Mail To:
Nashua Transit System
11 Riverside Street
Nashua, NH 03062

ADA Paratransit Application

In compliance with the American Disabilities Act (ADA), Nashua Transit System (NTS) provides shared rides, advanced reservation, origin to destination service for disabled individuals who are unable to use regular fixed route public transportation services because of their disabilities.

To be eligible for service, the functional limitations of an individual's disability must prevent use of regular fixed route buses. **Paratransit service is not available to persons who find it uncomfortable or inconvenient to get to and from bus stops.**

Please be aware that Nashua Transit System provides two types of public transportation:

1. **Fixed Route** buses provide service at designated bus stops along specific routes according to set schedules. Many fixed route buses have features to make riding easier for people with disabilities including wheelchair lifts and handrails for entering and exiting the bus.

2. **Paratransit Service** is a shared ride, advanced reservation, origin to destination public transportation service for people whose disability prevents them from riding fixed route buses. You must receive certified approval to use this service and must call in advance to make a reservation to travel.

Note: ADA-eligible visitors from outside NTS' service area may also use NTS' ADA paratransit service for any combination of 21 days of service during any 365-day period beginning with the visitor's first use of service. Visitors who wish to receive service beyond this 21 day period must apply for eligibility through NTS.

Applications MUST BE CERTIFIED by a licensed or certified health care professional every three (3) years and within thirty (30) days of expiration.

Your ability to ride fixed route buses will be evaluated through use of this application, and in some circumstances, an in-person interview. Each application will be evaluated on a case-by-case basis, taking into consideration all of the information provided.

Applications are processed in the order in which they are received. In the event NTS fails to complete the determination within 21 days presumptive eligibility will be given until process is completed.

It is very important that the application be filled out completely. Incomplete and illegible applications will not be processed and will be returned.

If you have any questions concerning this application or paratransit services, please contact the Transit Mobility Manager at (603) 821-2030.

Please submit completed ADA applications to the address below or Fax it to (603) 821-2042.

Nashua Transit System
11 Riverside Street
Nashua, NH 03062

Nashua Transit System

For Office Use Only

ID #: _____ Expiration Date: _____

(Circle) Approved / Denied By: _____

Date: _____

ADA Transportation Application

☐ New Application ☐ Renewal Application ☐ Visitor Application

PART 1: GENERAL INFORMATION

Name (Print): _____
(First) (M.I.) (Last)

Address: _____
(Apt. or Bldg. #)

_____
(City) (State) (Zip Code)

Mailing Address (If Different): _____
(Apt. or Bldg. #)

_____
(City) (State) (Zip Code)

Phone (Primary): _____ (Secondary): _____

Email: _____ DOB: _____

Emergency Contact

Name (Print): _____ Relationship: _____

Phone (Primary): _____ (Secondary): _____

Email: _____

PART II: APPLYING FOR ADA CERTIFICATION

1. Please check all applicable boxes of mobility aids or equipment you currently use.

☐ Walking Cane ☐ Walker ☐ Powered Scooter

☐ Orthopedic Cane (3-4 Prong) ☐ Leg Braces ☐ Respirator/Oxygen Tank

☐ Long White Cane (Vision Impaired) ☐ Manual Wheelchair ☐ Powered Wheelchair

☐ Service/guide animal ☐ Crutches ☐ Prosthetics

☐ Other _____ ☐ I do not require any assistive devices

2. On your own, or using your assistive device, how far can you travel on level ground?

☐ I can get to the curb in from of my house/apartment. ☐ I can travel up to 6 blocks (1/2 mile).

☐ I can travel up to 3 blocks (1/4 mile). ☐ I can travel up to 9 blocks (3/4 mile).

3. On your own, or using your assistive device, what is the longest length of time you can stand and wait for transportation?

