

Connecticut Americans with Disabilities Act (ADA) Paratransit Application Form

Instructions for Submission

To request a copy of this application in an accessible format, please call (203) 365- 8522 Extension 2061.

The purpose of this application is to determine eligibility for Connecticut complementary ADA Paratransit service. If you have a disability that prevents you from using the public transit bus service in Connecticut, you may be eligible for ADA Paratransit service. ADA Paratransit is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities who are unable to use the public bus service because of their disability.

Service Criteria

The Connecticut ADA Paratransit program is designed to meet the Americans with Disabilities Act service criteria established by the federal government. Service is provided only to individuals found eligible by a Connecticut regional ADA service provider and is operated under the following ADA guidelines:

- Complementary service is only provided in areas where public buses operate. This does not include Express Commuter service, Intercity or Dial-A-Ride services. ADA Paratransit vehicles can only make pick-ups and drop-offs at places that are within three-quarters of a mile of a public bus route.
- Service is provided only during the hours and days when public bus service in that area operates.
- Rides must be reserved at least one day in advance.
- ADA Paratransit fares are typically double the cost of a full fare on a public bus route.
- Service is not restricted by trip purpose but provided for all types of trips.

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 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 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 busstop.

Types of Eligibility

There are three types of eligibility:

Unconditional Eligibility - Your disability or health condition always prevents you from using public buses and you qualify for ADA Paratransit service for all of your trips.

Conditional Eligibility - You are able to use the public buses for some of your trips and qualify for ADA Paratransit service for other trips when your disability or environmental barriers prevent the use of public bus service.

Temporary Eligibility - You have a health condition or disability that temporarily prevents you from using the public bus.

Application Process

ADA Paratransit service is provided for customers whose disability or health condition may prevent them from using public bus services for some or all of their travel. Individuals who are interested in using ADA Paratransit service must apply and be found eligible according to ADA guidelines. Regional ADA Paratransit service providers determine an individual's functional abilities and limitations for using public bus services. A list of service providers in Connecticut is attached to this application see “**ATTACHMENT A**”.

To apply for ADA Paratransit eligibility, contact the regional ADA Paratransit service provider or visit www.CTADA.com.

Once you have filled out as much of the application as you can and submitted it by mail or online to your regional service provider, **allow seven (7) days and then call your provider to set up your certification interview** (a list of service providers in Connecticut is attached to this application see “**ATTACHMENT A**”).

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.

During the interview, your application form will be reviewed and if necessary, assistance will be offered to help you complete it. Your travel abilities and limitations will be discussed in more detail. You may be asked to take a "mock" bus trip. This will take about 30 to 45 minutes and your travel abilities and limitations will be assessed. Please dress for the weather as you may be asked to go outside. Also, at the interview you may be asked to sign a document allowing the service provider to contact your physician or other professional to verify your eligible condition. Finally, at the interview you will be asked to sign a certificate that the information in your application is true and correct. Providing false and misleading information may result in a reevaluation of your eligibility.

A decision will be made on your application within 21 days after the completion of the interview, assessment and receipt of medical verification and follow-up questions, if necessary. If a decision is not made within 21 days, temporary eligibility and ADA Paratransit service will be provided until a final decision is made. You will be notified of your eligibility by letter.

If you are determined to be eligible for ADA Paratransit for some or all of your trips, you will receive a Certification Letter and a Customer Guide with information about how to use the service.

Appeal Process:

If you are determined to be able to use public buses for some or all of your trips, you will be notified of the exact reason(s) for this decision and told how you may appeal the decision.

You can appeal any eligibility decision made by the regional service provider that limits your ability to use ADA Paratransit service. Foreexample:

- You were found "Not Eligible" for ADA Paratransit
- You were found "Conditionally Eligible" and disagree with the eligibility categories you were given or you think the conditional status is wrong.

All requests for an appeal must be in writing and should be mailed to your regional service provider.

If you have any questions about the application process, contact your regional ADA Paratransit service provider.

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?

☐

Lack of curb cuts

☐

Steep Hills

☐

Busy street I must cross

☐

No crosswalk light

☐

No sidewalks

☐

Sidewalks in poor condition

☐

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	

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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.



ADA PASSENGER INFORMATION CHANGE FORM

In compliance with the Americans with Disabilities Act of 1990 (ADA), the Greater Hartford Transit District (the "District") provides ADA Paratransit service to disabled individuals who are unable to travel by CTTransit local fixed route bus service and/or CTfastrak.

