

# 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

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Date of Birth:
Last Name:		First Name:	

### Current Residence

Street Address:			
Building #:	Apartment #:	Room #:	
City:	State:	Zip:	
Is this residence:			
<input type="checkbox"/> A Single or Multi-Family House			
<input type="checkbox"/> An Apartment or Condominium Complex		Name:	
<input type="checkbox"/> A Nursing or Assisted Living Facility		Name:	
<input type="checkbox"/> Other:			
Is this a temporary residence: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Mailing Address (if different from residence)

Street Address:			
Building #:	Apartment #:	Room #:	
City:	State:	Zip:	
Email Address:			

**Phone Number**

<b>Primary Phone:</b>	<b>Alternate Phone:</b>
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**TDD or Relay Number:**

**Emergency Contact**

<input type="checkbox"/> <b>Mr.</b>	<input type="checkbox"/> <b>Mrs.</b>	<input type="checkbox"/> <b>Ms.</b>
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<b>Last Name:</b>	<b>First Name:</b>
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<b>Relationship:</b>	<b>Agency if Applicable:</b>
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<b>Primary Phone:</b>	<b>Alternate Phone:</b>
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**Do you need information in an accessible format?**       **Yes**       **No**

**If "yes", please indicate which format would be helpful:**

**Large Print**     **Audio tape/CD**     **Braille**  
 **Other** \_\_\_\_\_

**Are you certified for ADA paratransit services?**       **Yes**       **No**

<b>If, yes:</b>	<b>City</b>	<b>State</b>	<b>ID #</b>
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*If someone assisted you in completing this form please give the following Information.*

<b>Last Name:</b>	<b>First Name:</b>
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<b>Relationship:</b>	<b>Agency if Applicable:</b>
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<b>Primary Phone:</b>	<b>Alternate Phone:</b>
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## INFORMATION ABOUT YOUR DISABILITY

Please list by name what disabilities or health related conditions that prevent you from using the public bus service:

Explain how your disabilities or health related conditions prevent you from independently using the public bus service?

Do you use any of the following devices 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

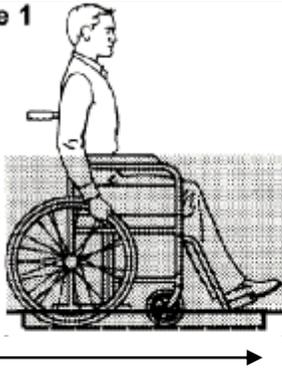
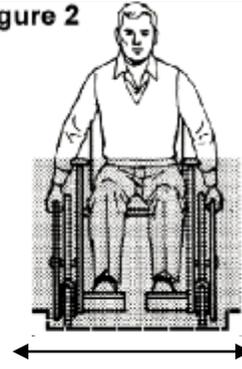


Figure 2



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.

**INFORMATION ABOUT YOUR DISABILITY (cont.)**

**Is the disability or health related condition you describe:**

- Permanent**  
 **Temporary**    **Expected to last** \_\_\_\_\_ **Months**  
 **Unsure**

**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?

Can you get on and off a public bus? 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?

Lack of curb cuts

Steep Hills

Busy street I must cross

No crosswalk light

No sidewalks

Other, Explain: \_\_\_\_\_

Sidewalks in poor condition

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



**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**\_\_\_/\_\_\_/\_\_\_

**Office Fax#**\_\_\_\_\_

**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.**