



Manchester Transit Authority Stepsaver Paratransit Eligibility Application

The MTA is committed to ensuring equal access to its services for all individuals, regardless of disability. All of the information provided in this application is confidential and serves to determine eligibility only. If you meet the eligibility criteria, you will be scheduled for an interview for final eligibility status determination.

Please note that we may not be able to accommodate you if your mobility device is longer than 48", wider than 30", or if your total weight is more than 600 lbs. Also note that age, distance to a bus stop, lack of bus service, or illiteracy, by themselves do not qualify individuals for the ADA StepSaver service. Visitors who are eligible under ADA in other cities or states are welcome to use our service while visiting for up to twenty-one (21) days.

PART A: TO BE COMPLETED BY APPLICANT

NOTE: PLEASE ANSWER ALL QUESTIONS.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Please Type or Print Clearly

Applicant Name: (First, Last, Initial) _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

New Application Renewal Application Temporary Application Visitor Application

Home Phone #: _____ Second (Evening) Phone #: _____

Male Female Date of Birth: ____/____/____ SSN ____ - ____ - ____

Required for Verification Purposes

I certify that the information provided in this application is true and correct

Signature

Date

=====

To be completed if the applicant was helped by another person in the completion of the application.

Name _____ Daytime Phone _____

Relationship _____ Date _____

Will you need future materials in an accessible format? If yes, circle one:

Braille Large Print Audio Cassette Computer Disc

Person or agency to contact in case of an emergency:

Name _____

Relationship _____

Street _____

Apt# _____ Bldg # _____

City: _____

State _____ Zip code: _____

Home Phone: _____

Work Phone: _____

Do you already have an MTA ID card?

Yes No

PART B: APPLYING FOR ADA CERTIFICATION

1. What are all of your current means of transportation? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Walking
<input type="checkbox"/> Mobility aids or equipment
<input type="checkbox"/> Public transit bus
<input type="checkbox"/> Paratransit van
<input type="checkbox"/> Automobile | <input type="checkbox"/> Taxi/car service
<input type="checkbox"/> Commuter railroad
<input type="checkbox"/> Medicaid transportation
<input type="checkbox"/> Other _____
_____ |
|---|--|

2. Which of the following mobility aids or equipment do you use to help you get to where you need to go? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Manual wheelchair
<input type="checkbox"/> Power scooter
<input type="checkbox"/> Walker
<input type="checkbox"/> Cane
<input type="checkbox"/> Crutches
<input type="checkbox"/> Prosthetic device/brace | <input type="checkbox"/> Respirator/Oxygen tanks
<input type="checkbox"/> Guide can
<input type="checkbox"/> Service animal (guide dog, etc)
<input type="checkbox"/> I do not use a mobility aid
<input type="checkbox"/> Other _____
_____ |
|---|---|

(Note: We may not be able to accommodate you if your wheelchair or scooter is longer than 48", wider than 30", or if your total weight with your mobility device is more than 600 pounds)

3. Using a mobility aid, equipment or standing on your own, what is the longest length of time that you can wait for transportation?

- | | |
|---|---|
| <input type="checkbox"/> 1-15 minutes
<input type="checkbox"/> 15-30 minutes
<input type="checkbox"/> 30-45 minutes | <input type="checkbox"/> 45-60 minutes
<input type="checkbox"/> Over 60 minutes
<input type="checkbox"/> I cannot wait without assistance |
|---|---|

4. Using a mobility aid, equipment or walking on your own, how many blocks can you travel on level ground? Circle the answer below that best describes your situation.

- | | | | |
|---------------|-------|-----------|--------|
| 1-2 blocks | Never | Sometimes | Always |
| 2-4 blocks | Never | Sometimes | Always |
| 4-6 blocks | Never | Sometimes | Always |
| 6-8 blocks | Never | Sometimes | Always |
| Over 8 blocks | Never | Sometimes | Always |

5. How far is the closest MTA fixed bus route to your home?

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 0 – 1 block | <input type="checkbox"/> 4 - 6 blocks | <input type="checkbox"/> over 8 blocks |
| <input type="checkbox"/> 2 - 4 blocks | <input type="checkbox"/> 6 - 8 blocks | <input type="checkbox"/> I don't know |

6. Do you currently use the MTA fixed route bus system?

- Yes No

- If yes, how many days in one week _____
- If no, please check all that apply:
 - I have a disability which prevents me from boarding a regular MTA bus which does NOT have a lift
 - I have a disability that prevents me from boarding an MTA bus with a lift.
 - I have a disability that prevents me from getting to some bus stops.
 - I have a disability that prevents me from getting to ALL bus stops.
 - I am afraid to ride the MTA bus.
 - I have no knowledge of or experience with the MTA bus system, so I do not know if I am able to use it.
 - There is no MTA bus stop near my residence.
 - I cannot get to a bus stop by myself because I get disoriented or confused.
 - I have a temporary disability that prevents me from taking a regular MTA bus. I will only need to use the paratransit service until I recover.
 - If given information, instructions or training on the MTA service, I think I could use it.
 - My trip by MTA bus would take me too long.
 - I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days", I cannot.

