



## ADA COMPLEMENTARY PARATRANSIT APPLICATION

### **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 use the NTS fixed-route bus service due to a physical or mental impairment either all of the time, temporarily or only under certain circumstances.

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's fixed route bus line and the time of your trips must fall within the hours of NTS's fixed-route service.

### **Application Instructions**

1. Complete PARTs 1, 2, 3 and 4 in its entirety.
2. Once you have completed PARTS 1-4, take or send the entire application to a licensed or certified healthcare professional. The professional must complete PART 5: MEDICAL PROFESSIONAL VERIFICATION.
3. Please submit completed applications to the address below, or fax it to (603) 821-2042.

Nashua Transit System  
11 Riverside Street  
Nashua, NH 03062

**NOTE:** It is very important that applications be filled out completely. Incomplete and illegible applications will be withdrawn after sixty (60) days of receiving it and you must start the application process over.

### **Evaluation and Notification**

When we have all of your application materials, we will make an eligibility determination within 21 days and you will be notified of the decision in writing. There are three (3) types of eligibility: *Unconditional*, *Conditional*, or *Temporary*. The letter will explain your eligibility status as well as any conditions placed on your service. 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 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.

If you have any questions concerning this application or Complementary Paratransit services, please contact the Transit Mobility Manager at (603) 880-0100 extension 4.



**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

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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. Please explain how your condition prevents you from using the Fixed Route bus (attached pages if necessary).**

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**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.)**

- Yes       No

**If yes, please explain:** \_\_\_\_\_

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**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/guide animal              | <input type="checkbox"/> Crutches          | <input type="checkbox"/> Prosthetics            |
| <input type="checkbox"/> Other _____                       |                                            |                                                 |

**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.**

- Steep Hills       No Curb Cuts in Sidewalks       Heavy Rain  
 No Sidewalks       Intersections without Pedestrian Signals       Hot Weather  
 No Crosswalks       Snow or Ice       Cold Weather

**9. If you are found eligible 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?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Cross the street, either on your own or with an assistive device? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Step off a sidewalk from the curb?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Find your way to the bus stop if shown the way?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Climb three 12-inch steps?                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |

**11. Do you currently ride the NTS fixed route buses?**

- Yes       No

If yes, how many days in one month? \_\_\_\_\_

If no, please answer #11.

**12. Have you ever ridden NTS fixed route buses?**

- 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?**

- 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?**

- 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)

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### 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

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 the attached Medical Professional Verification Form 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 would be considered eligible for NTS's ADA Complementary Paratransit service:

1. Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision 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.

**Please 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, and your evaluation of each person must be based solely upon the individual's ability to use regular fixed-route transit service. 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 extension 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. Please explain how the applicant's condition prevents them from using the regular ADA accessible bus system. What specific conditions contribute to the applicant's mobility and/or cognitive limitations?**

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**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:** \_\_\_\_\_

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**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 bus stop?**

- 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: \_\_\_\_\_