



Worcester Regional Transit Authority

WRTA ADA Complementary Paratransit Service Application

Personal/Contact Information

Last Name _____ First Name _____ MI _____
Address _____ Apt. No. _____
City/Town _____ State _____ Zip _____
Home Phone : (____) _____ Work Phone: (____) _____
TTD/TTY (____) _____ Cell Phone (____) _____
DOB ____/____/____ E-Mail address: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Work Phone: (____) _____

Do you require information in an alternative format?

Braille _____ Large Print _____ AudioTape _____ Other: _____

Language Ability (***Please specify***)

English _____ Spanish _____ Other: _____

If someone is helping you with this application, that person **must** complete the following:

Name: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____



Riding Mobility Aid/Wheelchair Dimensions and Weight

Section 37.165(b) of the USDOT regulations requires transit providers to transport all “common wheelchairs.” A common wheelchair is defined as a three- or four- wheeled mobility device that, when occupied, does not exceed 600 pounds or 30 inches in width by 48 inches in length, measured two inches above the ground. Wheelchairs which exceed these dimensions and weight do not have to be transported.

Applicant’s Name: _____

Riding Mobility Device

Make: _____ Model: _____

Weight when occupied: _____ lbs.

Width: _____ Inches Length: _____ Inches

Ground Clearance: _____ Inches

I understand that the purpose of this form is to determine that my transportation is based upon me being transported in a “common wheelchair” as described in Section 37.165(b) of the USDOT regulations listed above. I hereby acknowledge my understanding of what constitutes a “common wheelchair” and grant permission to the Worcester Regional Transit Authority (WRTA) to weigh me while sitting/standing with my mobility aid. *(This information will be kept in strictest confidence.)* I also understand that if my riding mobility device changes for any reason, I must notify PBSI immediately. Failure to do so may risk the ability of the WRTA to transport me.

Applicant’s Signature: _____

Date: _____



Worcester Regional Transit Authority

ADA APPLICATION _____ Approval of Eligibility Date: _____
RECERTIFICATION _____ Expiration Date: _____ (5 years)

INFORMATION ABOUT YOUR ABILITIES

1. Do you use any of the following mobility aids? **Check all that apply.**

- | | |
|-------------------------|---------------------------|
| Manual Wheelchair _____ | Electric Wheelchair _____ |
| Powered Scooter _____ | Cane _____ |
| Walker _____ | White Cane _____ |
| Service Animal _____ | Crutches _____ |
| Oxygen _____ | Other (please list) _____ |

2. What is the disability or health condition that **prevents** you from using the WRTA regular **bus system**?

- ___ Certified Legally Blind
- ___ Loss or inability to use one or more limbs
- ___ Severe effects of stroke
- ___ Paralysis affecting mobility, speech, vision or memory
- ___ Severe Arthritis
- ___ Autoimmune Disorders, for example, Lupus or Scleroderma etc.
- ___ Severe cardiac and/or respiratory impairment affecting strength and/or endurance
- ___ Severe emotional disorder (may require an escort)
- ___ Developmental disabilities, for example, mental retardation, epilepsy, autism or neurological disorder etc.
- ___ Hearing loss accompanied by an inability to understand speech with/without a hearing aid
- ___ Dialysis treatment

Other (*please explain*):

PLEASE CHECK **ONE** OF THE FOLLOWING:

a. Is your disability permanent? ___ **Yes** ___ **No**

b. Is your disability temporary? ___ **Yes** ___ **No**

If your disability is temporary, how long do you think it will be until you are better? # _____ Months

c. Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help?

(Check all that apply)

Spring ___ Summer ___ Fall ___ Winter ___

3. How do you feel using WRTA paratransit service is better than the regular bus for your disability or health condition? **Explain:**

4. Does your disability or health condition change much from day to day?

___ **Yes** ___ **No**

If yes, explain:

5. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the WRTA regular **bus system**? **Yes** **No**

If yes, explain completely. Use an additional sheet if necessary.

6. Does rough terrain make it hard for you to travel?
 Yes **No** **Sometimes**

If you answered **Yes or Sometimes**, how does rough terrain make it hard for you to travel?

7. Do you need to travel with someone who helps you? For example, a Personal Care Attendant (PCA)? (**Riders must have their own PCA**)

Yes **No** **Sometimes**

Please explain:

8. All WRTA vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person**? (The driver **only** operates the lift and helps with the securement system. Lifts have handrails.)

