

Connecticut Americans with Disabilities Paratransit Application Form

This form is also available online at www.CTADA.com

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 ANY ADA PARATRANSIT PROVIDER IN THE STATE OF CONNECTICUT

| A. Personal Information | | | | |
|---|------------|-------|--------------------------|--|
| Mr. | Mrs. | Ms. | Date of Birth: / / | |
| Last Name: | | | First Name: | |
| B. Current Residence | | | | |
| Street Address: | | | | |
| Building: | Apartment: | Room: | | |
| City: | State: | Zip: | | |
| Is this residence: | | | | |
| A Single or Multi-Family House | | | | |
| An Apartment or Condominium Complex | | Name: | | |
| A Nursing or Assisted Living Facility | | Name: | | |
| Other: | | | | |
| Is this a temporary residence: | | Yes | No | |
| C. Mailing Address (if different from residence) | | | | |
| Street Address or P.O. Box: | | | | |
| Building: | Apartment: | Room: | | |
| City: | State: | Zip: | | |

D. Contact Information

| | |
|----------------------|------------------|
| Primary Phone: | Alternate Phone: |
| TDD or Relay Number: | |
| Email Address: | |

E. Emergency Contact

| | |
|----------------|-----------------------|
| Last Name: | First Name: |
| Relationship: | Agency if Applicable: |
| Primary Phone: | Alternate Phone: |

F. If someone assisted you in completing this form please give the following information:

| | |
|----------------|-----------------------|
| Last Name: | First Name: |
| Relationship: | Agency if Applicable: |
| Primary Phone: | Alternate Phone: |

G. General Information

| | | |
|---|---------------------------|----------------------------|
| Do you need ADA service information in an accessible format? | Yes | No |
| If "yes", please indicate which format would be helpful: | | |
| Large Print | Audio Recording | Braille |
| Other _____ | | |
| Are you certified for ADA paratransit services by another service provider or transit agency? | Yes | No |
| If, yes: | Name of Service Provider: | State: |
| | | ID number: (if applicable) |

Please list by name what disabilities or health related conditions 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 when you travel?

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair * | <input type="checkbox"/> Scooter * |
| <input type="checkbox"/> Powered Wheelchair * | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Oxygen If yes: | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Tank <input type="checkbox"/> Compressor | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Respirator | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Other, explain: | |

***The term wheelchair refers to any three or more wheeled device utilized 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 the safe evacuation of passengers in an emergency.**

H. Information About Your Disability (continued)

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" or "Sometimes",
Please explain:

Are there times when someone accompanies you when you travel?

| | | |
|------------|-----------|------------------|
| Yes | No | Sometimes |
|------------|-----------|------------------|

I. Public Bus Service Experience

Have you ever ridden the public bus?

Yes If yes, how often and to what locations?

No If no, why don't you currently ride the public bus?

Travel training is a free service that teaches people how to use the public bus.
Would you like more information about this service?

| | | |
|------------|-----------|--|
| Yes | No | |
|------------|-----------|--|

J. 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 aid 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 stand and wait at a public bus stop?

Can you get on and off a public bus?

| | | |
|-----|----|-----------|
| 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:

K. Barriers

What barriers in the environment would make it difficult for you to use the public bus service?

| | |
|---|--|
| <input type="checkbox"/> Lack of curb cuts | <input type="checkbox"/> Steep Hills |
| <input type="checkbox"/> Busy street I must cross | <input type="checkbox"/> No crosswalk light |
| <input type="checkbox"/> No sidewalks | <input type="checkbox"/> Sidewalks in poor condition |
| <input type="checkbox"/> Other, describe: | |

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

**AUTHORIZATION TO OBTAIN
PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION**

After the interview, the local ADA paratransit provider may need to contact a physician or a professional familiar with your disability. Please provide the following information for a physician or professional who is able to provide the needed information that would help determine eligibility for ADA paratransit service provider. You do not need to have the professional sign this form.

| Physician | Health Care Professional | Rehabilitation Professional |
|---|---------------------------------|------------------------------------|
| Professional's Name: | | |
| Agency: | | |
| Office Address: | | |
| City: | State: | Zip: |
| Phone: | | Office Fax: |
| Applicant's Name: | | Date of Birth: |
| Signature of applicant or guardian: | | |
| Applicant agrees to share the application information with other service providers within the State of Connecticut | | |
| Yes | No | |

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 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 public bus stop.

DO NOT SIGN THIS PAGE NOW OR SUBMIT WITH YOUR APPLICATION.

THIS PAGE MUST BE SIGNED IN PERSON AT THE INTERVIEW.

I understand that the purpose of this application is to determine if there are times when I cannot use the public bus service and must therefore use ADA paratransit services. 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 a reevaluation of my eligibility.

