



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 ¾ 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

**Valley Transit District
41 Main Street
Derby, CT 06418**

**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: GBTAAccess _____ **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 Sometime 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_____

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, GBTA*) 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.