7. Can you reach your destination from where the fixed route bus stops to let you off?

- Yes No

- If no, please check all that apply:

- I cannot walk that far
- I become confused or cannot remember where I am going.
- I do not want to ride the fixed route bus system
- There are no curb cuts, paved sidewalks, or the ground is too uneven
- Other (please specify) _____

8. If you do not ride the fixed route bus system, what would help you?

- Please check all that apply:

- Lift accessible buses.
- Knowing more about the fixed route bus system
- I would travel if there were accessible fixed bus routes where I need to go.
- Other (please specify) _____

9. Please list the last two trips you took and how you got there:

- Origin: _____ Destination: _____
- Transportation: _____

• Origin: _____ Destination: _____

Transportation: _____

10. Can you follow written or oral instructions to use the fixed route bus system?

- Yes No

11. Do you need transportation at least three times each week for regularly scheduled trips to a particular destination?

- Yes No

• If yes, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Work |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> School | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Other: _____ |

Please list the most common addresses to which or from which you travel.

12. Can you transfer from one regular fixed bus route to another?

- Yes No

• If no, please check all that apply:

- I get too confused and might become lost
- I do not like to transfer
- I cannot hold a paper transfer
- I do not want to use the fixed route bus system
- Other: _____

13. Can you climb three 12-inch steps without assistance?

- Yes No

• If no, please explain: _____

14. Can you communicate with the bus driver by yourself?

- Yes No

• If no, please check all that apply:

- I cannot understand the driver
- Other people cannot understand me
- I need a communication aid and do not have one
- Other (please specify): _____

15. Do you travel with a Personal Care Attendant (PCA, e.g., a person such as a home attendant or friend who assists you when you travel outside your home)?

- Yes No

- If yes, please check all that apply to you:
 - Personal Care Attendant (PCA) helps me get to or from a bus stop
 - Personal Care Attendant (PCA) helps me get on or off the bus
 - Personal Care Attendant (PCA) helps me while I ride the bus
 - Other (please specify): _____

16. Is your disability temporary?

- Yes No

- If yes, please indicate how long you believe the temporary disability will continue:

- 1 month
- 2 months
- Other (how many months?) _____

17. Is your condition affected by the weather?

- Yes No

- If yes please explain: _____

18. Is your disability permanent?

- Yes No

19. What kind of place do you live in? Please check one.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Rehab Hospital |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Other: _____ |

PART C: APPLICANT AGREEMENT AND INFORMATION

If you are not the applicant, but you completed this application on behalf of the applicant, you must provide the following information (please print or type):

Applicant's Name: _____
 Name of person filling out this application: _____
 Relationship to applicant: _____ Phone Number: _____
 Office Street Address: _____
 City: _____ State: _____ Zip: _____

I certify that the information given in this application is correct.

Signature: _____ Date: _____

AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

(All applicants must sign this agreement)

I understand that my application will be returned if it is incomplete and this will delay the processing of my application. I affirm that all information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material

information will lead to revocation of my registration. I also understand that failure to adhere to the policies and procedures for using the MTA StepSaver service will be grounds for suspending my eligibility in this program.

X _____
Applicants Signature

Date

AMERICANS WITH DISABILITIES (ADA) APPEAL PROCESS

If your ADA paratransit eligibility determination results in a finding of ineligible to receive paratransit service or in a determination of limited or conditional eligibility and you feel that this determination has been made in error, you have the right to appeal this determination.

To file this appeal you must notify the MTA in writing within 60 days of the date on the determination letter. After your appeal is received, a hearing will be scheduled to evaluate your case. The Assistant Executive Director of the MTA will serve as the appeal officer. The hearing process (which should not take more than 30 days) will allow you to present information and arguments on your behalf. You may have others present who are knowledgeable of your physical or mental impairment and who can speak on your behalf, but you must pay the cost for these other spokespersons. After the hearing you will be advised in writing of the decision of the appeal board. The decision of the appeal board is final.

The MTA is not required to provide you with paratransit service while your appeal is under consideration. If the appeal board has not made its decision within 30 days of receiving your appeal, you are entitled to paratransit service from that time until a final decision is made.

PART D. REQUEST FOR PROFESSIONAL VERIFICATION

Dear Health Care Professional:

You are being asked to complete an assessment of the applicant's disability that prevents his/her ability to use the MTA fixed routes bus system. By completing and signing this document you (the health care professional) will be certifying the truth and accuracy of the information provided on this application, to the best of your professional knowledge.

