

3. Telephone Number(s) Home _____
Work / Cell _____

4. Date of Birth ___/___/___ Age _____ Social Security
Number _____ **(NOT required)**

5. Are you able to use BRTA accessible buses for any of your transportation needs?

- Yes** **No** **Sometimes** (explain)

Please indicate the reason(s) why you are seeking Paratransit eligibility:

- I can use BRTA buses to go some places, but other places, I can't get to or from the bus stops.
- I can use BRTA buses sometimes, but only if they are equipped with wheelchair lifts.
- I can *never* use BRTA buses because: Explain briefly:

6. The disability/disabilities that prevent(s) you from using BRTA fixed route service is/are? You must list the specific condition and/or diagnosis

- Physical

- Cognitive/Mental

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Is this condition temporary? Yes No If "Yes," expected duration is until ___/___/___

7. How does this disability prevent you from using fixed route services? Please explain completely. (If necessary, continue on separate sheet) _____

8. Are there any other effects of your disability or other medical conditions of which BRTA needs to be aware? (If necessary, continue on separate sheet)

9. Which, if any, of the following aids to mobility do you use? (Check all that apply.)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Low Vision Aid | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Other (specify) _____ | | |
| <input type="checkbox"/> Service Animal | What type of animal? | |

What function does it provide regarding your transportation?

10. If a wheelchair or scooter is used, does it meet the following conditions for our vehicles? Not greater than 30 inches wide and 48 inches long when measured 2 inches above

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the platform base, and does not exceed 660 pounds when occupied by applicant.

These standards are set by ADA to define “common wheelchair”. **Yes** **No**

NOTE: Wheelchair lifts on paratransit vehicles are calibrated to these standards. Should your mobility aid exceed these measurements you most likely will not be able to access the vehicles.

11. Do you need the help of another person while traveling?

Yes **No**

What type of help do you need?

12. How are you currently traveling? Family/Friends Cab

Bus Other _____

Please list the two most common trips you take and how you got there:

Origin: _____

Destination: _____

How did you get there?:

Origin: _____

Destination: _____

How did you get there?:

13. Can you climb three steps with a hand rail, without help?

Yes **No** **Do not know**

14. (a) Have you ever used Fixed-Route buses?

No **Yes, I have used other buses**

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- Yes, I currently use BRTA*
 - Yes, but I can't any longer due to:*
-

(b) Has anyone ever taught you how to use BRTA buses?

- No** **Yes, from a friend/relative**
 - Yes, from an agency (Name):**
-

What mobility skills can you perform? Check the skills:

- I can travel to and from bus stops
- I can ride all or some routes
- I can cross streets
- I can read bus schedules
- I can ride the routes listed:
_____ # _____ # _____
- Other

(c) Check the items listed below that might help you ride the Fixed-Route bus system:

- Help with trip planning Bus stops closer to my house
- Help communicating Lift accessible buses
- Someone to teach me Help with transfers
- Knowing more about the fixed route bus system
- I would travel if there were accessible fixed bus routes where I need to go
- Other (please specify) _____

15. Please answer the following questions regarding physical functioning level:

How far can you travel, by yourself, without the help of another person?

Distance in feet _____

How many 9-inch steps can you climb by yourself?

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- | | |
|--|--|
| <input type="checkbox"/> 1-3 steps | <input type="checkbox"/> 4-6 steps |
| <input type="checkbox"/> 7-9 steps | <input type="checkbox"/> 10-11 steps |
| <input type="checkbox"/> Over 12 steps | <input type="checkbox"/> I cannot climb steps without assistance |

Using a mobility aid, equipment, or standing on your own, what is the longest length of time that you can remain standing?

- | | |
|--|--|
| <input type="checkbox"/> 1-15 minutes | <input type="checkbox"/> 15-30 minutes |
| <input type="checkbox"/> 30-45 minutes | <input type="checkbox"/> 45-60 minutes |
| <input type="checkbox"/> Over 60 minutes | <input type="checkbox"/> I cannot stand without assistance |

How long can you sit by yourself?

- | | |
|--|--|
| <input type="checkbox"/> 1-5 minutes | <input type="checkbox"/> 6-10 minutes |
| <input type="checkbox"/> 11- 15 minutes | <input type="checkbox"/> 16-20 minutes |
| <input type="checkbox"/> Over 20 minutes | <input type="checkbox"/> I cannot sit at all because |

Do temperature extremes (heat >90degrees; cold <10degrees) impact your disability? Yes No

Sometimes (explain)_____

16. VISION

Do you have a visual impairment? Yes No

Do you wear corrective lenses (contacts or glasses)?

