

GREATER BRIDGEPORT TRANSIT AUTHORITY
Request for Certification of
American with Disabilities Act (ADA)
Paratransit Eligibility

*** ORIGINAL ONLY - COPIES NOT ACCEPTED**

Last Name: _____ First Name: _____ MI:

Street Address _____ Apt.# / Bldg.#

City: _____ State: _____ Zip:

Telephone: (daytime) _____ (evening)

TDD #: _____ TITLE 19#:

Date of Birth: ____/____/____ SOCIAL SECURITY#: ____/____/____

Primary Language: ____ English ____ Spanish other: _____

Do you need information given to you in a different way?

____ YES (please indicate below what formats you need.) ____ NO

____ Large Print ____ Audio Tape ____ Interpreter ____ Braille

Please give us the name and telephone number of someone we can call in an emergency or if we are unable to reach you at your regular number:

Name: _____ Relationship:

Telephone: (Home) _____ (Work)

If someone assisted you in completing this application and you would like them to be informed of decisions regarding your eligibility, please provide us with that person's name, address, and telephone number below:

Name:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

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In order to allow the Greater Bridgeport Transit Authority to evaluate your request it may be necessary to contact your physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following: (check appropriate professional)

_____ Physician _____ Health Care Professional _____ Rehabilitation Professional

is familiar with my disability and is to provide information to the Greater Bridgeport Transit Authority required to complete this certification.

Professional's Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Applicant's Date of Birth: _____/_____/_____ Office Fax#: _____

Signature of applicant or guardian: _____

ADA Definition of Disability

The following persons with disabilities are eligible for the Greater Bridgeport Transit Authority's Paratransit Service.

1. Any person with a disability who is unable, as a result of a physical or mental impairment, without the assistance of another individual (except the operator of a wheelchair lift) to board, ride, or disembark from any accessible public bus.
2. Any person with a disability using a common wheelchair that cannot be accommodated on the public bus because the vehicle's wheelchair lift does not meet the standards required of the ADA.

3. 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, standing alone, form a basis for eligibility. However, a person may be eligible if the interaction of the disability and barriers prevent the person from traveling to or from the bus stop.

Complete the following by checking the number that you believe describes your ability to ride public buses. You may check more than one:

1. _____ I have a disability that allows me to use the public bus on days when I'm feeling well, but on "bad days" I can not make it to the bus stop or get on the bus.
2. _____ I have a temporary disability that prevents me from using the bus. I will need paratransit services only until I recover.
3. _____ I can never get to the bus stop myself due to the severity of my disability.
4. _____ I have a disability that prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think with training I can learn, but I cannot at the current time.
5. _____ I have a visual disability that prevents me from getting to and from the bus stop.
6. _____ I can use public bus service sometimes, but for some trips either I have not been trained or there are some other barriers that prevent me from using the public bus system.

Describe your Public Bus experience:

1. Do you currently use public bus service ? _____ Yes _____ No _____ Sometimes

2. When was the last time you used public bus service?

3. Can you name the public bus routes that service your neighborhood? _____ Yes _____ No

4. What is the bus stop nearest your home?

(Example: corner of State St. & Broad St.)

5. Can you get to the bus stop by yourself? _____ Yes _____ No _____ sometimes

If "No" or "Sometimes" explain:

6. Have you ever gotten lost on a public bus? _____ Yes _____ No

If you answered "Yes", how did you find your way back? _____

7. Do you know how to get information about public bus service? _____ Yes _____ No _____ Not Sure

Travel Training Information

Which of the following would help you use the public bus system more often? You may check more than one:

If someone could personally help me learn route and schedule information.

If I could get buses with wheelchair lifts.

If bus tops were closer to where I live and where I need to go.

If there were curb cuts at the bus stops.

If the bus stops were not on steep sidewalks or streets.

If bus drivers called out each stop location and destination.

I would like to use the travel-training program.

Nothing would help me to use the public buses.

Others (describe):

Your Functional Ability

For each question, circle one answer. Your answer should be based on how you feel most of the time under normal circumstance, and whether you can perform this activity. Your answers to the questions in this section will help us understand your functional ability in specific areas.

