



# Paratransit Application

## Overview

In compliance with the Americans with Disabilities Act of 1990 (ADA), MTA Long Island Bus provides curb-to-curb "paratransit" services for the Able-Ride Program to anyone who, because of a physical or mental disability, is unable to use regular, fixed route bus service in Nassau County.

Able-Ride's advance schedule/shared-ride service is designed to provide paratransit service only to individuals who cannot use the regular, fixed route bus system to make all of their trips. To be eligible for this service the functional limitations of an individual's disability must prevent use of regular, fixed route buses. **Age, distance from a bus stop or inability to drive are conditions which are not taken into consideration in making an eligibility determination.**

This application form is intended to determine the circumstances under which the applicant can use the regular, fixed route bus system and when he/she will require Able-Ride. Each application will be evaluated on a case-by-case basis, taking into consideration all of the information provided. As part of the eligibility process, you may be required to undergo an in-depth interview. Failure to attend will result in a denial of your application.

The applicant, or someone assisting him/her, must complete all the questions in Parts 1 and 2. Incomplete forms will be returned and delay certification. A licensed health care professional is required to complete and sign Part 3, the HEALTHCARE PROFESSIONAL VERIFICATION section.

- ◆ Each application will be reviewed for eligibility. If eligible, the applicant will receive an identification card and guidelines/procedures to observe when using the Able-Ride service.
- ◆ If an applicant is denied, he/she has the right to question the decision by submitting a formal request, in writing, for an Appeal Board hearing.
- ◆ In accordance with ADA regulations, a determination of eligibility will be made within **21 calendar days** after receipt of your **completed** application.

## **COPIES OF THIS FORM ARE AVAILABLE IN LARGE PRINT UPON REQUEST.**

*If you have any questions, please call:*

**(516) 228-4000**  
**The Able-Ride Paratransit Program**  
**Paratransit Certification**  
**MTA Long Island Bus**

*Please use the enclosed envelope to return the **completed** application to:*

**The Able-Ride Program**  
**P.O. Box 8135**  
**Garden City, NY 11530**



**3. Please indicate below if you use any of the following mobility aids or equipment.**

- walking cane
- orthopedic cane (3-4 prong)
- long white cane (for the visually impaired)
- service/guide animal (describe)\_\_\_\_\_
- walker
- leg braces
- manual wheelchair
- powered wheelchair
- powered scooter/cart
- respirator/oxygen tank
- other \_\_\_\_\_
- I don't require any assistive devices

**NOTE: We may not be able to accommodate the applicant if the wheelchair/scooter is longer than 48" or wider than 28 1/2", or if the combined weight of the applicant and wheelchair is more than 600 pounds.**

## PART 2. QUESTIONS ABOUT USING REGULAR (FIXED ROUTE) PUBLIC BUSES

**All regular public buses have wheelchair lifts and kneelers (steps that lower to curb level) for ease in boarding and all make automated stop and key location announcements.**

**4. Have you ever used the regular public buses?**

- Yes, I typically use fixed route buses  times a week.
- Yes, I used to but stopped because \_\_\_\_\_
- No

**5. If you currently do not use the regular public buses, is there something that might help you to ride them? (Mark all that apply).**

- Yes, if bus stops were closer to where I live and where I need to go.
- Yes, if Able-Ride took me to and from the nearest bus stop or LIRR station.
- Yes, route and schedule information.
- Yes, a communication aid.
- Yes, describe): \_\_\_\_\_
- Yes, learning to use the buses.
- No, none of these would help.

**6. How far from your home is the nearest public bus stop?**

- Less than 1 block
- 1-2 blocks
- 3-4 blocks
- 5 or more blocks
- I don't know

**7. How far can you travel on your own or when using a mobility aid?**

- I can get to the curb in front of my house/apartment
- I can travel up to 3 blocks (1/4 mile)
- I can travel up to 6 blocks (1/2 mile)
- I can travel up to 9 blocks (3/4 mile)

**PLEASE GIVE US MORE INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES**

**8. WITHOUT the help of someone else, can you...**

- a. Ask for and understand written or spoken instructions?  
 Always    Sometimes    Never    Not sure
- b. Cross the street?  
 Always    Sometimes    Never    Not sure
- c. Stand for 30 minutes waiting for an Able-Ride bus if there is no place to sit?  
 Always    Sometimes    Never    Not sure
- d. Step on and off a sidewalk from the curb?  
 Always    Sometimes    Never    Not sure
- e. Find your own way to the bus stop if someone shows you the way once?  
 Always    Sometimes    Never    Not sure
- f. Walk up and down three steps if there is a handrail?  
 Always    Sometimes    Never    Not sure
- g. Walk up and down a flight of stairs if there is a handrail?  
 Always    Sometimes    Never    Not sure
- h. Stand on a moving bus holding onto a handrail?  
 Always    Sometimes    Never    Not sure
- i. Transfer from one fixed route bus to another?  
 Always    Sometimes    Never    Not sure

---

**If you have completed this application for another person, please provide the following information.**

**Print Name:**

LAST NAME:  FIRST NAME:  MI:

DATE: --

**Signature Required**

RELATIONSHIP TO APPLICANT:

DAYTIME PHONE: --

STREET ADDRESS:

APT/BLDG. #:

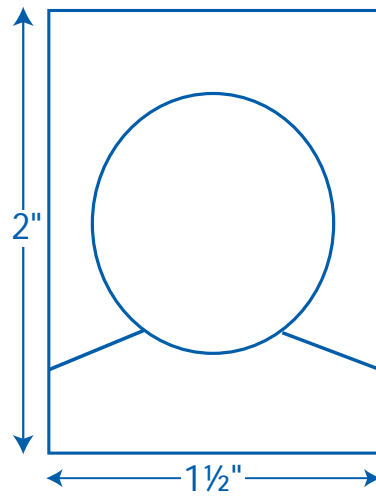
CITY:

STATE:

ZIP CODE:

**Failure to complete any section of this application will delay the eligibility determination process.**

You must submit one (1) recent photograph (measuring 2" in length x 1½" in width and taken within the last 2 years) with this application for your identification card. Please write your name on the back of the photograph. Your application will **not** be processed unless the photograph is included. The photograph must have a solid background and show a full front view of your face.