Yes **No** **Sometimes**

If you answered **No or Sometimes**, explain why:

9. Does your disability or health condition **stop** you from getting to or from a bus stop without help from another person, for one of the following reasons?
(Check all that apply.)

Unable (not just difficult) to travel on rough or hilly terrain

Extreme sensitivity to certain weather conditions

Extreme fatigue (tire easily) due to health condition

Unable to cross busy intersections

Other

Please explain:

10. How many blocks is your home to the nearest bus stop?
(A city block is approximately 500 feet long)

11. Does your disability **stop** you from getting/walking to the nearest bus stop?
 Yes **No** **Sometimes**

If you answered **Yes or Sometimes**, explain why:

12. Indicate below how far you are able to travel **without** help.

Less than 200 feet 500 Ft. (1 Block)

¼ mile (3 blocks) ½ mile (6 blocks)

¾ mile (9 blocks) more than ¾ of a mile

13. If you can only travel less than 200 feet, **please explain.**

14. After arriving at a bus stop, how long can you wait (**not sitting**) until the bus arrives?

30 minutes or longer _____ 15 minutes _____ 10 minutes _____

Less than 10 minutes _____

If you cannot stand while waiting, **why not?**

15. Are you able to: (*check all that apply*)

___ Understand and/or process information

___ Ask for, or follow written or oral information, such as schedules including TDD, audio tape or voice?

___ Figure out the correct fare?

___ Follow instructions in an emergency?

___ Recognize your destination while on the bus?

___ Once you get off the bus, locate and reach your destination?

___ Cross a busy intersection?

16. How many 10-inch stairs with a handrail can you climb?

___ 0 ___ 1-3 ___ 4-6 ___ 7-9 ___ 10 or more

17. How many 7-inch stairs with a handrail can you climb?

___ 0 ___ 1-3 ___ 4-6 ___ 7-9 ___ 10 or more

18. Have you ever used the WRTA regular bus to travel?

___ Yes ___ No

19. When was the last time you used the WRTA regular bus?

Currently ____ Less than 6 months ago ____ 6-12 mos. ago ____

More than 1 year ago ____ Over 3 years ago ____ Never ____

20. The WRTA offers a Travel Training Program, **free of charge**, with professional training on how to use the regular bus system. If you want to know more about the training please check below or call 508-752-9283 ext. 3461.

____ **Yes, I want to know more about the Travel Training Program.**

____ **No, thank you.**

21. Where are the **three places you go most often** and how do you get there?

One example would be:

Leaving from what address: 11 Marble Street Worcester

Traveling to what address: 390 Main Street Worcester

X *drive myself*

Destination # 1

Leaving from what address: _____

Traveling to what address: _____

Transportation Used:(Check the Appropriate Box)

___ Drive Myself ___ Someone Else Drives Me ___ Van or Car Service

___ Taxi ___ Regular Bus ___ Other: _____

Destination #2

Leaving from what address: _____

Traveling to what
address: _____

Transportation Used:(Check the Appropriate Box)

Drive Myself Someone Else Drives Me Van or Car Service
 Taxi Regular Bus Other: _____

Destination # 3

Leaving from what address: _____

Traveling to what address: _____

Transportation Used: (Check the Appropriate Box)

Drive Myself Someone Else Drives Me Van or Car Service
 Taxi Regular Bus Other: _____

22. I understand that the purpose of this form is to determine if I am eligible* for WRTA ADA Complementary Paratransit Service. Please be aware that the WRTA may need to contact you to get more information. I certify that I have been truthful in answering all questions in this application, and that the information I have provided is correct.

Applicant's Signature

Date

**Recertification of eligibility will be required at 5 year intervals.*



Worcester Regional Transit Authority

23. PROFESSIONAL VERIFICATION

In order to evaluate your application, the Worcester Regional Transit Authority needs to contact your health care professional/physician to confirm the information you have provided. Please list either a rehabilitation professional, a physician or other health care professional **who you've seen within the last twelve month's** and is the most familiar with the disability or medical diagnosis listed on the application and your ability or inability to travel on the public transit system on your own.

COMPLETE AND SIGN THE FOLLOWING AUTHORIZATION ALLOWING THE WRTA TO CONTACT THE PROFESSIONAL YOU LIST.

I authorize the WRTA to contact the professional person listed below to obtain information regarding my disability and its affect on my ability to travel on the public transit system on my own.

(Please print)

Name of Health Care Professional _____

Organization (if any) _____

Area of Specialty/Department _____

Street Address _____

City/Town _____

Telephone Number (____) _____

Applicant's Name _____

(Please print)

Signature _____ ***Date:*** _____