



Office of Eligibility
100 Hale Street
Lowell, MA 01851
(978) 452-6161, Ext. 204

ADA Paratransit Eligibility Application and Instructions

Dear Applicant:

Thank you for inquiring about applying for eligibility for the Lowell Regional Transit Authority (LRTA), ADA Paratransit Service, the Road Runner. Enclosed is a copy of an application for Certification of ADA Paratransit Eligibility.

Road Runner ADA Paratransit service at LRTA provides service to individuals who are unable to use the fixed-route bus service because of a disability. An inability to ride fixed route bus service may include being unable to travel to and from bus stops, board or exit busses, or understand how to ride and use the bus system. Road Runner serves all areas within $\frac{3}{4}$ of a mile on each side of each route serviced by the LRTA Fixed-Route Bus System.

Road Runner Paratransit provides shared ride, origin to destination service to persons determined to be "ADA eligible" for those trips that cannot be made using the fixed-route service. You may, for example, be able to use fixed-route service for some trips if stops are nearby and there are not barriers that prevent you from getting to and from the bus. At other times, you may not be able to use the bus, Road Runner paratransit service is meant to assist you at those times.

Road Runner also offers a Dial-A-Ride (DAR) service for individuals ages 60 and over who live in nearby towns to Lowell, MA. Also enclosed is an application for DAR service. The schedule for DAR service is not tied to LRTA ADA service. DAR service is a limited service by advance request. You are also encouraged to contact your local Council on Aging about the senior and/or ADA transportation services.

To enable us to accurately determine your eligibility for either service, please complete one or both of the enclosed applications as accurately as possible. The questions for ADA Service are meant to determine the circumstances under which you can use fixed-route or paratransit services.

If you need assistance completing this form, or have questions, please contact this office at (978) 452-6161, Ext. 204. This letter and application for ADA service is available in alternate formats.

After you have completed the ADA application, please have a licensed health care professional or disability case worker complete the health care professional information. The information you provide is confidential.



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Please do not attach medical information to this application.

Please mail your application to:

Office of Eligibility
Lowell Regional Transit Authority
100 Hale Street
Lowell, MA 01851

Completed applications will be processed within twenty-one days of receipt. You will be notified in writing of your determination and classification of eligibility. If we require additional time to complete the ADA determination, you will be given temporary, presumptive eligibility until the process is completed.

If the Office of Eligibility determines that you are able to use LRTA Fixed-Route Bus service, and therefore ineligible for paratransit service, we will notify you of the reason(s) for this determination. You may appeal your determination and classification of eligibility. You will be provided a copy of the Appeal of Eligibility Form. If the appeal process cannot be concluded within 30 days, Road Runner will provide temporary eligibility.

We look forward to receiving your application(s).

Sincerely,

Richard Garrett
Eligibility Coordinator
Office of Eligibility
Lowell Regional Transit Authority
100 Hale Street
Lowell, MA 01852
(978) 452-6161, Ext. 204



ADA Paratransit Eligibility Application Form

LRTA Office for Transportation Access
100 Hale Street
Lowell, MA 01851
(978) 452-6161 EXT. 204
Email: TransportationAccess@LRTA.com

LRTA Use Only

Classification: Approved	Classification: Denied
1. Permanent _____	1. Professional Contradiction _____
2. Conditional _____	2. Fixed Route Ability _____
3. Temporary _____	3. Incomplete Application _____
4. Visitor _____	
Date of Approval _____	
Client ID# _____	

PART A

(This part must be completed by all applicants)

1. APPLICANT

NAME _____ SEX MALE FEMALE
First / M.I. / Last

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ DATE OF BIRTH _____
MM / DD / YYYY

HOME PHONE _____ WORK PHONE _____

2. EMERGENCY CONTACT (if applicable)

NAME _____

HOME PHONE _____ WORK PHONE _____

RELATIONSHIP TO APPLICANT _____

Are you applying for American with Disability Act (ADA) Paratransit Eligibility?

Yes, I am applying for "ADA Paratransit Eligibility".

COMPLETE PARTS B AND C BELOW

PART B

This part only needs to be completed if you have a disability or health condition that prevents you from sometimes or always using LRTA's fixed route bus service. Persons completing this section will be considered for "**ADA Paratransit Eligibility.**" Information about disability or health condition will be kept strictly confidential.

1. What is your disability or health condition and how does it prevent you from using LRTA buses some or all of the time?

