



ADA PARATRANSIT VAN SERVICES APPLICATION FOR ELIGIBILITY

TO THE INDIVIDUAL COMPLETING THIS ADA APPLICATION

The Americans with Disabilities Act (ADA) is a federal law that protects the passenger's right to accessible public transportation. PVRTA provides door to door van service for passengers who are unable to use the fixed route bus due to a disability. This form of transportation is comparable to fixed route bus service in the PVRTA service area. Passengers must complete PVRTA's ADA Application to be considered for this van service.

1. All questions must be answered. Incomplete and/or unsigned forms will not be accepted and may cause a delay in your eligibility determination.
2. Completed applications will be processed within 21 days of receipt. You will be notified by letter of your eligibility determination for ADA Paratransit service. If you have not been notified within 21 days, please call and we will provide you with Paratransit services until your application is processed and a final determination of eligibility is determined.
3. A disability does not necessarily qualify you for Paratransit service. Your disability must impact your ability to board, ride and get off an accessible fixed route bus.

**If you have any other questions, please contact
PVRTA's Special Services Department
(413) 732-6248**

CERTIFICATION AND AUTHORIZATION FOR
RELEASE OF MEDICAL INFORMATION

My name is _____. I hereby authorize any human service agency, hospital or physician to disclose and disseminate to the Pioneer Valley Transit Authority any confidential medical information as it relates to my injury, medical condition or disability which may include, but is not limited to, diagnosis, evaluation, treatment plan, examination results, etc. to the extent that such medical information relates to the disability and or impairment set forth in the application I filed for the Pioneer Valley Transit Authority's ADA Paratransit Service.

I release the human service agency, hospital, or physician from any liability which may result from this release of confidential medical information, or which may arise as a result of the use of the information contained in the information released. This consent is subject to revocation by the undersigned at any time except to the extent that action has already taken in reliance on it.

This Authorization will automatically expire one (1) year after the date of execution set forth below.

I certify that the information I have furnished to the Pioneer Valley Transit Authority in regard to the name and addresses of the health care practitioners who have information regarding the injury, medical condition or disability is complete, accurate and truthful.

I understand that any information provided will be considered confidential and will be used only to make a determination with regard to my request for the Pioneer Valley Transit Authority, ADA Paratransit Services.

Applicants printed name: _____

Applicant's signature: _____

Date: _____

This form must be submitted with the application.

PVTA

APPLICATION FOR ELIGIBILITY ADA PARATRANSIT VAN SERVICE

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services. If you have a disability which prevents you from using a lift equipped PVTA bus some or all of the time, you may be eligible for ADA Paratransit Van Service some or all of the time.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. Your Health Care Provider must fill out page 12. If the application is not complete, it will be returned to you and that will delay having your application processed.

PVTA reserves the right to conduct an independent evaluation of skills if the information provided is inconclusive or incomplete. The completed application is to be returned to:
PVTA ADA Paratransit Eligibility
2808 Main Street, Springfield, MA 01107

If you have any questions, please call 732-6248. **PLEASE PRINT**

Last Name _____ First _____ Initial _____

Address _____

City _____ State _____ Zip _____

Date of Birth (month/day/year) ____ / ____ / ____ Age ____ Male Female

Work Phone _____ Home Phone _____

TDD _____ Social Security # (optional) _____

Language Ability English Spanish Other (specify) _____

Is this a request for temporary van service? Yes No

Have you applied for ADA eligibility previously? Yes No

Is this a re-certification? Yes No

Emergency Contact Name _____ Relationship _____

Work Phone _____ Home Phone _____

A. Mobility Information

1) Which of these mobility aids or equipment do you use to help you get where you need to go? Please check all that apply to you.

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Picture Board | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Alphabet Board | <input type="checkbox"/> Crutches | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Other _____ | |

2) Using a mobility aid or on your own, how many blocks can you go on level ground?

- a) 0 Blocks 1 Block 2 to 4 blocks more than 4 blocks

How does your disability **prevent** you from traveling more blocks?

b) If you use a power wheelchair or scooter, how many blocks can you travel without help? Imagine a city block to be about 500 feet long.)

