

GREATER BRIDGEPORT TRANSIT AUTHORITY
Request for Certification of American with Disability Act (ADA)
Paratransit Eligibility - *GBT*Access

(All questions must be answered, any pages or sections left blank, will be returned)

General Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

(If any) Apt. #: _____ Room #: _____ Bldg.#: _____

City: _____ State: _____ Zip: _____

Is this a licensed Nursing Care Facility? Yes _____ No _____

If "Yes", Name of Facility: _____

Is this a temporary residence? Yes _____ No _____

Phone (Home) #: _____ and/or # _____
(Cell, relative, friends or other #)

Relay # or TDD # (If applicable): _____

Date of Birth: ____/____/____ (Male / Female)

Do you need information given in accessible formats? Yes _____ No _____

How did you hear about our services? _____

Are you eligible to use non-emergency medical transportation?
(for example: Medicaid, Social Services, etc.) Yes _____ No _____ Don't know _____

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) _____ (other) _____

Agency (if applicable): _____

If someone assisted you in completing this application, please provide us with that person's name, address, and telephone number below:

Name: _____ Relationship: _____

Telephone #: (Home) _____ (other) _____

Agency (if applicable): _____

Describe your public city bus experience

1. Do you ride public city bus (GBTA)? Yes ___ No ___ Sometimes ___

2. When was the last time you used public city bus (GBTA) service?

3. Complete the following by checking below that you believe describes your ability to ride public city bus (GBTA). You may check more than one:

_____ a) I can always use the public city bus with little or no difficulty.

_____ b) I have a disability that allows me to use the public city bus on days when I'm feeling well, but on "bad days" I cannot make it to the bus stop or get on the bus.

_____ c) I have a temporary disability that prevents me from using the bus. I will need paratransit services only until I recover.

- _____ d) I can never get to the bus stop myself due to the severity of my disability.
- _____ e) I have a disability that prevents me from remembering and understanding all I have to do in order to use the public city bus. I may be able to learn with training.
- _____ f) I have a visual disability that prevents me from getting to and from the bus stop.
- _____ g) I cannot use the bus for some trips because I have not learned the route, or there are some other barriers that prevent me from using the public city bus.
-

Information about your functional ability

Your answer should be based on how you feel most of the time under normal circumstances, and whether you can perform this activity.

- | | | | |
|----|--|-----------|-------|
| 4. | I can cross the street if there are curb cuts. | | |
| | Always | Sometimes | Never |
| 5. | I can travel up or down a gradual hill in good weather conditions. | | |
| | Always | Sometimes | Never |
| 6. | I can find my way to the public city bus stop if someone shows me once. | | |
| | Always | Sometimes | Never |
| 7. | I am able to wait for 10 minutes at a public city bus stop that does not have seats and a shelter. | | |
| | Always | Sometimes | Never |
| 8. | I am able to ask for, understand and follow directions. | | |
| | Always | Sometimes | Never |
| 9. | I am able to detect curbs, ramps and other drop off areas. | | |
| | Always | Sometimes | Never |

Answer the following questions by checking all that apply

10. What barriers in your surrounding would make it difficult for you to use the public city bus?

- Lack of curb cuts
 - No sidewalks
 - Sidewalks are in poor condition
 - Busy Street I must cross
 - No crosswalks at street corners
 - Steep hills
 - other (please explain) _____
-

11. Can you get on and off a public city bus?

- Yes, I can climb steps
 - Yes, I can use the lift
 - I probably could with instruction
 - No (please explain) _____
-

12. Is there any medication that affects your daily travel?

***Travel Training Information**

I could use the public city bus, if I had general knowledge about routes and time? Yes___ No___ Sometimes___

***Note:** Travel training is a free service, which assist people with disabilities to learn how to ride and use the public city bus (GBTA) service .

Would you like more information? Yes___ No___

Information about your disability

13. What type of disability prevents you from using the public city bus?

Check all that apply:

Physical

Visual

Cognitive

Mental Health

Hearing

No disability

Identify disability by name(s): _____

Please **describe** your disability in details: _____

14. Is this condition temporary? Yes _____ No _____

If yes, expected duration? _____

15. Do you require the assistance of a personal care attendant?

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.

16. Do you use any of the following devices? (Check all that apply)

Cane

Service animal

White Cane

Oxygen tank

Braces

* Manual Wheelchair

Cart

* Electric Wheelchair

Crutches

* Power Scooter

Walker

None

Other, please explain: _____

* ADA regulations define a common wheelchair as any device that has three or four-wheels operated manually or powered, and must be for outdoor use. It should not exceed 30 inches in width, 48 inches in length, and 600 pounds when occupied.

Applicant's Certification

Please read the following paragraph and sign below.

I understand that the this application is to determine if there are times when I cannot use the public city bus and must therefore use the ADA Paratransit Service. I understand that any information about my disability contained in this application will be kept confidential and shared only with professionals involved in this service. 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 the Agency re-evaluating my eligibility.

Signature of Applicant or Legal Representative

If Legal Representative, specify relationship

Date: _____

If you have any questions about the application or the service, you may call (203) 366-7070. Please be sure to complete all sections of the application. An incomplete application will lead to a delay in our ability to serve you. Return completed application to:

Greater Bridgeport Transit Authority
One Cross Street
Bridgeport, CT 06610

(Please note application cannot be faxed)

**AUTHORIZATION TO OBTAIN PHYSICIAN
OR OTHER PROFESSIONAL VERIFICATION**

In order to allow the Greater Bridgeport Transit Authority to evaluate your request, or to resolve an appeal, it may be necessary to contact your physician or other professionals to confirm the information you have provided, and to disclose information to Transit Authority employees or to members of the Paratransit Advisory Committee. 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 as required to complete this certification.

I hereby authorize:

Professional's Name: _____

Office Address: _____

City: _____ State: _____ Zip code: _____

Office Phone #: _____ Fax #: _____

Applicant's Name: _____ Date: _____

(Signature here)

Applicant's Name: _____

(Print applicant's name here)

to release my medical records to the Greater Bridgeport Transit Authority, including, but not limited to, medical, chiropractic, dental, psychiatric, psychological, alcohol and/or drug related treatment and AIDS/HIV related conditions:

The purpose of my request is to obtain the records on my behalf and allow their use, and the use of information furnished on this application, by the Transit Authority in addressing my request for certification, and any appeal.

This form serves the dual purpose of general authorization for the release and use of protected health information, and a specific authorization for the release and use of information protected by state and federal confidentiality laws and regulations. The information to be released and used may contain information pertaining to physical, psychiatric, psychological, drug and/or HIV or AIDS testing, diagnoses or treatment.

I understand authorizing the disclosure and use of this health information is voluntary.

I understand information once released may not be protected by federal confidentiality rules and carries with it the potential for an unauthorized re-disclosure.

I understand that this authorization may be revoked at any time by written notice except to the extent that records/information have already been released.

This authorization will expire one (1) year after the date appearing below unless otherwise revoked or as specified otherwise here: _____

Please honor a photo-static copy of this authorization.

Signature of Applicant or Legal Representative

If Legal Representative, specify relationship

_____ The applicant is a minor, _____ years of age

_____ The applicant is unable to authorize because: _____

Date: _____

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, and without the assistance of another individual (except the operator of a wheelchair lift) to board, ride or disembark from any public city bus.
2. 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.
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.