If Applicable)________________________________________________

Are you eligible for another ADA paratransit service in Connecticut? _____
If so: GBTAccess _______ My Ride _____ other___________________________

DESCRIBE YOUR PUBLIC BUS EXPERIENCE

1. Do you ride the public city bus (CTTRANSIT, GBTA)?
   Yes ____ No _____ Sometimes__________

2. When was the last time you used the public city bus (CTTRANSIT, GBTA) service? _________________
3. Complete the following by checking the response that you believe describes your ability to ride the public city buses (CT). You may check more than one:

_____ I can always use the public city bus (CTTRANSIT, GBTA) with little or no difficulty.

_____ I have a disability that allows me to use the public city bus (CTTRANSIT, GBTA) on days when I’m feeling well, but on “bad days” I cannot make it to the bus stop or get on the bus.

_____ I have a temporary disability that prevents me from using the public city bus (CTTRANSIT, GBTA). I will need paratransit services only until I recover.

_____ I can never get to the public city bus (CTTRANSIT, GBTA) stop by myself due to the severity of my disability.

_____ I have a disability that prevents me from remembering and understanding all I have to do to use the public city bus (CTTRANSIT, GBTA). I may be able to learn with training.

_____ I have a visual disability that prevents me from getting to and from the public city bus (CTTRANSIT, GBTA) stop.

_____ I cannot use the public city bus (CTTRANSIT, GBTA) for some trips because have not learned the route, or there are some other barriers that prevent me from using the public city bus (CTTRANSIT, GBTA).
INFORMATION ABOUT YOUR FUNCTIONAL ABILITY

For each statement, 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.

4. I can cross the street if there are curb cuts.
   Always    Sometimes    Never

5. I can travel up/down a gradual hill in good weather conditions.
   Always    Sometimes    Never

6. I can find my way to the public city bus (CTTRANSIT, GBTA) stop if someone shows me once.
   Always    Sometimes    Never

7. I am able to wait for 10 minutes at a public city bus (CTTRANSIT, GBTA) stop that does not have seats and a shelter.
   Always    Sometimes    Never

8. I am able to ask for, understand, and follow directions.
   Always    Sometimes    Never

9. I am able to detect curbs, ramps, and other drop off areas.
   Always    Sometimes    Never

Answer the following questions by checking all that apply

10. What barriers in your surroundings would make it difficult for you to use the public city bus (CTTRANSIT, GBTA)?
    Lack of curb cuts_____ No Sidewalks_____ Steep hills_____
    Sidewalks are in poor condition_____ Busy streets I must cross_____
    No crosswalks at street corners_____
    Other______________________________________________________________
    ________________________________________________________________
11. Can you get on and off a public city bus (CTTRANSIT, GBTA)?
   Yes, I can climb steps_____ I probably could with instruction____
   Yes, I can use the lift and/or ramp____
   No (Please explain) ____________________________________________
   ___________________________________________________________________

12. Is there any medication that affects your daily travel?________________
   ___________________________________________________________________

TRAVEL TRAINING INFORMATION

I could use the public city buses (CTTRANSIT, GBTA) if I had general knowledge about routes and times. Yes_____ No_____ Sometimes____

Travel Training is a free service, which assists people with disabilities to learn how to ride and use the public city bus (CTTRANSIT, GBTA) service.

Would you like more information? Yes ___ No ___

INFORMATION ABOUT YOUR DISABILITY

13. What type of disability prevents you from using the public city bus (CTTRANSIT, GBTA) system? Check all that apply:
   Physical ___ Visual ___ Cognitive ___ Mental Health ___ Hearing ___
   None _______________________ Other _______________________________
   Identify Disability by Name(s) ______________________________________
   Please describe your disability in detail______________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5

Rev 4/23/07
14. Is this condition temporary? Yes___ No___
   If yes, expected duration? _____________________

15. Do you require the assistance of a personal care attendant?
   No, I do not require an attendant ____
   Yes, I do require an attendant ____
   Sometimes, because of my disability there are times when I need assistance ____

16. Do you use any of the following devices? Check all that apply:
   * Manual Wheelchair_____ * Power Scooter ____
   * Electric Wheelchair_____ Cane ____
   Walker____ White Cane____
   Braces____ Oxygen Tank____
   Crutches____ Communication Board____
   Service Animal____ None _____
   Cart____ Other __________________

* ADA regulations defines a common wheelchair as any device that has three or four-wheels operated manually or powered. It should not exceed 30 inches in width, 48 inches in length, and 600 pounds when occupied.
APPLICANT’S CERTIFICATION

Please read the following paragraph and sign below

I understand that the purpose of this application is to determine if there are times when I cannot use the public city buses (CTTRANSIT, GBTM) and must therefore use the ADA Paratransit Service. I understand that any information about my disability contained in this application will be kept confidential and shared only with professionals involved in providing this service. 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 the agency re-evaluating my eligibility.

Signature of applicant or guardian_______________________ Date__________

If you have any questions about the application or the service, please call (Valley Transit District) (203) 735-6824. Please be sure to complete all sections of the application. An incomplete application will lead to a delay in our ability to serve you.

Return completed application to:

Valley Transit District
41 Main Street
Derby, CT 06418

Please note application cannot be faxed
AUTHORIZATION TO OBTAIN
PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION

In order to evaluate your request, it may be necessary to contact your physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

___ Physician ___ Health Care Professional ___ Rehabilitation Professional

The following professional is familiar with my disability and is to provide the required needed information to the Valley Transit District to complete my certification for ADA Paratransit Service.

Professional’s Name_________________________________________________

Agency ______________________________________________________________

Office Address_______________________________________________________

City________________________ State___ Zip_________ Phone#____________

Applicant’s Name ___________________________ Date of Birth___/___/___

Office Fax#___________________________

Signature of applicant or guardian_____________________________________

Definition of ADA Regulations

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.