



ADA COMPLEMENTARY PARATRANSIT APPLICATION

Updated January 2023

GENERAL INFORMATION

Thank you for your interest in Nashua Transit System's (NTS) ADA Complementary Paratransit service. Enclosed is an application for Certification of ADA Complementary Paratransit eligibility, as well as instructions outlining the certification process. NTS provides ADA Complementary Paratransit service to individuals who are unable to access the NTS Fixed Route bus service from a bus stop due to a physical or mental condition either all of the time, temporarily or only under certain circumstances. (*Fixed Route refers to the regular city bus.*)

NTS ADA Complementary Paratransit service provides shared-ride, origin-to-destination service to individuals determined to be ADA Paratransit eligible for only those trips that cannot be made using NTS regular Fixed Route service. NTS ADA Complementary Paratransit service covers $\frac{3}{4}$ of a mile of NTS' Fixed Route bus line (regular city bus) and the time of your trips must fall within the hours of NTS' Fixed Route service.

TYPES OF ELIGIBILITY

There are three types of eligibility that an applicant may be granted: Unconditional, Conditional or Temporary. In order to be eligible for ADA paratransit service, you must have a physical and/or mental condition that prevents you from traveling on *Fixed Route busses (***Fixed Route refers to the regular city bus**). Age, lack of bus service, illiteracy or economic status does not qualify a person for ADA paratransit service.

- **UNCONDITIONAL ELIGIBILITY** means that an individual is unable to use fixed route transit services under any circumstances and is thus eligible to make all trips using ADA Complementary Paratransit service. Individuals with unconditional eligibility who are able to use the fixed-route buses with the assistance of a Personal Care Attendant (PCA) are encouraged to do so whenever possible. Unconditional eligibility is valid for a minimum of 3 years, after which a recertification is required.
- **CONDITIONAL ELIGIBILITY** applies to individuals who are unable to independently use Fixed Route transit services under some circumstances (inclement weather, snow or ice covered grounds, distance from a bus stop, etc.) Conditionally eligible passengers are approved to use ADA Paratransit services when the conditions under which they are eligible apply. The eligibility letter you receive from NTS will indicate the conditions under which you can schedule ADA rides. Conditional eligibility is valid for a maximum of 3 years, after which a recertification is required.
- **TEMPORARY ELIGIBILITY** is for individuals who experience a temporary loss of functional ability that prevents them from using Fixed Route service. Temporary eligibility typically lasts from 1 to 12 months. Passengers with temporary eligibility will be assigned an expiration date indicating when their eligibility expires. If service is needed beyond that date, passengers will need to reapply.

ADA ELIGIBLE VISITORS TO THE NTS SERVICE AREA

ADA-eligible visitors from outside the NTS service area may use the NTS ADA Complementary Paratransit for 21 days of service during any 365-day period, beginning with the visitor's first day of use. Documentation of eligibility for ADA paratransit service at another transit system must be received prior to scheduling your reservation with NTS. If you are visiting from an area without an ADA-eligible transit system, you are still eligible to ride NTS paratransit as a visitor. Documentation of a physical and/or mental condition and your home address is required, so that we may verify your need for paratransit and that you are a visitor to the area. Visitors do not need to go through the normal eligibility process. For questions and information, call 603-880-0100, ext. 4.

APPLICATION INSTRUCTIONS

1. **ADA eligible visitors** to the NTS service area **MUST** fill out Part 1, as well as submit documentation of eligibility for ADA paratransit service at another transit system and proof of their home address (see above).
2. **All other applicants MUST** answer all questions in Parts 1, 2 and 4. Part 3 is optional. **A licensed and/or certified health care professional MUST complete PART 5**, answering all questions, signing, and dating where indicated. Incomplete and/or illegible applications are withdrawn after sixty (60) days of receipt and the application process must start over. Applications where an individual does not answer all the questions, sign and date, and/or fill in required information, are considered incomplete.
3. Submit completed applications to the address below, or fax it to (603) 821-2042.

Mobility Manager, Nashua Transit System
11 Riverside Street
Nashua, NH 03062

Eligibility Determination and Notification

When we receive your completed application, we will make an eligibility determination within 21 days. You will be notified of this decision in writing, via a letter sent in the mail, which will outline your eligibility status, as well as any conditions that may be placed on your service.

If at any time your functional abilities change and you would like to be considered for a different level of eligibility, you may reapply. If additional time beyond the 21 days is required to complete the evaluation and determination, you will be given temporary eligibility until the final determination is completed. If you have any questions concerning this application or Complementary Paratransit services, please contact the Transit Mobility Manger at (603) 880-0100 ext. 4.

