Cooperative Alliance for Seacoast Transportation

Application
for
COAST
Americans with Disabilities Act (ADA)
Paratransit Eligibility Certification

Please return completed application to:

COAST
Attention: ADA
42 Sumner Driver
Dover, NH 03820

Effective 10/2017

Application for COAST ADA Paratransit Eligibility Certification

Revised October 2017

Please do not hesitate to call the Demand Response Assistant for assistance with completing this form. Phone 603-743-5777, extension 108.

General Information

The Americans with Disabilities Act (ADA) requires that COAST, as a public transit entity, provide transportation to all individuals within our service area, regardless of disability. According to the Act, buses on fixed-routes (regularly scheduled) are to be the main method of transportation for people with disabilities who are functionally capable of using them. To aid in this, all COAST buses are handicapped accessible.

The ADA also requires that COAST provide "ADA paratransit service" to those individuals whose physical or mental impairment (often called Condition in this document) prevents them from accessing or riding fixed-route buses. This service provides transportation from the point of origin to the destination (curb to curb) for people who have been certified as eligible for such transport.

The purpose of this application is to allow you to provide COAST with the information necessary to determine if you are eligible for this service.

Who Qualifies

Eligibility for COAST ADA paratransit service is based, not just on the existence of a physical or mental impairment, but on your functional ability to use a fully accessible bus on a fixed-route. Issues encountered by all riders, such as inconvenient schedules or financial issues, are not considered.

A functional determination is not a medical determination and includes the consideration of several factors, including architectural barriers that prevent safe access to and from stops, distance to stops, and weather conditions.

Instructions

1. Fully complete Part A, pages 3-8. In this part, you will describe your Conditions and how they prevent you from riding fixed-route buses. Some of these questions involve a hypothetical trip on a fixed-route bus. Please do your best to answer them. You may have another person assist you in completing this application but please make sure that person completes the information on the bottom of page 8. The person completing Part A cannot complete Part B.

2. Once you finish Part A, sign and date page 9 and take or send the entire application (Parts A and B) to one of the health care professionals listed on page 12. That professional must complete Part B (pages 10, 11, and 12).

3. Mail both parts of the completed application to COAST. Remember that we cannot process an incomplete application; it will be returned to you.

Evaluation and Notification

The Demand Response Assistant will contact you to conduct an in-person interview. We will provide free transportation to and from your home. The purpose of the interview is:

1. To review the application and clarify any questions in order to be sure we understand your needs.

2. To allow you to ask questions in person to be sure you understand our service.

3. To familiarize you with the vehicles in which you would ride and be sure you can board and disembark safely.

When we have completed the interview, the regulations state that we have 21 days to make a determination. When we complete our evaluation, we will notify you in writing. If you are found eligible for ADA paratransit service, the letter will include your ADA card and any conditions placed on your service. If we determine that you are not eligible, the letter will explain why and how you can appeal the decision.

Other Formats

If you need written information in another format please contact the COAST office at (603) 743-5777, ext. 108.

FOR OFFICE USE ONLY:

Date Application Received: _____ **Date Elig. Determined:** _____

Eligibility: **CONDITIONAL** **UNCONDITIONAL** **Conditions:** **AB** **W** **D/FA**

Part A
(To be completed by Applicant)

A. Personal and emergency notification information
Please Print

Last Name _____ First _____ Initial___

Address _____ City _____ St _____ Zip _____

Name of apartment or neighborhood _____

Date of Birth _____ / _____ /_____ Gender: ☐ Male ☐ Female

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address, if different from above:

Address _____ City _____ St _____ Zip _____

Emergency notification contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Email Address: _____

Have you ever had ADA paratransit service in another location? ☐ Yes ☐ No
If Yes, where _____

Please list the most frequent locations to which you need to travel.

_____ _____

_____ _____

_____ _____

PART A – Continued

B. Physical or mental impairment information

1. Please identify all Conditions that affect your ability to use the COAST fixed route bus system and describe how each affects your ability to ride the bus.

