

This date for office use only: ___/___/___

REQUEST FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA) DOOR-TO-DOOR ELIGIBILITY AND OTHER SPECIAL SERVICES



Please be sure to complete all sections in the application. An incomplete application will lead to a delay in our ability to serve you.

PLEASE PRINT CLEARLY OR TYPE.

Last Name: _____ First Name: _____
Street Address: _____ Apt #/Building # _____
City/Town: _____ State: _____ Zip: _____
If this is a Licensed Nursing Care Facility, name of facility: _____
Daytime Telephone _____ Evening Telephone _____
TDD/Relay # (if applicable) _____ Date of Birth ___/___/___
Do you need information given in another format? YES NO
If yes, which format? larger type braille audio other: _____
Employer or Program Site (if any): _____
Contact Person: _____ Telephone: _____

In case of an emergency or if we are unable to reach you at your regular number(s), please let us know who to contact below:

Last Name: _____ First Name: _____
Daytime Telephone _____ Evening Telephone _____
Relationship: _____ Agency (if applicable) _____

If someone assisted you with this application, that person must complete the following:

Last Name: _____ First Name: _____
Street Address: _____ Apt #/Building # _____
City/Town: _____ State: _____ Zip: _____
Daytime Telephone _____ Evening Telephone _____
Relationship: _____ Agency (if applicable) _____
Signature: _____ Today's Date ___/___/___

INFORMATION ABOUT YOUR PUBLIC BUS EXPERIENCE

Do you ride the public bus? YES NO SOMETIMES

When was the last time you used the public bus service? _____

I can use the public bus with little or no difficulty.

ALWAYS SOMETIMES NEVER

I can never get to the public bus stop by myself due to the severity of my disability.

YES NO

I have a temporary disability that prevents me from using the public bus. I will need door-to-door services only until I recover.

YES NO

I have a disability that prevents me from remembering and understanding all I have to do to use the public bus. I may be able to learn with training.

YES NO

I have a visual disability that prevents me from getting to and from the public bus stop.

YES NO

I cannot use the public bus for some trips because I have not learned the route, or there are some other barriers that prevent me from using the public bus.

YES NO

INFORMATION ABOUT FREE TRAVEL TRAINING

I could use the public buses if I had general knowledge about routes and times.

YES NO

Travel Training is a free service which teaches people with disabilities how to ride and use the public bus service. Would you like more information?

YES NO

PLEASE DO NOT FAX THIS APPLICATION. Return completed application to:
Norwalk Transit District, 275 Wilson Avenue, Norwalk, CT 06854



ADA ELIGIBILITY CERTIFICATION REQUEST

The information obtained through this certification process will only be used by the Norwalk Transit District to determine your eligibility for its special transportation services. Upon your request, information will only be shared with other transit providers to assist your travel in other communities. The information will not be provided to any other person or agency.

The Norwalk Transit District is an affirmative action employer and service provider. We do not discriminate with regard to race, color, creed, religion, national origin, age, ethnic background, sex, sexual orientation or disability.

Place
Stamp
Here

NORWALK TRANSIT DISTRICT
275 Wilson Avenue
Norwalk, Connecticut 06854

**IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION OR SERVICE,
PLEASE CALL NORWALK TRANSIT DISTRICT:**

VOICE: (203) 299-5180 TDD: (203) 299-5183

OR VISIT OUR WEBSITE: WWW.NORWALKTRANSIT.COM

This application applies to any or all of the following door-to-door services:

- TOWN-TO-TOWN
- Westport Service (Elderly)
- Stamford Senior Transportation (Elderly)
- Dispatch-A-Ride (ADA)
- Westport Service (ADA)
- easy access (ADA)

INFORMATION ABOUT YOUR FUNCTIONAL ABILITY

For each statement, check one answer. Your answer should be based on how you feel most of the time under normal circumstances, and whether you can perform this activity.

I can cross the street if there are curb cuts.

- ALWAYS SOMETIMES NEVER

I can travel up/down a gradual hill in good weather conditions.