## THIS APPLICATION CANNOT BE PROCESSED WITHOUT THE APPLICANT'S SIGNATURE AND PHOTOGRAPH

### A. Certification:

I certify that, to the best of my knowledge and ability, the information in this evaluation form is true and correct.

### B. Medical Authorization:

I hereby authorize the health care professional (doctor, nurse, social worker, etc.) who is named in **Part 3** to provide information concerning my disability/disabilities as well as my ability to travel. I understand that this information will be used solely for the purpose of determining my eligibility for ADA paratransit service and that all medical information concerning my disability will be kept confidential.

**Applicant's Signature Required**

MO.		DAY		YEAR	

The following portion of the application must be completed and signed by a currently licensed health care professional.

### PART 3. HEALTH CARE PROFESSIONAL VERIFICATION

The individual who has asked you to review and sign this application is applying to the Able-Ride Program to be considered eligible for paratransit service. ADA paratransit service is intended **ONLY** for those trips that the person cannot take on the regular public bus system due to his/her disability.

Please note that all regular public buses are equipped with wheelchair lifts and kneelers (steps that lower to curb level) and all make automated stop and key location announcements.

#### 9. What disability prevents the applicant from riding the regular public bus system?

- ◆ Please **explain in DETAIL** the applicant's physical, developmental, cognitive or visual disability/ disabilities, **including** the applicant's **prognosis**.

---

---

---

- ◆ If disability is **cognitive or developmental**, please supply **information regarding the applicant's functional abilities** and any **recent evaluations**. All information will be kept confidential.

---

---

---

#### 10. a. Is this condition temporary? Yes No

- ◆ If temporary, what is the expected duration? \_\_\_\_\_  
(NUMBER OF MONTHS)

#### b. Is this condition permanent? Yes No

#### 11. Would travel training improve the applicant's functional abilities enough to use the regular (fixed route) public bus system?

- Yes  No

#### 12. Does the applicant require the assistance of a Personal Care Attendant (PCA)?

(NOTE: All Able-Ride bus operators, if requested, will assist customer on or off the bus.)

- Yes  No
  - Help getting to or from curb in front of residence.
  - Help getting to destination (someone must accompany him/her to ensure safe arrival).
  - Help upon arrival at destination (may get lost without someone to direct him/her).

- Applicant currently uses a PCA.

A PCA is required for any child 10 years of age or younger.

**13. Is the applicant able to travel to and from a bus stop?**

- Yes       No

♦ **If no, please indicate 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 identify correct bus when it is light.
- Cannot identify correct bus when it is dark.
- Cannot wait outside for 30 minutes if there is no place to sit.
- Easily becomes confused and may get lost.
- People cannot understand him/her (speech impediment).
- Other (please specify): \_\_\_\_\_

**14. Is the applicant able to accomplish the following without assistance?**

Find his/her way between familiar locations?	<input type="radio"/> Yes	<input type="radio"/> No
Grasp coins, passes, railings and handles?	<input type="radio"/> Yes	<input type="radio"/> No
Signal the bus operator to get off the bus at a familiar stop and then get off the bus?	<input type="radio"/> Yes	<input type="radio"/> No
Climb up and down three 12 inch steps?	<input type="radio"/> Yes	<input type="radio"/> No
Recognize a destination or landmark?	<input type="radio"/> Yes	<input type="radio"/> No
Communicate addresses, destinations, and telephone numbers upon request?	<input type="radio"/> Yes	<input type="radio"/> No
Ask for, understand, and follow directions?	<input type="radio"/> Yes	<input type="radio"/> No
Travel 200 feet? (a city block)	<input type="radio"/> Yes	<input type="radio"/> No
Travel 1/4 mile? (three blocks)	<input type="radio"/> Yes	<input type="radio"/> No
Deal with unexpected situations or unexpected changes in routine?	<input type="radio"/> Yes	<input type="radio"/> No
Safely and effectively travel through crowded and/or complex facilities?	<input type="radio"/> Yes	<input type="radio"/> No

**15. Vision**

**Mark All That Apply**

	One Eye	Both Eyes
Cataracts	<input type="radio"/>	<input type="radio"/>
Cortical Blindness	<input type="radio"/>	<input type="radio"/>
Glaucoma (all types)	<input type="radio"/>	<input type="radio"/>
Macular Degeneration	<input type="radio"/>	<input type="radio"/>
Retinal Detachment	<input type="radio"/>	<input type="radio"/>
Retinopathy	<input type="radio"/>	<input type="radio"/>
Totally Blind	<input type="radio"/>	<input type="radio"/>
Legally Blind	<input type="radio"/>	<input type="radio"/>
Other (please list):		