2. Is your disability temporary? Yes No

If YES, how long is it expected to last? Months Years

3. Do you ever need to bring someone else with you to help you when you travel (a Personal Care Assistant PCA)?

Yes No Occasionally

4. Legal Blindness: Total Low vision Visually impaired but not legally blind

5. Hearing: Deaf Hearing impaired

6. Other: Dialysis patient

7. Do you use a mobility aid or equipment to travel? Yes No

8. WHICH OF THE FOLLOWING MOBILITY AIDS OR EQUIPMENT DO YOU USE TO HELP YOU GET WHERE YOU NEED TO GO?

(Please check all that apply)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Guide Cane |
| <input type="checkbox"/> Prosthetic Device/Brace | <input type="checkbox"/> Crutches | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Service Animal (guide dog, etc.) | <input type="checkbox"/> Other | |

Specify _____

9. WITH OR WITHOUT THE MOBILITY DEVICE IDENTIFIED ABOVE, ARE THERE CERTAIN CONDITIONS, that might prevent traveling a given distance or waiting at a bus stop, such as: lack of sidewalks, temperatures above or below _____, precipitation, during medical episodes, etc. _____

10. CAN YOU ENTER A VEHICLE WITHOUT A RAMP OR A LIFT?

- Yes No Sometimes (If sometimes, explain which conditions would prevent you):

11. CAN YOU TRAVEL SAFELY 200 FEET WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

- Yes No Sometimes (If sometimes, explain which conditions would prevent you):

12. CAN YOU TRAVEL SAFELY 1/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

- Yes No Sometimes (If sometimes, explain which conditions would prevent you):

13. CAN YOU TRAVEL SAFELY 1/2 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes No Sometimes (If sometimes, explain which conditions would prevent you):

14. CAN YOU TRAVEL SAFELY 3/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes No Sometimes (If sometimes, explain which conditions would prevent you):

15. CAN YOU CLIMB SAFELY THREE 12-INCH STEPS WITHOUT ASSISTANCE?

Yes No Sometimes (If sometimes, explain which conditions would prevent you):

16. CAN YOU WAIT OUTSIDE FOR TEN MINUTES WITHOUT SITTING ON A BENCH?

Yes No Sometimes (If sometimes, explain which conditions would prevent you):

17. I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Date

If you need assistance completing this form, or have questions, please call Office of Eligibility at 978-452-6161, Ext. 204. This application is accessible and available to you in alternate formats.

****IMPORTANT****

The information provided by your human service or health care professional on **page # 6** will only be used to help the LRTA decide if you are eligible for the ADA RoadRunner and to make sure that we understand your travel needs. **If page # 6 is incomplete we cannot determine your eligibility.** This personal information will only be shared with people who will be providing you with your transportation.

18. HUMAN SERVICE OR HEALTH CARE PROFESSIONAL ASSESSMENT

I hereby authorize my human service or health care professional to release any information necessary to determine RoadRunner eligibility to the LRTA.

Applicant's Signature: _____ Date: _____

"Completed application will be processed within twenty-one days of receipt. You will be notified in writing of your determination and classification of eligibility. If LRTA requires additional time to complete the ADA determination, you will be given temporary, presumptive eligibility until the process is complete."

PART C

*****TO BE COMPLETED BY HUMAN SERVICE OR HEALTH CARE PROFESSIONAL *****

IMPORTANT NOTICE TO HUMAN SERVICE OR HEALTH CARE PROFESSIONAL: *The information which you provide will assist us in determining the applicant's functional ability to use public transportation. It is essential that you be as precise and comprehensive as possible in your evaluation. Thank you for your cooperation.*

PLEASE TYPE OR PRINT

Applicant's Name _____

Address _____

Professional relation to the applicant _____

Please provide (type or print) a narrative assessment of the applicant's functional level of mobility, describing any other effects of the disability, and noting whether you agree with the applicant's assessment of his/her functional ability to use LRTA buses:

Is the applicant able to:

- Give information such as address and telephone number upon request?** Yes No
- Recognize a destination or landmark?** Yes No
- Deal with unexpected situations or unexpected change in routine?** Yes No
- Ask for, understand and follow directions?** Yes No
- Safely travel through crowded and/or complex LRTA facilities?** Yes No
- Safely travel 1/2 mile without assistance?** Yes No
- Safely travel 3/4 mile without assistance?** Yes No

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Please use the Identification stamp for the office of the HS/HC Professional below (Include name, license #, address and business phone.)

Licensed/Certified HS or HC Professional