The District's ADA Paratransit service provides service within a $\frac{3}{4}$ mile radius surrounding the fixed route public transit service operated by CTTransit (Hartford, Bristol and New Britain Divisions). The service area includes all of Hartford and East Hartford, in addition to portions of Avon, Berlin, Bloomfield, Bristol, Cromwell, East Windsor, Ellington, Farmington, Glastonbury, Kensington, Manchester, Meriden, Middletown, New Britain, Newington, Plainville, Rocky Hill, South Windsor, Tolland, Vernon, West Hartford, Wethersfield, Windsor, and Windsor Locks.

Passengers are responsible for notifying the District with changes in; telephone number, address, mobility device (if applicable), emergency contact, and any other information which you believe would be pertinent for the ADA Paratransit service to be aware of. For those types of changes please call (860) 247-5329 ext. 3086 to update your file.

The District recommends that before moving to a new address that passengers check the address to see if it is within our service area by calling our office. Any passenger that moves outside of our service area will lose the door-to-door service and have to be picked up at a safe pickup or drop off area within our service area. If you would like to check and get information about whether a certain address is within our service area please call: (860) 247-5329 extension 3086.

PLEASE SIGN AND ACKNOWLEDGE THIS FORM FOR YOUR ADA PARATRANSIT FILE

I understand that it is the responsibility of me or my guardian to update my information on file including; but not limited to my contact information, address, mobility device information (if applicable), and emergency contact. I understand that the District's ADA Paratransit operation provides service within a $\frac{3}{4}$ mile radius surrounding the fixed route public transit service operated by CTTransit (Hartford, Bristol and New Britain Divisions).

Signature of Applicant/Rider or Guardian

____/____/____
Date

Print Name of Applicant/Rider or Guardian

This information is available in accessible format and in languages other than English upon request.
Para información en español, por favor llame al numero (860) 724-5340 y seleccione el numero 5.



FUNCTIONAL VERIFICATION FORM

THIS FORM NEEDS TO BE COMPLETED BY LICENSED/CERTIFIED HUMAN SERVICE AND/OR HEALTHCARE PROVIDERS.

Dear Provider,

The Americans with Disabilities Act of 1990 (ADA) requires that Greater Hartford Transit District (the "District") provide Paratransit services to persons who **cannot utilize the regular city bus system** (CTtransit) due to a disability. A disability in and of itself does not make a person eligible for paratransit service. The District must get information on how the disability affects a person's ability to "board, ride, or disembark from any vehicle on system which is readily accessible to and usable by individuals with disabilities" (the city bus system is wheelchair accessible and offers a ramp for individuals who use other mobility devices). **This form provides the District with information on whether the applicant is able to use the regular city bus system for either some or all of their trips.**

Instructions: Please answer all questions as applicable and provide related information as needed. The form is broken up into different sections. If an applicant does not have a disability noted in the section, please skip over the section and write N/A on the top.

Section 1: General Information about the Applicant's Disability/Condition

Applicant Name: _____ D.O.B. _____

What is the diagnosis? _____

Approximate date of onset (if applicable): _____

Is this disability permanent? Yes ___ No ___ Uncertain ___

If temporary, what is the expected duration? _____

Does this person have limitations walking due to a disability? Yes ___ No ___

If yes, what is the approximate maximum distance this person would be able to walk independently? (A city block is roughly 320-330 feet)

Less than 1 block ___ 1 block ___ 2 blocks ___ 3 blocks ___ ¼ mile ___ ½ mile ___ ¾ mile ___ 1 mile ___

Can this individual walk up a hill or slight incline? Yes ___ No ___

Could this person cross streets without assistance if there is a crosswalk? Yes___ No___

Is this individual at significant risk for falling if walking independently out in the community?
Yes___ No___

Would this person be capable of learning how to cope with using the city bus system if offered one-on-one travel training? Yes___ No___ (If no, please explain)_____

Would this person be able to board a city bus and find their way to a seat? (all buses are ramp-equipped for wheelchairs, etc.)

Yes___ No___

Can this person walk independently out in the community in snowy and/or icy conditions?
Yes___ No___

Can this person wait at a bus stop without a seat or shelter for at least ten (10) minutes? Yes___ No___
If a person cannot wait, please cite reason:_____

Can this person be out in the community independently (without a personal care attendant or aide)?
Yes___ No___ Sometimes___

Can this person ask for, understand, and follow travel directions? Yes___ No___ Sometimes___

Are there any other aspects of this person's disability that precludes this individual from successfully using the city bus system? Yes___ No___ If yes, please explain: _____

Section 2: Applicants with Visual Disabilities (if applicable)

What is the visual diagnosis?_____

How does this condition affect the applicant's vision?_____

Has this person been certified as legally blind? Yes___ No___

What is the applicant's visual acuity when best corrected?_____

What is this person's field of vision?_____

Can this person negotiate curbs and stairs? Yes___ No___

Section 3: Applicants with Seizure Disorders (if applicable)