Yes No

What is the measured level of your vision?

Without corrective lenses_____

With your corrective lenses_____

Are you certified as legally blind by the Commonwealth of Massachusetts? **No** **Yes** If yes you MUST attach a current and valid copy of your certificate.

17. HEARING

Do you have a hearing impairment? **Yes** **No**

Do you wear hearing aids **Yes** **No**

What is the measured level of your hearing?

Without hearing aids_____

With your hearing aids_____

Please read through these categories before completing this section and indicate all conditions which affect your ability to use the bus.

A) General Medical Conditions

- None Cancer Diabetes
 - Kidney Dialysis Organ Transplant Pneumonia
 - Other
-

B) Bone and Joint Conditions

- None Joint Replacement (which)_____
- Arthritis Fusion Osteo-arthritis
- Osteoporosis Rheumatoid Arthritis Fibromyalgia

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- Amputation (please specify)

- Broken Bone (please specify) _____

When? _____

- Other

C) Brain/Nerves/Muscle Conditions

- None Alzheimer's Disease Brain Injury
 Cerebral Palsy Dementia Epilepsy
 Guillian-Barre Hemiplegia Huntington's Chorea
 Multiple Sclerosis Muscular Dystrophy Paraplegia
 Parkinson's Disease Post-polio Quadriplegia
 Spina Bifida Stroke (When? _____) Vertigo/Dizziness
 Other

D) Heart and Circulatory Conditions

- None High Blood Pressure Edema
 Congestive Heart Failure Peripheral Vascular Disease
 Angina Heart Attack (when?) _____
 Heart Surgery (when?) _____
 Other _____

E) Lung and Breathing Conditions

- None
- Allergies
- Asthma
- Cystic Fibrosis
- Emphysema
- Lung Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Other _____

F) Developmental/Mental Conditions

- None
- Autism
- Mood Disorder
- Psychosis
- Thought Disorder
- Brain Injury
- Intellectual Disability (as identified by DSM IV)
- Mild**
- Moderate**
- Severe**
- Other _____

You must attach/include the evaluation/report which verifies the condition. A note or letter from your primary care physician will not be sufficient for this section.

G) If your condition is not listed above please list it/them here.

H) If you checked any of the above conditions (listed in A through G) above how do they affect your ability to use the BRTA Bus?

Do you have a cognitive disability?

Yes **No**

If so, can you:

• Read and understand basic written material?

Yes **No**

• Give addresses and telephone numbers upon request?

Yes **No**

• Recognize a destination or landmark?

Yes **No**

• Deal with unexpected situations or an unexpected change in routine? **Yes** **No**

• Ask for, understand and follow directions?

Yes **No**

• Safely and effectively travel through crowded and/or complex facilities? **Yes** **No**

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Please use the following space to explain in detail what you can or cannot do on your own:

I hereby certify that the information given in this application is correct.

Applicant Signature _____

Date _____

If someone other than the applicant completed this form, or assisted, on behalf of the applicant, that person must complete the following:

Name _____

Daytime phone _____

Relationship to Applicant _____

Agency _____

Address _____

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- Check here if all Program correspondence should be sent to the Agency identified above in care of the address listed above.

Signature _____ Date ____ / ____ / ____

Return completed form to:

BRTA - ADA Coordinator

1 Columbus Ave Suite 201

Pittsfield, MA 01201

MEDICAL INFORMATION RELEASE AUTHORIZATION

In order for BRTA to evaluate your request, it may be necessary to contact a medical /clinical professional to confirm the information that you have provided. Please complete the following information and authorization form.

The following health care professional is familiar with my disability and is authorized to provide BRTA all information required to complete this certification.

- Occupational Therapist
- Physician
- Registered Nurse
- Ophthalmologist
- Physical Therapist
- Other _____

Professional's name

Address

City State Zip

Telephone number

Applicant Name (Print)

Applicant Signature _____

Date: _____

The client named above has requested BRTA paratransit service. BRTA paratransit service provides transportation to individuals with disabilities who are unable to use the BRTA fixed route (bus) system.

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with disabilities who are unable to use the BRTA fixed route (bus) system.