DENIAL OF ELIGIBILITY AND THE APPEALS PROCESS

If you submitted an application for ADA paratransit service but do not meet the eligibility criteria outlined, you will receive a letter of denial. The letter will include the reasons for the denial.

If you are dissatisfied with your eligibility determination, you may appeal this decision in writing. ADA Complementary Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. To file an appeal and for information about the process, contact the NTS Mobility Manager at 603-880-0100, ext. 4 or visit the NTS website: <https://www.nashuanh.gov/1265/Policies-Procedures>.



FOR OFFICE USE ONLY

Date Application Received: _____

Date Eligibility Determination: _____

Date Eligibility Expiration: _____

Eligibility: Unconditional Conditional Temporary Denied

PCA Approved: Yes No

Complementary Paratransit 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 2: APPLYING FOR TRANSPORTATION

1. Explain how your condition prevents you from using the *Fixed Route bus (*Fixed Route means the regular city bus). Applicant may attach pages to answer this question, if necessary.

2. 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.

3. Does your condition change from time to time in ways that affect your functional ability to use a *Fixed Route bus? (i.e. chronic pain may vary due to activity level, weather conditions, etc.) (*Fixed Route refers to the regular city bus.)

- Yes No

If yes, please explain: _____

4. Please check all mobility aids or equipment you currently use, if applicable.

- | | | |
|--|--|---|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Orthopedic Cane (3-4 Prong) | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Respirator/Oxygen Tank |
| <input type="checkbox"/> Long White Cane (Vision Impaired) | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> *Service animal | <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Other _____ | | |

A Service Animal is "a guide dog, signal dog or other animal trained to work or perform tasks for a person with a disability, including, but not limited to, guiding a person with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair or fetching dropped items. **Pets and emotional support animals are not allowed on NTS vehicles.*

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

- Yes No Sometimes

If **Yes** or **Sometimes**, please check below all statements that apply to the help you receive from this person:

- Getting to or from the vehicle
 Boarding or disembarking the bus
 Helping you once you have arrived at your destination
 Other (describe): _____

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

- Less than 1 block (264 ft.) Up to 4 blocks (1,056 ft.)
 Up to 2 blocks (528 ft.) More than 4 blocks (>1,056 ft.)

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

- 1-10 minutes 10-20 minutes
 20-30 minutes 30-40 minutes

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

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Steep Hills | <input type="checkbox"/> No Curb Cuts in Sidewalks | <input type="checkbox"/> Heavy Rain |
| <input type="checkbox"/> No Sidewalks | <input type="checkbox"/> Intersections without Pedestrian Signals | <input type="checkbox"/> Hot Weather |
| <input type="checkbox"/> No Crosswalks | <input type="checkbox"/> Snow or Ice | <input type="checkbox"/> Cold Weather |

9. If approved for this service, you will: (check all that apply)

- Be able to meet the vehicle at the curb.
 Need assistance from the door of your pick-up point to the vehicle.
 Need assistance from the vehicle to the door of your destination.

10. 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
- Climb three 12-inch steps? Yes No Sometimes

11. Do you currently ride the NTS *Fixed Route buses (*Fixed Route means the regular city bus)?

- Yes No

If yes, how many days in one month? _____

12. Have you ever ridden NTS *Fixed Route buses (*Fixed Route means the regular city bus)?

- Yes No

If yes, why did you stop? _____

13. 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? (*Fixed Route means the regular city bus)

- Yes No

If no, please explain: _____

14. If provided with the appropriate training and practice, would you be able to use NTS *Fixed Route bus service? (*Fixed Route means the regular city bus)

- Yes No Sometimes

If No or Sometimes, please explain: _____

PART 3: OPTIONAL SURVEY

The questions on this page are optional and will not be used to determine eligibility.

1. Frequent Destination(s)

Closest Bus Stop(s)

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

- Fixed Route Demand Response 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) _____

4. If you answered “Yes” to the previous question, which days of the week do you need regular transportation? (Check all that apply)

- Mondays
 Tuesdays
 Wednesdays
 Thursdays
 Fridays
 Saturdays

PART 4: APPLICANT CERTIFICATION

**Applicant must print their name, sign their signature and date for themselves on this page. If an applicant is unable to do so, a person with Power of Attorney for the applicant may print, sign and date for them. In this case, proof of Power Attorney should be submitted with this application.*

I, _____ the applicant, understand that the purpose of this application is to determine my eligibility to use Nashua Transit System ADA Complementary Paratransit service. I hereby authorize my licensed/certified health care professional to release information about my disability and its effect on my ability to travel using accessible fixed-route bus service, which may be needed in connection with my request for ADA Complementary Paratransit eligibility certification. I agree to release this information to NTS and I understand that the information released will be used solely to determine my ADA Complementary Paratransit eligibility. This release authorizes NTS to directly contact my health care professional for further information or clarification of the information provided.