☐ 1-15 minutes ☐ 15-30 minutes ☐ I cannot wait without assistance

4. WITHOUT the help of someone else, can you:

Ask for, understand, and follow written or spoken instructions?	☐ Yes	☐ No	☐ Sometimes
Cross the street, either on your own or with an assistive device?	☐ Yes	☐ No	☐ Sometimes
Step off a sidewalk from the curb?	☐ Yes	☐ No	☐ Sometimes
Find your way to the bus stop if shown the way?	☐ Yes	☐ No	☐ Sometimes
Travel on your own without a Personal Care Attendant?	☐ Yes	☐ No	☐ Sometimes
Get from the door of your home to the bus?	☐ Yes	☐ No	☐ Sometimes

5. Is your condition affected by the weather (i.e. snow, ice, rain, etc.)?

☐ Yes ☐ No

If yes, please explain: _____

_____.

6. What is the status of your condition?

☐ Short-Term: Please indicate the expected duration of your condition: _____ month(s).

☐ Long-Term: Condition has potential for improvement or long periods of remission.

☐ Permanent: Condition will not improve.

7. Do you or have you ever used our fixed route services?

☐ Yes ☐ No ☐ Sometimes

8. NTS offers Travel Training to individuals whom would be able to use the NTS City Bus system all or part of the time for routine trips rather than the NTS City Lift paratransit service. Would you be interested in travel training?

☐ Yes ☐ No

PART III: OPTIONAL SURVEY

The questions on this page are optional and will not be used to determine eligibility. Please take the time to answer the following questions as they may help you understand the NTS City Bus system and it will help NTS determine if travel training might be your best option.

1. Frequent Destination(s) **Closest Bus Stop(s)**

_____ _____

_____ _____

_____ _____

2. How do you currently travel to your most frequent destinations? Check all that apply:

☐ City Bus ☐ City Lift ☐ Medicaid ☐ Taxi

☐ Someone drives me ☐ Drive myself ☐ Other (specify) _____

3. Do you need transportation at least three (3) times each week for regularly scheduled trips to a particular destination?

☐ Yes ☐ No

If yes, please check all that apply:

☐ Dialysis ☐ Adult Day Care ☐ Therapy ☐ Senior Center

☐ School ☐ Volunteer Work ☐ Work ☐ Other (specify) _____

PART IV: APPLICANT CERTIFICATION

I certify to the best of my knowledge and ability, the information in this application is true and correct. I hereby authorize the professional who has completed PART V of this application to release information about my disability or health condition and its effect on my ability to travel on the NTS City Bus service. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional completing PART V to release the information described up to 60 days from the date this application is reviewed with you by the NTS Mobility Manager. I understand that all medical information, which is provided, about my disability or health condition will be kept strictly confidential within the limits of the law.

I understand that approval of this certification will be for a term of three (3) years and it is my responsibility to initiate recertification within thirty (30) days of expiration.

Applicant Signature: _____ Date: _____

AMERICANS WITH DISABILITES (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 NTS 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 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.

NTS 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.

If you currently have ADA eligibility then your eligibility and its conditions will not change for 60 days after a re-certification determination to allow the applicant time to transition to other means of transportation, receive travel training, and/or file an appeal. If you file an appeal then your service eligibility will immediately change pending the outcome of your appeal.

If this application was completed for you by another person, please provide the following information.

Name (Print): _____ Contact Number: _____

Address: _____

Agency or Clinic (if applicable): _____

Relationship to Applicant: _____

Signature: _____ Date: _____

PART V: PROFESSIONAL CERTIFICATION

This portion MUST BE COMPLETED by a licensed or certified health care professional

The Americans with Disabilities Act of 1990 (ADA) requires that provisional of paratransit service to anyone who is prevented from using the regular transit system, by reason of physical or mental limitation, and who is traveling in an area served by the system.

The applicant who has asked you to review and sign this form is seeking eligibility for Paratransit Specialized Transportation service. This application is intended to determine whether the applicant can use regular transit services or whether he/she requires origin to destination service.

Resources for this program are limited so please exercise care in evaluating this applicant. Your evaluation must be based solely upon the applicant's ability to use regular transit services. False verification could result in travel limitations for persons legitimately qualified to use this program.

Please carefully review the information provided by the applicant and answer the questions below.

Name of Applicant (Print): _____

1. Please mark all disabilities which prevent the applicant from using fixed route bus services. Conditions that make it uncomfortable or inconvenient should NOT be checked.