The Manchester Transit Authority's (MTA) paratransit program, StepSaver is partially funded through the Federal government. Federal Law (*The American with Disabilities Act of 1990*) requires that the MTA provide services to persons who cannot use our fixed route bus system. However, resources for StepSaver services are limited. The information you provide will allow the MTA to make an appropriate evaluation of this request for StepSaver service. To qualify for StepSaver service, a person must be unable to use fixed route bus system and fulfill the following eligibility criteria:

Individuals qualify if:

- As a result of their disability, they cannot board, ride or disembark from a MTA fixed route bus;

or

- They have a specific impairment related condition that prevents them from getting to or from a fixed bus route

Please note:

- StepSaver is a transportation service for disabled persons who, as a result of their disability, cannot board, ride or disembark from a MTA fixed route bus.

(All MTA fixed route buses are handicap accessible)

- StepSaver service does not include persons who find it uncomfortable or difficult to get to and from fixed route buses

- Your verification must be filled out completely for processing to occur. **If the application is not complete it will be returned for completion, delaying the processing of the application.**

Your evaluation of each person must be based solely upon the individual's ability to use the TMA fixed route bus system. Please exercise care in evaluating applicants for this program. **False information used to acquire service for this applicant could result in travel limitations for other persons legitimately qualified to use this program.**

The following information will be used to ensure the appropriate type of vehicle is used to provide transportation.

1. Does the applicant use any mobility aids?

- Yes No

• If yes, what type?

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Respirator/Oxygen tank |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Service animal (guide dog, etc...) |
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Power scooter | <input type="checkbox"/> Guide cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other: _____ |

2. Can the applicant transfer from a wheelchair/other mobility aid to a passenger seat if necessary?

- Yes No

3. Due to the applicants disability could the applicant be left unattended at a pick-up or drop-off location?

- Yes No

4. Please circle yes or no to indicate whether the applicant can do any of the following:

Travel 2 blocks without assistance	Yes	No
Climb three 12-inch steps without assistance	Yes	No
Wait outside without support for 30 minutes	Yes	No
Give address and phone numbers upon request	Yes	No
Recognize a destination or landmark	Yes	No
Deal with unexpected situations or changes in routine	Yes	No
Ask for, understand, and follow directions	Yes	No
Travel effectively through crowded/complex facilities	Yes	No

5. Please check all of the disabilities that would impair the applicant's ability to travel on the fixed route buses:

Neuromuscular

- | | |
|---|---|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Stroke/Cerebral Trauma | |

General Medical

- AIDS
- Diabetes (severe)
- Lupus
- Cancer

- Epilepsy (severe)
- Kidney disease/Dialysis
- Other:_____

Cardiovascular

- Arteriosclerosis
- Cystic Fibrosis
- Emphysema
- Congestive Heart Failure
- Chronic Obstructive Pulmonary disease

- Peripheral Vascular disease
- Thrombosis (chronic)
- Asthma
- Heart Attack
- Other:_____

Cognitive/Psychological

- Alzheimer's disease
- Dementia
- Mental Retardation
- Phobia
- Head Trauma

- Panic disorder
- Autism
- Schizophrenia
- Other:_____

VISION

Check all that apply One eye Both eyes

Cataracts	<input type="checkbox"/>	<input type="checkbox"/>
Cortical Blindness	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma (all types)	<input type="checkbox"/>	<input type="checkbox"/>
Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Totally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

HEARING

Check all that apply One Ear Both ears

Partially Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Completely Deaf	<input type="checkbox"/>	<input type="checkbox"/>

6. Please provide (type or print) a narrative assessment of the applicant's functional level of mobility.

7. Would the applicant's condition prevent him/her from using the public fixed route service?
 Yes No

If yes, please explain in detail: _____

8. Is the applicant's condition temporary?
 Yes No

If yes, expected duration is _____ months

If yes, please explain: _____

9. Would the applicant be conditionally eligible for MTA StepSaver service due to weather conditions?
 Yes No

If yes, during which months would they need service: _____

If yes, please explain: _____

10. In your assessment, would you require this person to ride with a PCA? Reason to require a PCA could be any that would cause service disruptions.
 Yes No

If yes, please explain: _____

X _____

Health Care Professionals Signature

Daytime phone number

Health Care Professionals Name (please print)

Date

The MTA may contact the certifying Health Care Professional to verify accuracy of the information. The MTA will make the final determination as to the applicant's eligibility.

Thank you for your assistance.

**FOR MTA USE ONLY
DO NOT WRITE IN THIS BOX**

Application Received: _____ Certification Date: _____ Status: Eligible Denied

Entered ParaPlan: _____ Letter Sent: _____ Appeal Date: _____

Eligibility Period: 3 years 1 year Visitor Temporary to _____

PCA Confirmed by: _____ Date: _____

Comments: _____