

ID# _____

GREATER NEW HAVEN TRANSIT DISTRICT
840 SHERMAN AVENUE
HAMDEN, CT 06514
203-288-6282



Disabled individuals must complete the entire form.

(USE ORIGINAL ONLY – COPIES OR FAXES NOT ACCEPTED)

Individuals over the age of 60 who are eligible for the Regional Rides Program or individuals over the age of 60 who are eligible for the Dial-a-Ride program need to complete only Page 1 of this application.

Last Name: _____ First Name: _____

Street Address: _____ Apt.# / Bld.#: _____

City: _____ State: _____ Zip: _____

Telephone # (Daytime): _____ (Evening): _____

TDD # (If Applicable): _____ Date of Birth: ____/____/____

Email: _____

Primary Language: _____ English _____ Spanish Other: _____

Do you require assistance to and from the vehicle? ____yes ____no

Do you need information given to you in a different way? ____No ____Yes

Check all that apply: ____Large Print ____Audio Tape ____Interpreter ____Braille

Please provide an alternative contact:

Name: _____ Relationship: _____

Telephone # (Home): _____ (Work) _____

We currently have three (3) services available. Please check which service you are applying for:

ADA (Disabled ALL AGES)

Dial-A-Ride (60 yrs. plus and/or Disabled)

(Eligibility limited to the residents of Bethany, Branford, East Haven, Hamden, New Haven, North Branford, North Haven, Orange, West Haven and Woodbridge.)

Regional Rides Program (Disabled and/or 60 years and older)

(Eligibility for Regional Rides is limited to residents of one of the following towns: Bethany, Branford, East Haven, Guilford, Hamden, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven and Woodbridge.)

Describe your Public Bus experience:

1. Do you currently use public bus service? _____ Yes _____ No _____ Sometimes
 2. When was the last time you used public bus service? _____
 3. Can you name the public bus routes that service your neighborhood?
_____ Yes _____ No
 4. What is the bus stop nearest your home? _____
(Example: Corner of Church St. & Chapel St.)
 5. Can you get to the bus stop by yourself? _____ Yes _____ No _____ Sometimes
If "No" or "Sometimes" explain: _____

 6. Have you ever gotten lost on a public bus? _____ Yes _____ No
If you answered "Yes", how did you find your way back? _____

 7. Do you know how to get information about public bus service?
_____ Yes _____ No _____ Not Sure
-

Complete the following by checking the number that you believe describes your ability to ride public buses. You may check more than one:

1. I can use public bus service sometimes, but for some trips either I have not been trained or there are some other barriers.
2. I have a disability that allows me to use the public bus on days when I'm feeling well, but on "bad days" I can not make it to the bus stop or get on the bus.
3. I have a temporary disability that prevents me from using the bus. I will need paratransit services only until I recover.
4. I have a disability that prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think with training I can learn, but I cannot at the current time.
5. I have a visual disability that prevents me from getting to and from the bus stop.

6. I have a disability that prevents me from using the public bus service.

Your Functional Ability

For each question, **circle 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. Your answers to the questions in this section will help us understand your functional ability in specific areas.

1. Walk up and down three steps if there are handrails on both sides?
Always Sometimes Never Not Sure
2. Travel 1/4 mile on the sidewalk in good weather conditions?
Always Sometimes Never Not Sure
3. Travel 1/2 mile on the sidewalk in good weather conditions?
Always Sometimes Never Not Sure
4. Cross the street, if there are curb cuts?
Always Sometimes Never Not Sure
5. Wait 10 minutes at a bus stop that does not have a bench or shelter?
Always Sometimes Never Not Sure
6. Travel up/down a gradual hill on a sidewalk, in good weather conditions?
Always Sometimes Never Not Sure
7. Find your way to the bus stop, if someone shows you once?
Always Sometimes Never Not Sure
8. What barriers in your surroundings make it difficult for you to use the public bus?
_____ Lack of curb cuts _____ No sidewalks _____ Steep hills
_____ Busy streets I must cross _____ Sidewalks are in poor condition
_____ No crosswalks at street corners _____ Other: _____

(We do have referrals available for free one-on-one training to use for fixed bus route)

(Answer these questions for the ADA and the Regional Rides service only)

Please provide information about your disability in detail:

1. Is your residence a: _____ Intermediate Care Facility _____ Licensed Skilled
 _____ None of the Above _____ Nursing Facility
 Is this a temporary residence? _____ Yes _____ No

2. What type of disability prevents you from using the public bus system? Check all that apply:
 _____ Physical Disability _____ Visual Disability _____ Mental Illness _____ None
 _____ Developmental Disability _____ Other: _____

3. Is the disability you described temporary or permanent?
 _____ Permanent _____ I don't know
 _____ Temporary and expect it to last: _____ months.

4. Do you require the assistance of a personal care attendant? (Someone who helps you with daily life function.)
 _____ No _____ Yes _____ Sometimes

5. Do you use any of the following devices? _____ Yes _____ No
 (If yes, check all that apply)

_____ Manual or Power Wheelchair	_____ Power Scooter or Cart
_____ Cane	_____ Crutches
_____ Walker	_____ Leg Braces
_____ Oxygen Tank	_____ Service Animal
	_____ Other: _____

6. Can you get on and off a public bus? (Note: All CT Transit buses are wheelchair lift equipped.)
 _____ Yes, I can climb the steps _____ Yes, if the bus has a lift
 _____ No (Please Explain): _____

7. Is there any medication that affects your daily travel that we should know of:

I hereby certify that the information given is correct.

Signature of applicant or guardian: _____ Date: _____

Please be sure all questions are completed and information is accurately communicated.

PHYSICIAN OR OTHER PROFESSIONAL INFORMATION

Applicant's Name: _____ Date of Birth: ____/____/____
(please print)

In order to allow the Greater New Haven Transit District (GNHTD) to evaluate your request for disability services please provide your physician's name and address and/or other medical professional to confirm the information you have provided. **Please complete the following information and authorization form, and return this page to GNHTD along with your application.**

The following: (check appropriate professional)

____ Physician ____ Health Care Professional ____ Rehabilitation Professional

is familiar with my disability and is authorized to provide information to the Greater New Haven Transit District for my ADA paratransit eligibility determination.

Professional's Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Office Fax #: _____

Signature of Applicant or Guardian: _____

ADA DEFINITION OF DISABILITY

(ELIGIBILITY FOR ADA PARATRANSIT SERVICE)



The following persons with disabilities are eligible for the Greater New Haven Transit District's ADA Paratransit Service.

1. Any person with a physical or mental disability who is unable to board, ride or disembark from any accessible fixed route bus, without the assistance of another individual (except the operator of a wheelchair lift).
2. Any person's inability to recognize their destination – or, inability to transfer to said destination.
3. Any person with a disability who has a specific impairment-related condition that prevents them from traveling to or from a bus stop on the public bus system. 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 bus stop.