EXAMPLES:

***Condition**: Legally Blind*

***Effect:** Cannot independently find my way to or from bus stops*

***Condition**: Paraplegic - Confined to wheelchair*

***Effect:** Cannot travel to or from bus stop in snow or ice*

****

Condition: _____

Effect: _____

Condition: _____

Effect: _____

Condition: _____

Effect: _____

Condition: _____

Effect: _____

2. Is your Condition temporary?
   - ☐ No ☐ Yes, expected end date: _____
   - ☐ I don't know

3. Does your Condition change from time to time in ways that affect your functional ability to use a fixed route bus? (For example, chronic pain may vary due to activity level, weather conditions, etc.)
   - ☐ No
   - ☐ Yes, please describe: _____

C. Mobility Aid Information

1. Which of these mobility aids or equipment do you use to help you get where you need to go? ***Check all that apply:***

☐ None	☐ Walker	☐ Manual wheelchair
☐ Crutches	☐ Prosthesis	☐ Powered chair/scooter
☐ Cane/White Cane	☐ Service Animal	☐ Other _____

2. If you use a manual or powered wheelchair or scooter, the following information is required.

   Length: _____ in Width: _____ in

   Weight: _____ lbs – Combined person and device

*** If you estimate the combined weight is more than 700 pounds, please attach documentation of the actual combined weight.**

D. Travel Capabilities

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

☐ less than 200 feet	☐ 1/4 mile	☐ 1/2 mile
☐ 3/4 mile	☐ more than 3/4 mile	

   Other Comments _____

2. If you are found to be eligible for this service, you will:
   - ☐ be able to meet the vehicle at the curb.
   - ☐ need assistance from the door of your pickup point to the vehicle.
   - ☐ need assistance from the vehicle to the door of your destination.

PART A – Continued

3. Check each of the following conditions that would prevent you from getting to and from stops without the assistance of another person.

- ☐ Steep hills
- ☐ No curb cuts in sidewalks
- ☐ Snow or ice
- ☐ Cold weather below ____F
- ☐ Hours of darkness
- ☐ Intersections without pedestrian signals
- ☐ Air pollution above:
  - ___Unhealthy for sensitive groups
  - ___ Very unhealthy
  - ___Unhealthy
  - ___Action days
- ☐ No sidewalks
- ☐ No crosswalks
- ☐ Heavy rain
- ☐ Hot weather above ____F

4. In good weather, once you get to a bus stop, how long can you wait:

If there is no shelter or bench _____ min
If there is a bench only _____ min
If there is a shelter with a bench _____ min

E. Riding COAST Fixed-route Buses

1. Do you currently ride the COAST fixed-route buses?
   - ☐ Yes How many days per month? _____
   - ☐ No If no, please answer #2

2. Have you ever ridden COAST fixed-route buses?
   - ☐ Yes
   - ☐ No I stopped riding because _____

3. If you were going to ride a fixed-route bus, would you be able to identify the correct bus to board and the destination stop?
   - ☐ Yes ☐ No

   If no, please explain: _____
   _____

4. Would you be able to board and disembark a bus that has a 'kneeler' to lower the first step or a low floor design with no internal stairs?
   - ☐ Yes ☐ No ☐ Never tried

5. With only limited assistance from the driver, would you be able to board and disembark a bus that has a lift or a ramp?
   ☐ Yes ☐ No

Note:
If you cannot step up onto the bus you may enter the bus by using the ramp or lift.

6. Once inside the bus, would you be able to get to a seat or wheelchair position without assistance?
   ☐ Yes ☐ No

F. Personal Care Attendant (PCA)

Note: *A Personal Care Attendant (PCA) can be any person, including an older child, whom you need to help you get to and from bus stops, get on or off the bus, negotiate the route or assist you at your destination. No special training is needed to be a PCA. COAST does not supply PCAs.*

1. When riding a fixed-route bus, would you need to travel with a PCA?
   ☐ Always ☐ Sometimes ☐ Never

   If ***Always*** or ***Sometimes***, please check below all statements that apply to the help you get from this person:
   - ☐ Getting to or from bus stops
   - ☐ Identifying the correct bus to board or the destination stop
   - ☐ Boarding or disembarking the bus
   - ☐ Helping you once you have arrived at your destination
   - ☐ Other (describe) _____

2. If you answered yes to the question above, would you need to travel with a PCA on an ADA paratransit trip?
   ☐ Always ☐ Sometimes ☐ Never

PART A – Continued

RELEASE OF INFORMATION & APPLICANT SIGNATURE

I understand that the purpose of this application is to determine my eligibility to use the COAST ADA paratransit service and agree to release the information herein to COAST. I understand that COAST reserves the right to request additional information needed for this evaluation.

