



R1427 Water Street Fitchburg, MA 01420
978-345-7711/800-922-5636/TDD 1-800-789-0577

AMERICANS WITH DISABILITIES ACT (ADA) PARATRANSIT SERVICE APPLICATION

ADA Paratransit Service is curb-to-curb transportation, riders must be able to help themselves from the curb to their destination or provide their own escort when necessary. **Persons with disabilities who are able to get to or from the bus route and understand how to use the bus system are expected to use the fixed route bus service.** The fact that utilizing the bus service is difficult or inconvenient is not sufficient grounds for eligibility; **a person must be prevented from accessing or navigating the bus service to be considered eligible for paratransit service.**

PLEASE PRINT:

Name _____

Address _____

Phone _____

I understand that to be certified to use ADA Paratransit Service I must have a disability which makes me unable to use MART fixed route service. I am providing the necessary physicians certification.

Applicants Signature _____

Date _____

If the applicant cannot sign his or her name legal guardian should sign _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name

Relationship to Applicant

Phone

Check all that apply:

I have a cognitive disability which prevents me from remembering and understanding all that I have to do to find my way to and from a bus stop and/or ride the bus.

I have a visual disability which prevents me from finding my way to and from the bus stop.

I have a hearing impairment that makes it difficult to communicate or hear announcements.

I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use fixed bus service.

Other _____

Which of the following mobility aids do you use? (please check all that apply)

Cane Manual Wheelchair Service Animal
 Walker Power Wheelchair Other _____

Do you have a Personal Care Attendant who will travel with you?

Always Sometimes No

Are you able to read, hear, understand and/or process information, schedules, or directions which are needed to make necessary decisions during a bus trip?

Yes No Sometimes

If No or Sometimes, please explain: _____

Can you use a telephone to make calls and get information about bus service?

Yes No Sometimes

If No or Sometimes, please explain: _____

Can you identify landmarks or identify the correct bus and travel on the transit system independently?

Yes No Sometimes

If No, or Sometimes, please explain: _____

Can you find your way between familiar locations?

Yes No

Are you able to signal the driver to get off at a familiar bus stop? Yes No

Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?

I need constant assistance Less than 200 feet ¼ Mile (3 blocks)

Does your disability prevent you from getting to or waiting at a bus stop? Yes No

If yes, please check all that apply to you:

- I can't stand for long periods of time
- I can't find the stop because I get confused
- I need someone to help me get there
- I could with training
- I don't want to ride the bus
- The ground is too uneven or steep for me to get there
- I can't go far
- Other (explain)

CERTIFYING PHYSICIAN:

You have been requested by your patient/client to provide information to MART regarding his/her disability and its impact on his/her ability to use our transit service. The Americans with Disabilities Act of 1990 (ADA) requires that MART provide "paratransit" services to anyone whose disability prevents the use of our bus system. Please understand that just the diagnosis of a potentially limiting illness or condition is not sufficient. The information which you provide will assist us in determining the applicant's functional ability to use public transportation. ** Please note all Fixed Buses are lift equipped.

What is the medical condition that prevents this individual from using fixed route bus service?

Expected duration of disability_____

Physician's Signature_____

Printed Name_____

Address_____ Telephone_____

Please return completed application to: MART, R1427 Water St, Fitchburg, MA 01420

For MART use Only

Date Received

ELIGIBILITY DETERMINATION

_____ is hereby **certified** by MART as being ADA Paratransit eligible.

The applicant's eligibility is deemed:

_____ **Unconditional** (applicant is unable to use fixed route bus service)

_____ **Conditional** (applicant is able to use fixed route bus service on some occasions)

_____ **Permanent** (re-certification takes place every 48 months for people with a permanent disability)

_____ **Temporary duration** _____

_____ is hereby **denied** ADA paratransit certification by MART

Reason for Denial: _____