1. Walk up and down three steps if there are handrails on both sides?

Always Sometimes Never Not Sure

2. Travel 1/4 mile on the sidewalk in good weather conditions?

Always Sometimes Never Not Sure

3. Cross the street, if there are curb cuts?

Always Sometimes Never Not Sure

4. If you use a wheelchair, can you board or disembark a wheelchair lift equipped public bus independently?

Always Sometimes Never Not Sure

5. Travel 1/2 mile on the sidewalk in good weather conditions?

Always Sometimes Never Not Sure

6. Wait 10 minutes at a bus stop that does not have a bench or shelter?

Always Sometimes Never Not Sure

7. Travel up/down a gradual hill on a sidewalk, in good weather conditions?

Always Sometimes Never Not Sure

8. Find your way to the bus stop, if someone shows you once?

Always Sometimes Never Not Sure

9. What barriers in your surroundings make it difficult for you to use the public bus?

Lack of curb cuts No sidewalks steep hills
 Busy streets I must cross Sidewalks are in poor condition
 No crosswalks at street corners others:

Information About Your Disability

1. What type of disability prevents you from using the public bus system? Check all that apply:
 Physical Disability Visual Disability Mental Illness None
 Developmental Disability Other:(_____)

Please describe your disability in detail: _____

2. Is the disability you described temporary or permanent?

Permanent I don't know
 Temporarily and how long:

3. Do you require the assistance of a personal care attendant? (someone who helps you with daily life function)

No, I do not require an attendant
 Yes, I do require an attendant
 Sometimes, because of my disability there are times when I need assistance

4. Do you use any of the following devices? Check all that apply:

<input type="checkbox"/> Manual or Power Wheelchair	<input type="checkbox"/> Power Scooter or Cart
<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Walker	<input type="checkbox"/> Leg Braces
<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Service Animal
<input type="checkbox"/> None	<input type="checkbox"/> Other:

5. Can you get on and off a public bus? (note: all GBTA public buses are wheelchair lift equipped)

Yes, I can climb the steps I probably could with instruction
 Yes, if the bus has a lift other:

No (please explain):

6. Is there any medication that affects your daily travel that we should know of:

I hereby certify that the information given is correct.

Signature of applicant or guardian: _____ Date: _____

*Please be sure all questions are completed and information is accurately communicated.

GREATER BRIDGEPORT TRANSIT AUTHORITY
REQUEST FOR CERTIFICATION OF
AMERICAN WITH DISABILITIES ACT (ADA)
PARATRANSIT ELIGIBILITY

Dear Applicant:

Thank you for applying for eligibility for the Greater Bridgeport Transit Authority (GBTA) paratransit service. Please read the following information carefully before completing the attached application.

In compliance with the Americans with Disabilities Act of 1990 (ADA), GBTA provides paratransit service for individuals who, because of a disability are unable to travel by standard public bus. The paratransit service intended to be used only for those trips that the individual couldn't make using the standard bus system.

Completion of the attached application will determine the circumstances under which a person is eligible to use the GBTA paratransit system for travel. Applicant eligibility will fall under one of three categories:

ADA Eligible (Unconditional) - This eligibility is granted if you have a disability that prevents you from using the public bus service for any trips.

ADA Eligible (Conditional) - This eligibility is granted if you have a disability that prevents you from using public bus for some trips but not others, dependent on specific circumstances and the nature of the disability.

Not Eligible for the GBTA Paratransit Service - If you do not have a disability that prevents you from using the public bus some or all of the time, you are not eligible to receive GBTA paratransit service.

All Paratransit, whether new or persons applying for recertification, must complete a new application. After, the GBTA has received your completed application you will be called to schedule an interview and personal functional evaluation to determine your ability to use public buses. The

interview will be held at the GBTA office (1 Cross Street, Bridgeport, CT). Your application will not be considered complete until after your interview, assessment and verification. Interviews will be offered within one week of receipt of the written application. Information you provide in your application will be kept strictly confidential. Completed applications will be processed within 21 days of receipt. If it is determined that you are not eligible to receive GBTA paratransit service, you will be notified in writing of the exact reasons for this determination. An opportunity to appeal this decision will be provided. A person that is not eligible for paratransit service is eligible for a free travel-training program for public buses.

If after reading the enclosed information you have questions about the service or your eligibility or if you would like to receive information in another format, please call the paratransit department at (203) 366-7070. We look forward to receiving your completed application.

Sincerely,

Greater Bridgeport Transit Authority
Paratransit Service

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