What is the medical diagnosis?_____

What type of seizure does the applicant experience?_____

What is their frequency?_____ Are the seizures preceded by an aura? Yes___ No___

Are the seizures controlled by medication? Yes___ No___ Known date of last seizure_____

When taking medication compliantly, will this individual be able to travel independently in the community? Yes___ No___

Is the city bus system an appropriate travel mode for this person? Yes___ No___ Sometimes___

If no or sometimes, please comment on the reason:_____

Section 4: Applicants with Psychiatric Disabilities (if applicable)

What is the medical diagnosis?_____

Approximate date of onset:_____ Is this disability permanent? Yes___ No___ Unsure___

If not, what is the expected duration?_____

If this person takes medication compliantly or engaging in therapy, does it eliminate or greatly reduce their psychiatric symptoms? Yes___ No, not always___

When taking medication and/or engaging in therapy, can the applicant travel alone in the community? Yes___ No, not always___

Is the city bus system an appropriate travel mode for the applicant to use independently? Yes___ No___ Sometimes___

If sometimes, should specific conditions be considered?_____

Section 4: Applicants with Cognitive or Developmental Disabilities (if applicable)

What is the diagnosis?_____

Is this disability permanent? Yes___ No___ Uncertain___

If temporary, what is the expected duration?_____

Is this individual capable of understanding routes, schedules, and time tables when using the city bus system? Yes___ No___ Comments:_____

To your knowledge, has this person had specific instances where they have displayed poor judgement concerning personal safety (i.e. gone off with strangers, displayed inappropriate anger/excessive friendliness, etc.)? Yes___ No___ If yes, please explain:_____

Can this person ask for, understand, and follow travel directions? Yes___ No___ Sometimes___

If yes or sometimes: One-step directions?___ Multiple step directions (such as taking transfer trips)?___

Section 5: Signature of Healthcare Professional

Thank you for completing this questionnaire. ADA Paratransit transportation is provided only to those individuals with a disability that cannot use the city bus system due to a disability for some or all of their trips. False information jeopardizes the availability of services to persons who cannot use accessible buses for their mobility needs. Your signature below certifies that the information on this form is true based upon your professional knowledge.

Professional Name (Print): _____

Title or Professional Designation: _____

Office Address: _____

Office Phone Number: _____ Fax Number: _____

Professional's Signature: _____

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@ghstd.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 Area

*Cromwell, Durham, East Hampton, Middletown,
Middletown, Portland*

Middletown Transit District

340 Main Street

Middletown, CT 06457

Email: ADA-App@mtddct.org

Phone: (860) 347-3313

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

Lower CT River Valley

*Chester, Clinton, Deep River, Durham,
East Haddam, Essex, Haddam,
Killingworth, Lyme, Old Lyme, Old
Saybrook, Westbrook*
9 Town Transit/Estuary Transit 17
Industrial Park Road
Suite 6
Centerbrook, CT 06409
Email: ADAapp@estuarytransit.org

**For Information About Areas Not
Listed**

The Kennedy Center
2440 Reservoir Avenue
Trumbull, CT 06611
Email: ada@kennedycctr.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



If information is needed in another language, contact 860-247-5329 x3011

French

Si des renseignements sont nécessaires dans une autre langue, composez le 860-247-5329, poste 3011.

Serbo Croatian

Ako su vam potrebne informacije na drugom jeziku, nazovite 860-247-5329 x3011.

Portuguese

Se precisar de informações em outro idioma, ligue para 860-247-5329, ramal 3011.

Italian

Se avete bisogno di informazioni in un'altra lingua, telefonate al numero 860-247-5329 int. 3011.

Polish

Jeżeli istnieje zapotrzebowanie na te informacje w innym języku, prosimy o kontakt na numer telefonu 860-247-5329 wewn. 3011.

Russian

Если Вам необходима информация на другом языке, пожалуйста, обращайтесь по номеру телефона 860-247-5329, доб. 3011.

Spanish

Si necesita información en otro idioma, llame al 860-247-5329, extensión 3011.

Chinese

如需其他语言的信息，请致电 860-247-5329 x3011.

Vietnamese

Nếu cần thông tin bằng ngôn ngữ khác, hãy gọi 860-247-5329 x3011.

Korean

다른 언어로 기재된 정보가 필요하신 경우, 860-247-5329 x3011로 연락해 주시기
합니다.

Hindi

यदि जानकारी अन्य भाषा में चाहिये, 860-247-5329 x3011 संपर्क करें

Arabic

3011 داخلي، 860-247-5329 رقم على الاتصال يرجى أخرى، باللغة للمعلومات الاذ تياح حالة في

Gujarati

જો બીજી ભાષામાં માહિતી લેવાની જરૂર હોય, તો 860-247-5329 x3011 પર સંપર્ક કરો.