

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**

**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 1/4 of a mile without assistance of another person?

- Yes    No    Sometimes (explain) \_\_\_\_\_

Can you travel 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 \_\_\_\_\_