Neuromuscular		
☐ Arthritis	☐ Muscular Dystrophy	☐ Quadriplegia
☐ Amputation	☐ Paraplegia	☐ Spina Bifida
☐ Cerebral Palsy	☐ Parkinson's Disease	☐ Stroke/Brain Injury
☐ Multiple Sclerosis	☐ Polio	☐ Other: _____
Cardiovascular		
☐ Arteriosclerosis	☐ Congestive Heart Failure	☐ Thrombosis (Chronic)
☐ Asthma	☐ Emphysema	☐ Other: _____
☐ Chronic Obstructive Pulmonary	☐ Heart Attack	
☐ Cystic Fibrosis	☐ Peripheral Vascular Disease	

Cognitive/Psychological

☐ Alzheimer's Disease ☐ Head Trauma ☐ Schizophrenia

☐ Autism ☐ Panic Disorder ☐ Other: _____

☐ Dementia ☐ Phobia

General Medical

☐ AIDS ☐ Lupus ☐ Skin Disorder

☐ Diabetes (Severe) ☐ Epilepsy (Severe) ☐ Other: _____

☐ Cancer ☐ Kidney Disease

Vision & Hearing

Vision Impairment ☐ One Eye ☐ Both Eyes Legally Blind ☐ One Eye ☐ Both Eyes

Totally Blind ☐ One Eye ☐ Both Eyes Deaf ☐ One Ear ☐ Both Ears

Other: _____

Mobility Aid

☐ Walking Cane ☐ Walker ☐ Powered Scooter

☐ Manual Wheelchair ☐ Powered Wheelchair ☐ Does not require any assistive devices

☐ Service/Guide Animal ☐ Other _____

2. What disability prevents the applicant from riding the regular bus system? A detailed diagnosis is required. Please be as specific as possible without using diagnostic codes.

_____

_____

_____.

3. Describe how this disability affects the applicant's functional ability to ride the regular bus system.

_____

_____

_____.

4. Is this condition short-term, long-term, or permanent? If short-term, what is the expected duration?

_____

_____

_____.

5. Does the applicant's disability require that he/she travel with an attendant?

☐ Yes ☐ No ☐ Sometimes (Please Explain Below):

_____

_____

_____.

6. Is the applicant able to travel to and from a bus stop? ☐ Yes ☐ No

If no, select all that apply:

☐ Cannot negotiate if the street or sidewalk is too steep.

☐ Cannot travel if there are no curb cuts.

☐ Cannot cross busy streets and intersections.

☐ Cannot tolerate extreme temperatures.

☐ Cannot locate bus stop due to a visual impairment.

☐ Cannot wait outside without support for 15 minutes.

☐ Becomes confused easily and may get lost.

☐ Other: _____

7. Indicate the individual's ability to independently perform the following functions using the most effective mobility aid.

Travel 3 blocks (1/4 mile) without assistance	☐ Yes	☐ No	☐ Sometimes
Travel 6 blocks (1/2 mile) without assistance	☐ Yes	☐ No	☐ Sometimes
Travel 9 blocks (3/4 mile) without assistance	☐ Yes	☐ No	☐ Sometimes
Give address and phone number upon request	☐ Yes	☐ No	☐ Sometimes
Recognize a destination or landmark	☐ Yes	☐ No	☐ Sometimes
Deal with unexpected situations or changes in routine	☐ Yes	☐ No	☐ Sometimes
Ask for, understand, and follow directions	☐ Yes	☐ No	☐ Sometimes
Safely cross street and intersections	☐ Yes	☐ No	☐ Sometimes
Be left unattended at a pick-up or drop-off location	☐ Yes	☐ No	☐ Sometimes
Get from the door of their home to the bus?	☐ Yes	☐ No	☐ Sometimes

Please leave any additional comments here:

_____

_____

_____

_____

_____.

Applications with illegible or incomplete information will be returned.

Please use medical office stamp if available.

Person Completing Certification (Print): _____

Professional Title: _____

Business Address: _____

Clinic or Agency: _____

Business Phone: _____

Relationship to the Applicant: _____

I verify that the information provided for verification is true and correct.

_____	_____	_____
(Signature)	(Printed Name)	(Date)