I agree to notify NTS of any changes in the status of my disability that affects my ability to use ADA Complementary Paratransit service. I understand that providing false information in this application could result in a loss of ADA Complementary Paratransit service as well as a penalty under the law.

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 ADA Complementary Paratransit service will be grounds for suspending my eligibility in this program.

Applicant Signature: _____ Date: _____

If a person other than the applicant has completed this form, please check one and complete the information below:

I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.

I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Name (Print): _____ Contact Number: _____

Address: _____

Agency or Clinic (if applicable): _____

Relationship to Applicant: _____

Signature: _____ Date: _____

PART 5: MEDICAL PROFESSIONAL VERIFICATION

This section must be completed by a licensed or certified health care professional.

Dear Health Care Professional:

Federal law requires that Nashua Transit System (NTS) provide Complementary Americans with Disabilities Act (ADA) Paratransit service to persons who do not have functional or cognitive ability to use the NTS accessible fixed-route bus system.

The information you provide in this section will allow NTS to make an appropriate evaluation of the applicant's mobility and determine how we may best meet their needs.

In accordance with the Americans with Disabilities Act of 1990 (ADA) and its regulations, Section 37.123(e), there are two specific circumstances under which a person is eligible for NTS' ADA Complementary Paratransit service:

1. Any individual with a disability who is unable, due to a physical or mental impairment and without the assistance of another individual (except the operator of a wheelchair ramp or other boarding assistance device), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
2. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Note: This does not include persons who find it uncomfortable or difficult to get to and from bus stops.

Resources for this service are limited. Your evaluation of each person must be based solely upon the individual's ability to access fixed-route transit service (**Fixed Route refers to the regular city bus**). All fixed-route buses are fully accessible and ADA compliant. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. It is essential that you be as precise as possible in your evaluation. False verification could result in overloading the NTS ADA Complementary Paratransit service and adversely impact persons legitimately qualified to use this service.

If you have any questions about the application or the review process, please contact Nashua Transit System at (603) 880-0100 ext. 4.

Name and Title: _____

Name of Healthcare Profession or Agency: _____

Address of Provider's Office: _____

Phone Number(s): _____ Fax: _____

Name of Applicant: _____

Relationship to Applicant: _____ Last Seen: _____

1. Explain how the applicant's condition prevents them from using the *Fixed Route bus system (*Fixed Route refers to the regular city bus). What specific conditions contribute to the applicant's mobility and/or cognitive limitations?

2. What is the status of the applicant's disability?

- Short-Term: Please indicate the expected duration of the applicant's disability: _____ month(s).
- Long-Term: Disability has potential for improvement or long periods of remission.
- Permanent: Disability will not improve.

3. Does the applicant's disability require that he/she travel with a Personal Care Attendant (PCA)?

- Yes
- No
- Sometimes

If Yes or Sometimes, please explain why: _____

4. Please check boxes of mobility aids or equipment the applicant currently uses, if applicable.

- | | | |
|--|--|---|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Orthopedic Cane (3-4 Prong) | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Respirator/Oxygen Tank |
| <input type="checkbox"/> Long White Cane (Vision Impaired) | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Service/guide animal | <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Does not use a mobility aid | <input type="checkbox"/> Other _____ | |

5. On their own, or using their assistive device, how far can the applicant travel on level ground?

- Less than 1 block (264 ft.)
- Up to 4 blocks (1,056 ft.)
- Up to 2 blocks (528 ft.)
- More than 4 blocks (>1,056 ft.)

6. On their own, or using their assistive device, what is the longest length of time they can wait for transportation?

- 1-10 minutes 10-20 minutes
 20-30 minutes 30-40 minutes

7. Is the applicant able to travel to and from a *Fixed Route bus stop? (*Fixed Route refers to the regular city bus)

- Yes No

If no, select all that apply:

- Unable to negotiate if the street or sidewalk is too steep.
 Unable to travel if there are no curb cuts.
 Unable to cross busy streets and intersections.
 Unable to tolerate extreme temperatures.
 Unable to locate bus stops due to a visual impairment.
 Becomes confused easily and may get lost.
 Other: _____

8. Indicate the individual's ability to independently perform the following functions.

- | | | | |
|---|------------------------------|-----------------------------|------------------------------------|
| Give address and phone number upon request | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Recognize a destination or landmark | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Deal with unexpected situations or changes in routine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Ask for, understand and follow directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Be left unattended at a pick up or drop-off location | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |

My signature below certifies that the above information is accurate.

Signature: _____ Date: _____