- 0 Blocks 1 block 2 blocks 3 blocks 4 blocks
 5 blocks 6 blocks 7 blocks 8 blocks 9 blocks

How does your disability **prevent** you from traveling more blocks?

3) If you were to ride the regular PVRTA bus would you need someone with you?

- To help me get to or from the bus stop? → Always Sometimes Never
To help me get on or off the bus? → → Always Sometimes Never
To help me when I get where I am going? Always Sometimes Never

4) Have you ever had any training to learn how to use a regular bus?

- No Yes → → → → Was the training given by PVRTA? Yes No
Did you complete the training? Yes No
I learned (check all that applies to you):
 General Bus Travel
 How to ride one or two specific routes

5) Do you currently use the regular bus?

- Yes No

B. Disability or Health Condition Information

Please read pages 5 and 6 before completing this section and indicate all conditions which affect your ability to use the bus.

1) General Medical Conditions

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney Dialysis | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Other _____ | | |

How does this condition affect your ability to ride the regular PVTA Bus?

2) Bone and Joint Conditions

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Fusion | <input type="checkbox"/> Osteo-arthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Scleroderma | |
| <input type="checkbox"/> Amputation (please specify) _____ | | |
| <input type="checkbox"/> Broken Bone (please specify) _____ When? _____ | | |
| <input type="checkbox"/> Other _____ | | |

How does this condition affect your ability to ride the regular PVTA Bus?

3) Brain/Nerves/Muscle Conditions

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Demetia | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Guillian-Barre | <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Huntington's Chorea |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Post-polio | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Stroke (When? _____) | <input type="checkbox"/> Vertigo/Dizziness |
| <input type="checkbox"/> Other _____ | | |

How does this condition affect your ability to ride the regular PVTA Bus?

4) Heart and Circulatory Conditions

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Angina | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Surgery |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Peripheral Vascular Disease | |
| <input type="checkbox"/> Other _____ | | |

How does this condition affect your ability to ride the regular PVTA Bus?

5) Lung and Breathing Conditions

- None
- Allergies
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lung Cancer
- Other _____

How does this condition affect your ability to ride the regular PVTA Bus?

6) Vision/Hearing/Speech Conditions

- None
- Aphasia
- Cataracts
- Deaf
- Deaf-Blind
- Diabetic Retinopathy
- Glaucoma
- Hard of Hearing
- Night Blindness
- Partially Sighted
- Visual Field Deficit
- Registered Legally Blind (please submit certificate from the Mass Commission for the legally blind)
- Other _____

How does this condition affect your ability to ride the regular PVTA Bus?

7) Developmental/Mental Conditions

If developmental and/or mental retardation is checked, please attach a neuropsychological evaluation showing full scale intelligent quotient (FSIQ) or mental age, as applicable.

- None
- Autism
- Developmental Disability: Mild Moderate Severe
- Mental Retardation: Mild Moderate Severe
- Mood Disorder
- Psychosis
- Thought Disorder
- Other _____

How does this condition affect your ability to ride the regular PVTA Bus?

8) Is your health condition or disability temporary?

Yes → → How long do you expect it to last? # months _____ # years _____

No → → → →

I Don't Know →

How long have you had this condition / disability?

Since Birth # months _____ # Years _____

9) Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

No Yes → → Please Describe: _____

C. Functional Assessment

(To be completed by applicant)

Task Description	Cannot Perform Task	Performs Task with Assistance	Performs Task Independently
Climb Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read Information Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hear Spoke Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use PVRTA Buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have a cognitive disability are you able to:

- Give addresses and telephone numbers upon request? Yes No
- Recognize a destination or landmark? Yes No
- Deal with unexpected situations or an 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

Please use the following space to explain in detail what you can or cannot do on your own:

D. Regular Bus Use Information

(Please answer all questions even if you do not ride the regular PVTA bus.)

1. Do you ride the regular PVTA Bus?

Yes → How many days per week? _____ How many days per month? _____

No

No, but I used to ride the bus → How long ago did you stop? _____

→ Why did you stop? _____

2. Can you communicate with a bus driver yourself or with the help of an aid (such as a letter board or bus route ID cards)?

Yes No → Please check all that apply to you.