- ALWAYS SOMETIMES NEVER

I can find my way to the public bus stop if someone shows me once.

- ALWAYS SOMETIMES NEVER

I am able to wait for 10 minutes using my mobility aid (if applicable) at a public bus stop that does not have seats and a shelter.

- ALWAYS SOMETIMES NEVER

I am able to ask for, understand, and follow directions.

- ALWAYS SOMETIMES NEVER

I am able to detect curbs, ramps, and other drop off areas.

- ALWAYS SOMETIMES NEVER

Is there any medication that affects your daily travel? YES NO

Are there any other effects of your disability of which we need to be aware (sensitivity to cold, disorientation, chronic fatigue, etc.)?

Answer the following questions by checking all that apply.

What barriers would make it difficult for you to use the public bus from your home to your destination(s)?

- Busy streets I must cross No Sidewalks Steep Hills
 Sidewalks in poor condition No Curb Cuts No crosswalks at street corners

Other _____

Can you get on and off a public bus?

- Yes, I can climb steps
 I probably could with instruction
 Yes, I can use the lift and/or ramp
 No (Please explain) _____

INFORMATION ABOUT YOUR DISABILITY

The following information will be used to assure the use of an appropriate vehicle and the proper assistance when you request transportation from the Norwalk Transit District. It will also permit us to conduct an analysis of each trip request.

What type of disability prevents you from using public bus service? Check all that apply:

- Physical Visual Cognitive Mental Health Hearing Other

Identify Disability by Name(s) _____

Please describe your disability in detail _____

Is this condition temporary? YES NO If Yes, how long? _____

Will you use any of the following aids for mobility? (Check all that apply)

- Manual Wheelchair Powered Scooter Cane Service Animal
 Electric Wheelchair Oxygen Tank Walker Braces
 *Oversized Wheelchair Crutches Cart Communication Board
 Other _____

**If your wheelchair exceeds the ADA regulation which defines a common wheelchair as any device that does not exceed 30 " in width, 48 " in length, and 600 lbs when occupied.*

Do you require the assistance of a personal care attendant? YES NO SOMETIMES

Can you travel without the assistance of another person? YES NO SOMETIMES

If Yes, how far? _____

Can you climb three 12 inch steps without assistance? YES NO SOMETIMES

Using only your mobility aid (if any) can you wait outside without support?

If Yes, how long? _____

APPLICANT'S CERTIFICATION

I understand that the purpose of this application is to determine if there are times when I cannot use the public buses and must therefore use the Door-to-Door Services. I understand that any information about my disability or age contained in this application will be kept confidential and shared only with professionals involved in providing this service. I certify that, to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in the Norwalk Transit District re-evaluating my eligibility.

Signature of Applicant or Guardian

_____/_____/_____
Date

AUTHORIZATION TO OBTAIN PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION

In order to evaluate your request, it may be necessary to contact your physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following professional is familiar with my disability and is able to provide the Norwalk Transit District with the information needed to complete my certification for ADA and/or other door-to-door services.

Physician Health Care Professional Rehabilitation Professional

Professional's Name: _____

Agency: _____

Office Address: _____

City/Town: _____ State: _____ Zip: _____

Office Phone #: _____ Office Fax #: _____

Applicant's Name: _____ Date of Birth: __/__/__

_____/____/____

Signature of Applicant or Guardian

Date

ADA DEFINITION OF DISABILITY

The following persons with disabilities are eligible for the Norwalk Transit District's ADA door-to-door services:

1. Any person with a disability who is unable, as a result of a physical or mental impairment, and without the assistance of another individual (except the operator of a wheelchair lift) to board, ride or disembark from any public bus.
2. Any person with a disability who has a specific impairment-related condition which prevents them from traveling to or from a bus stop on the public bus system.
3. Architectural and environmental barriers such as distance, terrain or weather, do not, standing alone, form a basis for eligibility. However, a person may be eligible if the interaction of the disability and barriers prevent the person from traveling to or from the public bus stop.