Signature of Applicant or Guardian

____/____/____
Date

PLEASE NOTE:

Thank you for completing the Connecticut Americans with Disabilities Paratransit Application form.

Once you have filled out as much of the application as you can and submitted it to your regional service provider, allow seven (7) days and then call your provider to set up your certification interview. If needed, transportation to the interview will be provided and the services of an American Sign Language or other language interpreter offered at no charge. Please bring an acceptable form of identification with you (preferably a photo ID) to the interview. If you do not have a photo ID available, contact your service provider to determine acceptable forms of identification. You may also bring additional information about your disability or health condition, but this is not required.

ATTACHMENT A

Connecticut ADA Service Providers

Locate your local ADA paratransit service provider below by selecting the region in which you will travel most often. The towns served in each region are listed below the region name. If you are seeking service in a town not listed, please use the contact labeled “all other locations” at the end of the list.

Hartford Area

Avon, Berlin, Bloomfield, Bristol, Cromwell, East Hartford, Ellington, Farmington, Glastonbury, Hartford, Manchester, New Britain, Newington, Plainville, Rocky Hill, South Windsor, Vernon/Rockville, West Hartford, Wethersfield, Windsor, Windsor Locks

Greater Hartford Transit District
One Union Place
Hartford, CT 06103

Email: ADA-App@ghtd.org

Phone: (860) 247-5329 Ext. 3100

For an interview call (860) 724-5340 Ext. 1.

New Haven Area

Branford, East Haven, Guilford, Hamden, Madison, New Haven, North Branford, North Haven, Orange, West Haven, Woodbridge

Greater New Haven Transit District
840 Sherman Avenue
Hamden, CT 06514

Email: ADA-App@gnhtd.org

Phone: (203) 288-6282 Ext. 2518 or Ext.2501

Greater Bridgeport Area

Bridgeport, Fairfield, Monroe, Stratford, Trumbull

Greater Bridgeport Transit Authority
One Cross Street
Bridgeport, CT 06610

Email: ADA-App@gogbt.com

Phone: (203) 366-7070 Ext 131

TTY: (203) 330-0668

Windham Area

Windham/Willimantic, Mansfield/Storrs

Windham Region Transit District

28 Frontage Road

Mansfield Center, CT 06250

Email: ada-app@wrtd.org

Phone: (860) 456-2223

TTY: (800) 833-8134

South East Region

Griswold, Groton, Ledyard, Montville, New London, North Stonington, Norwich, Preston, Stonington, Waterford

Southeast Area Transit District

21 Route 12

Preston, CT 06365

Email: ADAapp@seatransit.org

Phone: (860) 886-2631

Valley Region

Ansonia, Derby, Seymour, Shelton

Valley Transit District

41 Main Street

Derby, CT 06418

Email: VTD-ADA-APP@valleytransit.org

Phone: (203) 735-6824

Middletown/Lower CT River Valley

Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Lyme, Madison, Middletown, Middlefield, Old Lyme, Old Saybrook, Portland, Westbrook

Estuary Transit District

91 N Main Street

Middletown, CT 06457

Email: ADA-App@estuarytransit.org

Phone: (860) 510-0429 Fax: (860) 346-0871

TTY: (860) 346-9233

Meriden/Wallingford Area

Meriden, Wallingford

North-East Transportation Company
P.O. Box 4670
Waterbury, CT 06704
Email: ada-appnetco@ct-transwb.com
Phone: (800) 441-8901

For Information About Areas Not Listed

The Kennedy Center
2440 Reservoir Avenue
Trumbull, CT 06611
Email: ada@kennedyctr.org
Phone: (203) 365-8522 ext. 2061

Milford Area

Milford

Milford Transit District
259 Research Drive
Milford, CT 06460
Email: ADA-App@milfordtransit.com
Phone: (203) 874-4507
TTY: (203) 882-0954

Waterbury Region

Cheshire, Middlebury, Naugatuck, Prospect, Waterbury, Watertown, and Wolcott

North-East Transportation Company
P.O. Box 4670
Waterbury, CT 06704
Email: ada-appnetco@ct-transwb.com
Phone: (203) 756-5550

Danbury Area

Bethel, Brookfield, Danbury, New Milford, Ridgefield

Housatonic Area Regional Transit District
62 Federal Road
Danbury, CT 06810
Email: info@hartransit.com
Phone: (203) 744-4070

Southwestern Region

Darien, Greenwich, Norwalk, Stamford, Westport

Norwalk Transit District
275 Wilson Avenue
Norwalk, CT 06854
Email: ADA-App@norwalktransit.com
Phone: (203) 299-5160