

NANTUCKET REGIONAL TRANSIT AUTHORITY
508-325-7516

Please return to:
Nantucket Regional Transit Authority
20 R South Water Street • Nantucket MA 02554

PARATRANSIT AND NON/ADA SERVICES ELIGIBILITY APPLICATION

Information obtained in this certification process will only be used by the Nantucket Regional Transit Authority (NRTA) for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. The NRTA reserves the right to verify any and all information provided in this certification form.

— PLEASE PRINT —

1. NAME: _____
(last) (first) (middle initial)

2. ADDRESS: _____
(street)

(town) (state) (zip code)

3. MAILING ADDRESS: (if different) _____
(street) (p.o. box)

(town) (state) (zip code)

4. TELEPHONE: (home) _____ (Work) _____ (Cell) _____

5. DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

6. What disability prevents you from using fixed route service when it is running? _____

7. How does this disability prevent you from using fixed route service? Please explain completely. Use an additional sheet if necessary. _____

8. Are there any other effects of your disability of which we need to be aware of? _____

The following information will be used to ensure that the appropriate service is provided to you and that an accurate analysis of your trip requests can be made by the NRTA.

9. Do you use any of the following aids to mobility? (check all that apply)

- Manual wheelchair Power Scooter Powered Chair Cane Walker
 Crutches Braces Service Animal

10. Please answer the following questions:

Can you travel 200 feet without assistance of another person?

- Yes No Sometimes (explain) _____

Can you travel $\frac{1}{4}$ of a mile without assistance of another person?

- Yes No Sometimes (explain) _____

Can you travel $\frac{3}{4}$ of a mile without assistance of another person?

- Yes No Sometimes (explain) _____

Can you climb three (3) 12-inch steps without assistance?

- Yes No Sometimes (explain) _____

Can you use fixed route buses if they have wheelchair lifts?

- Yes No Sometimes (explain) _____

Can you wait outside without support for ten minutes?

- Yes No Sometimes (explain) _____

Can you deal with unexpected situations or routines?

- Yes No Sometimes (explain) _____

Can you follow directions or give requested information?

- Yes No Sometimes (explain) _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I hereby certify that the information given above is correct.

Signature: _____ Date: ___/___/___

In order to allow the NRTA to evaluate your request, please contact a physician, healthcare professional or other professional to confirm the information you have provided. Please have the following information provided to the NRTA. All questions must be answered before a determination can be made.

The attached information has been submitted to the NRTA by the applicant. The NRTA asks that you provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that the NRTA provide paratransit services to persons who cannot utilize available fixed route services. A person must have an actual physical or mental functional limitation that does not allow them to use regular accessible public transportation. A medical diagnosis of an illness or medical condition does not automatically make the applicant eligible for service. The information that you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter.

1. Length of time and capacity in which you know the applicant: _____

2. Condition preventing or limiting the applicant from using regular fixed route service: (Diagnosis)

3. Is this condition temporary? Yes No Expected duration: until ____/____/____

4. Travel 200 feet without assistance? Yes No

Travel 1/4 mile without assistance? Yes No

Travel 3/4 mile without assistance? Yes No

Climb three (3) 12-inch steps without assistance? Yes No

IF "YES" TO ANY OF THE ABOVE QUESTIONS: Can the applicant use regular fixed route service if that service has wheelchair lifts? Yes No

5. Does the client require a Personal Care Attendant when traveling? Yes No

6. Does the client use any of the following aids to mobility? (check all that apply)

Manual wheelchair Power Scooter Powered Chair Cane Walker

Crutches Braces Service Animal

7. Is the person affected by certain weather/climate conditions or geographical features which prevents him/her from using fixed route service?

Weather: Cold/Ice Heat/Humidity

Physical Terrain: (Specify) _____

8. If the person has a visual impairment:

Visual acuity with best correction:

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Fields:

Right Eye _____ Left Eye _____ Both Eyes _____

9. If the person has a cognitive disability: Is the person able to:

Give addresses and telephone numbers upon request? Yes No

Recognize a destination or landmark? Yes No

Deal with unexpected situations or 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

Are there any other problems of which NRTA should be aware? Please Describe: _____

10. Are there any other limitations to a life activity which you feel should be considered but that has not been covered in previous questions: _____

Certifier's Name (Please Print): _____

Office Address and Phone Number: _____

Signature: _____ Date: _____

(NOTE: Failure to answer these questions may delay or jeopardize the certification for service.)

— OFFICE USE ONLY —

Date received: _____ **Certification #:** _____ **Category:** _____

Comments: _____

Authorized Signature