



MASS TRANSPORTATION AUTHORITY

Americans with Disabilities (ADA) Eligibility Application

Please print all information below.

Last Name _____ First Name _____ M. Initial _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____

Daytime Phone (____) _____ Evening Phone (____) _____

TTY# for the Deaf and Hearing Impaired (____) _____

Do you need information in the following alternative formats?

Large Print

Braille

Audio Tape

Does Applicant need a Personal Care Assistant? YES NO

Name of Personal Care Assistant _____

Does Applicant have a service animal? YES NO

EMERGENCY CONTACT:

Name _____

Address _____

Daytime Phone (____) _____ Evening Phone (____) _____

Relationship to Applicant _____

The Americans with Disabilities Act sets criteria that must be met to determine eligibility for certain transportation services. Eligibility is based not only on the existence of the disability, but on how it affects the applicant's mobility. The questions to follow are designed to determine a person's ability to access the fixed route bus system. "Accessing" involves getting to/from a bus stop, waiting at the stop, getting on/off the bus, and recognizing environment.

Please answer the questions based on your current level of mobility, regardless of how it may change in the future.

What is the physical, mental or visual conditions(s), which prevents you from using our fixed route bus system? Please be very detailed in describing your condition. What is your medical diagnosis?

Are you legally blind (visual acuity of 20/200 with best correction in the better eye or visual fields no greater than 20 degrees?)

YES NO

Have you been diagnosed for psychiatric disability?

YES NO

Does this cause you emotional or psychological disorientation?

YES NO SOMETIMES

Which of the following mobility aids do you use? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> none | <input type="checkbox"/> service animal |
| <input type="checkbox"/> oxygen | <input type="checkbox"/> walker |
| <input type="checkbox"/> cane | <input type="checkbox"/> other |
| <input type="checkbox"/> prosthesis | _____ |
| <input type="checkbox"/> powered wheelchair | <input type="checkbox"/> manual wheelchair |

49 CFR Parts 37 and 38 of the ADA law states that all wheelchairs and users must be transported if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with legitimate safety requirements. "Legitimate safety requirements" includes such circumstances as a wheelchair of such size that it would block an aisle, block a vestibule or would interfere with the safe evacuation of passengers in an emergency.

Is the condition that limits your ability to use fixed route system:

- PERMANENT TEMPORARY
- INTERMITTENT

Please explain: _____

If temporary, show date: _____

Are you able to travel 1/4 mile (3 blocks) to/from a bus stop without the assistance of another person?

YES NO

Do you need the lift or ramp to get on and off the MTA bus?

YES NO

Can you use the lift or ramp without assistance?

YES NO

Can you complete the following without assistance? Travel through complex/crowded transit stations.

YES NO SOMETIMES

If NO, or SOMETIMES, please explain:

Do you know when to transfer and when to get on/off the bus without assistance?

YES NO SOMETIMES

If NO, or SOMETIMES, please explain:

How long can you wait outside at an MTA bus stop?

less than 30 minutes

more than 30 minutes

Are you prevented or limited from waiting at an MTA bus stop or getting on/off of a bus by any of the following?

Check all that apply:

lack of bench/shelters

heat

humidity

cold

steepness/hills

snow/ice

mobility aids

curbs

(3) 12" steps

grass

standing on a lift w/handrail

other (*explain*)

Do you have a disability that sometimes or at all times, prevents you from boarding, riding or exiting from an MTA bus?

YES NO SOMETIMES

If YES, please explain:

For the MTA to evaluate your request for ADA eligibility certification, we may have you contact a health care or rehabilitation professional for more information about your disability and ability to use regular bus service. It is important that, if possible, you identify a professional who is familiar not only with your particular disability, but who also understands your ability or inability to travel by bus. Please complete and sign the following authorization and include verification from a medical professional on your particular disability.

Name of professional:

Address _____

City _____

State _____ Zip Code _____

Phone (_____) _____

My health care professional is:

- rehabilitation specialist
- occupational therapist
- independent living counselor
- vocational rehab counselor
- social worker
- physician or registered nurse
- psychologist
- mental health counselor
- audiologist
- speech pathologist

Any other information not covered in this application you would like the MTA to consider for your ADA eligibility?

I authorize the professional listed to release to the MTA information about my disability and its affect on my ability to travel, which may be needed in connection with my request for ADA eligibility certification. It is my understanding that the information released will be used solely to determine my ADA eligibility. I understand that I may revoke this authorization at any time. All information required will be kept confidential.

Applicant's Signature

Date _____

**PERSON COMPLETING FORM
IF OTHER THAN APPLICANT**

I certify that the information in this application is true and correct based on the information given to me by the applicant, or based on my knowledge of the applicant's health condition or disability.

Print Name _____

Signature _____

Date _____

Relationship to applicant _____

Address _____

City _____

State _____ ZIP Code _____

Phone (_____) _____