I cannot understand the driver

I need a communication aid and don't have one

Other people cannot understand me

Other _____

3. How many blocks do you need to go to get to a PVTA bus stop from your home?

Less than 2

2 to 4

More than 4

Don't Know

4. Using a mobility aid or on your own, can you make your way to the PVTA bus stop by your home?

Yes No → Please check all that apply to you.

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 PVTA bus

Why? _____

The ground is too uneven or steep for me to get there

I can't go that far

Snow or heavy rain make it impossible for me to get there

Other _____

5. Can you wait 10 minutes at a PVTA bus stop that does **not** have seats and a shelter?

- Yes
- No, but I could wait for 10 minutes at a stop which does have seats and a shelter
- No → Please check all that apply to you.
 - Standing for 10 minutes makes me too tired to ride the bus
 - Very cold weather is dangerous to my health
How? _____
 - Very hot weather is dangerous to my health
How? _____
 - Other _____

6. PVTA buses have lifts and kneelers to help you get on the bus if you have difficulty with steps. If you were to use the PVTA bus lift or kneeler could you get on and off the lift by yourself (whether standing or with a mobility aid)?

- I don't know, I've never tried it
- Yes, I can get on and off by myself
- Sometimes → → Please check all that apply to you.
- No → → → → There isn't room at my bus stop
 - The ground at my bus stop is too uneven or steep
 - I feel unsafe on the lift
 - My mobility aid won't fit on the lift
 - I need someone to help me on and off
 - Other

7. Do you know where to get off the bus or can you find out?

- Yes No → Please check all that apply to you.
 - I get confused or can't remember where I'm going
 - I don't know where the bus stop is
 - I need a communication aid and don't have one
 - I could with training
 - Other _____

E. Travel Information

Frequent Public Transit Origins and Destinations

Please list your five most frequent trips and how you get there now.

SAMPLE		
Origin	Destination	How many times per week do you go there?
1. <u>home</u>	<u>2808 Main St., Springfield</u>	<u>5</u>
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____

Origin	Destination	How many times per week do you go there?
1. _____	_____	_____
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____
2. _____	_____	_____
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____
3. _____	_____	_____
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____
4. _____	_____	_____
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____
5. _____	_____	_____
How do you get there now?		
<input type="checkbox"/> PVTA Bus	<input type="checkbox"/> PVTA Van	<input type="checkbox"/> Other _____

F. Applicant Signature

1. I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services. I understand that PVRTA may contact the health care professional who has completed the Professional Verification attached to this application. PVRTA may also contact your current PVRTA transportation provider and to complete an additional assessment of each applicant.

Applicant Signature _____ Date _____

-
-
2. Person completing form if other than applicant. Please check one:

I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Exceptions or Additions: _____

Print Name _____

Signature _____ Daytime Phone _____

Relationship to Applicant _____ Date _____

Address _____

City _____ State _____ Zip _____

Once your application is received, PVRTA will process it within 21 days.

Professional Verification

NOTE: This portion of the application must be completed by the licensed professional who sees the applicant on a professional basis (not a friend or relative) for the disability noted within this application. This person may be a registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician's assistant, mental health counselor, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.

The American's with Disabilities Act of 1990 (ADA) is a civil rights law which bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide van services if, and only if, the person is prevented by their condition from using the regular public bus.

The applicant may be found eligible for paratransit van services for all trips, or eligible (based on functional ability) for some trips but not for others, or capable of using the regular public bus.

NOTE: All PVRTA buses are equipped with a lift for people who use a mobility aid or cannot climb stairs.

The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

Applicant's Name _____

Professional capacity in which you know the applicant _____

Physical and/or cognitive disability which prevents the use of the regular public bus

How does the disability prevent the use of a regular public bus (in detail)?

Is this condition temporary? No Yes, for _____ months

I have reviewed all of the information contained in this application, and hereby certify that all information is true and correct to the best of my knowledge and ability.

Print Name _____

Signature _____

Date _____ Daytime Phone # _____

Address _____

City _____ State _____ Zip _____

Professional License, Registration or Certification # _____

Professional License, Registration or Certification Expiration Date _____