I certify that the information in this application is true and accurate. 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 COAST may contact the health care professional who has completed Part B: Request for Professional ADA Verification in order to confirm this information.

Applicant Signature: _____ Date: _____

IF SOMEONE OTHER THAN THE APPLICANT COMPLETED THE APPLICATION:

I certify that the information provided in this application is true and accurate based upon information given to me by the applicant and my knowledge of the applicant's physical disability and/or mental impairment.

Name ***(Please print)***: _____

Signature: _____ Daytime Phone: _____

Relationship to Applicant: _____ Date: _____

Does the applicant have a Guardian or Power of Attorney for Health Care (POA-HC)?

☐ No ☐ Yes

If yes, please provide supporting legal documentation (the POA-HC or Guardianship Orders)

Name of Guardian or POA-HC: _____

Address: _____

Phone: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO BE COMPLETED BY APPLICANT

Dear Health Care Professional:

I have applied to the Cooperative Alliance for Seacoast Transportation (COAST) to be certified as eligible for their ADA Paratransit Service. Part of this application process requires a health care professional (see list on Page 12) to review the information I have provided. I hereby authorize you to provide this information by completing Part B of the application and to discuss it with the COAST Demand Response Assistant if necessary.

I have completed Part A of this application and have attached it to Part B.

Signature: _____ Date: _____

Part B
EVALUATION OF FUNCTIONAL ABILITY

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL LISTED ON PAGE 12

Cannot be completed by person assisting the applicant with Part A

The COAST ADA paratransit service is point of origin to destination (basically curb to curb) transportation for persons who have a physical or mental impairment (Condition) that precludes them from independently riding the fixed-route bus system. The fixed-route bus system operates on a regular schedule and stops only at designated bus outside their house at or near the requested time and taken directly to their destination.

To qualify, an individual must be unable to use COAST's regular public transit routes due to a specific Condition. Eligibility is a functional determination, not a medical one. Individuals qualify if at least one of the following applies:

1. They have a specific Condition that **prevents** them from independently getting to or from a bus stop safely.

2. They have a specific Condition that **prevents** them from independently identifying the correct bus or destination, boarding or riding the bus, or disembarking at the desired stop.

Instructions
The applicant (or representative) has completed Part A (which must be attached) and has requested that you complete Part B. If you are unsure how to answer particular questions, we suggest that you speak with the applicant or the COAST office. This will help expedite the application process.

Please return the entire application to the applicant, or directly to COAST if requested by the applicant, as soon as it is completed. The application must be filled out completely or it will not be processed. The COAST Demand Response Assistant may contact you to discuss the information you provided.

If you have any questions about this form, you may call the COAST Demand Response Assistant at 603-743-5777 extension 108.

PART B – Continued

Expected Duration of Condition:

- ☐ Temporary: End date _____ / ____ / _____
- ☐ Long-term: Condition has potential for improvement or long periods of remission.
- ☐ Permanent: Condition will not improve.

Please answer the following questions.

A. Is the information about the applicant's Condition provided in section B on pages 4 and 5 complete and accurate?

☐ Yes ☐ No

Comment: _____

_____

B. Is the information about the applicant's travel capabilities provided in section D on pages 5 and 6 complete and accurate?

☐ Yes ☐ No

Comment: _____

_____

C. Is the information about the applicant's ability to ride COAST fixed-route buses provided in section E on pages 6 and 7 complete and accurate?

☐ Yes ☐ No

Comment: _____

_____

D. Is there any other reason that the applicant cannot independently and safely get to and from a bus stop, wait a reasonable amount of time, identify and board a regular fixed-route bus, and identify and request the desired stop? (Please note that all COAST buses are equipped with a wheelchair lift or ramp, and major stops are announced.)

☐ Yes ☐ No

Comment: _____

_____

PART B – Continued

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Part B must be completed by one of the following health care professionals who is familiar with the Applicant's condition:

Must be a Licensed or Certified:

Physician	Physician Assistant
Social Worker	Psychologist
Respiratory Therapist	Physical Therapist
Psychiatrist	Audiologist
Nurse Practitioner	Optometrist /Ophthalmologist
Registered Nurse	Case Manager/Worker

I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Professional Title: _____

Address: _____

City: _____State: ____ Zip Code:_____

Telephone Number: _____

Fax Number: _____