ADA Paratransit Eligibility Standards:

- ☞ Any individual with a disability who is unable, as a result of a physical or mental impairment (including vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
- ☞ Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.
 - I. Only a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility under this paragraph. A condition which makes traveling to a boarding location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility under this paragraph. [49 CFR 37.123(e)(3)(i)]
 - II. Architectural barriers not under the control of the public entity providing fixed route service and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility under this paragraph, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location. [49 CFR 37.123(e)(3)(ii)]

☞ **Eligibility shall not be based solely on a medical diagnosis of disability. Eligibility shall be based on the ability of the patron to use available fixed route service as described in the criteria above. [Interpretation of 49 CFR 37.123(e)]**

There are many ways that the BRTA can determine eligibility. The process may include functional evaluation or testing of applicants. Evaluation by a physician or health professional may be part of the process, **but a diagnosis of a disability does not establish eligibility**. What is needed is a determination of whether, as a practical matter, the individual can use fixed-route transit under given circumstances.

REQUEST FOR PROFESSIONAL VERIFICATION

This form must be completed by a professional

The attached authorization form has been submitted by _____, who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that BRTA provide paratransit services to persons who cannot utilize available accessible fixed route (bus) services. 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 allow us to make an appropriate evaluation of the request and its application to specific trip requests.

Capacity in which you know the applicant:

Medical/Clinical Diagnosis of condition causing disability (in layman terms):

Is the condition temporary? No Yes If yes, the expected duration until _____ / _____ / _____

If disability/condition is PHYSICAL in nature, please answer the following questions regarding PHYSICAL functioning level:

How far can the person travel without the assistance of another person?

Distance in feet _____

How many 9-inch steps can the person climb without assistance?

- | | |
|--|--|
| <input type="checkbox"/> 1-3 steps | <input type="checkbox"/> 4-6 steps |
| <input type="checkbox"/> 7-9 steps | <input type="checkbox"/> 10-11 steps |
| <input type="checkbox"/> Over 12 steps | <input type="checkbox"/> Cannot climb steps without assistance |

Using a mobility aid, equipment or standing on their own, what is the longest length of time that the person can remain standing?

- | | |
|--|---|
| <input type="checkbox"/> 1-15 minutes | <input type="checkbox"/> 15-30 minutes |
| <input type="checkbox"/> 30-45 minutes | <input type="checkbox"/> 45-60 minutes |
| <input type="checkbox"/> Over 60 minutes | <input type="checkbox"/> Cannot wait without assistance |

How long can the person sit by themselves?

- | | |
|--|--|
| <input type="checkbox"/> 1-5 minutes | <input type="checkbox"/> 6-10 minutes |
| <input type="checkbox"/> 11- 15 minutes | <input type="checkbox"/> 16-20 minutes |
| <input type="checkbox"/> Over 20 minutes | <input type="checkbox"/> Cannot sit at all because |

Which, if any, mobility aid(s) does the person use?

Do weather conditions impact the person's disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

- Yes No

Explain how a particular weather condition interacts with the disability noted.

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If the person has a visual impairment: (If certified legally blind, attach copy of state cert.)

Visual acuity with best correction:

Right eye _____ Left eye _____ Both eyes _____

Visual fields:

Right eye _____ Left eye _____ Both eyes _____

If the person has a hearing impairment:

Hearing level without hearing aids

Right ear _____ Left ear _____ Both ears _____

Hearing level with hearing aids

Right ear _____ Left ear _____ Both ears _____

If the person has a cognitive disability: Is the person able to do the following:

Give address and telephone numbers upon request? Yes No
 Sometimes (explain) _____

Deal with unexpected situations or changes in routine?
 Yes No Sometimes
(explain) _____

Ask for, understand, and follow directions?
 Yes No Sometimes
(explain) _____

Safely & effectively travel through crowded and/or complex facilities? Yes No Sometimes
(explain) _____

Is there any other effect of the disability, and or medication, of which BRTA should be aware? If so, please describe. (If

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necessary, continue on separate sheet).

Your Name _____

Office Address

Office Telephone Number _____

Medical License Number OR Certification #

Signature _____

Date _____

This application must be fully completed.
For additional information about ADA eligibility and the
certification process, contact
BRTA at **(413) 499 – 2782**

Return completed applications to: BRTA - ADA Coordinator
1 Columbus Ave Suite 201
Pittsfield, MA 01201
(413) 442-2536 FAX