



ADA Application

Americans with Disabilities Act ParaTransit

RTP provides *complimentary para transit* transportation to eligible people living in, or visiting, the Greater Portland area.

Through our Complementary Para Transit services, RTP provides an equivalent accessible transportation option to people who are unable to use the fixed-route bus services of METRO or South Portland Bus Service because of disability. RTP provides rides, from origin to destination, within $\frac{3}{4}$ of a mile of the fixed bus routes running in Portland, South Portland, Falmouth, and Westbrook.

Transportation services are accessed by completing this application and being certified through RTP, or if you are visiting from another area, by providing RTP with documentation of ADA certification from a transportation service in another area of the country.

Who should you apply for ADA services?

- People who are unable to use the fixed-route public bus services because of barrier like steep stairs, busy intersections, hills, lack of curb cuts, lack of sidewalks, unavailability of a lift on a public bus, weather-related heat or cold, difficulty traveling alone and/or recognizing new destinations.
- People with mobility impairments due to visual limitations, arthritis, spinal cord injury, or other physical and/or cognitive limitations that are a barrier to using fixed route services.

How do people apply for ADA services?

- Complete this application and **sign the Release of Information section**
- **Have your doctor**, rehabilitation specialist, or other qualified health care provider **complete and sign the professional verification section.**
- Send the completed application to RTP at the address on the back page.

The information obtained in the certification process will be used only in the facilitation of travel. The information you provide will not be provided to any other person or agency

If you need help completing this application or have questions about this application please call RTP at 774-2666 Ext. 134



Step 1: Complete the General Information Section

SECTION 1. Personal Information

Name: Last _____ First _____ MI _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Date of Birth: _____

SECTION 2. Information about your disability

1. What is (are) the disability(ies) which prevents you from using METRO and/or South Portland Bus Service?

2. How does the disability(ies) stated above prevent you from using METRO and/or South Portland Bus Service?

3. Do you use any of the following devices? (Check all that apply)

Wheelchair Electric Wheelchair Power Scooter Cane Crutches
 Walker Guide Dog Oxygen

(Please Circle One)

- | | | |
|---|-----|----|
| 4. Do you require a personal Care Attendant when you travel? | YES | NO |
| 5. Can you climb three 12-inch steps without help? | YES | NO |
| 6. Is the disability you have temporary? | YES | NO |
| 7. Can you travel to and from the bus stop nearest your residence without help? | YES | NO |
| 8. Can you travel ¾ of a mile without help of another person? | YES | NO |
| 9. Can you wait outside without assistance for twenty minutes? | YES | NO |

CERTIFICATION of INFORMATION: The applicant or guardian must sign the certification even if someone else prepared the application. By signing below you certify that the information provided on this application is correct. **PRINT NAME** _____

SIGNED _____ **DATE** _____

Step #2 : Get Professional Verification

PREPARER SIGNATURE: If this application is being prepared someone other than the person applying for certification, that person must complete this portion of the application and sign.

Name of preparer _____ Relationship to applicant _____

Address _____ City _____ State _____ Zip _____

Daytime phone # _____

By signing below you attest that the information provided by you on this application is correct

PREPARER'S SIGNATURE _____ **Date** _____

AUTHORIZATION to RELEASE INFORMATION: To be signed by applicant or guardian

I, _____, am applying to RTP to be certified as "ADA Paratransit Eligible". I hereby authorize and direct you to provide the following information regarding my disability and or health conditions and its impact on my ability to use ADA transit services

APPLICANT'S SIGNATURE _____ **Date** _____

INFORMATION IN BOX BELOW MUST BE COMPLETED BY YOUR DOCTOR OR REHABILITATION SPECIALIST

Federal law requires that paratransit service be provided to persons who cannot use the available accessible city bus routes. The information provided will allow RTP to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter.

PLEASE **PRINT** ALL INFORMATION

Medical diagnosis of the condition causing the disability(ies) : _____

Is this condition temporary? _____ If Yes, expected duration _____

Are there any other effects of the disability(ies) that Regional Transportation program should be aware of? Please describe: _____

Your Name: _____ **Professional Title:** _____

Name of Practice/Facility _____

Address _____ City _____

State _____ Zip _____ Office Phone Number _____

SIGNATURE or STAMP _____ **Date** _____

Step #3 : Please make sure applications are complete prior to submitting to RTP

Please note: Applications that are incomplete and/or do not have signatures will be returned with instructions for completion. Please fill out all sections and make sure the application has been signed in all sections requiring signatures.

When this form is completed, send it to the following address;

RTP ADA APPLICATION
127 St John St
Portland, ME 04102-3072

Applications that are complete will be processed within 21 calendar days. If processing takes longer, service will be provided starting on the 22nd day, until the decision is made. RTP looks forward to helping meet your transportation needs.

ADA APPEAL PROCESS

Procedures

- The applicant will be provided reasons in writing (or in a format accessible to the applicant) for denial of eligibility.
- The applicant has 60 days from the date of the denial to request an appeal hearing.
- The applicant has the right to have their case heard in person and bring an advocate or personal representative to the hearing scheduled by RTP, Inc.
- RTP, Inc. will make a decision on the appeal as soon as possible. The decision cannot exceed 30 calendar days or the applicant may receive service beginning the next calendar day until a decision is made.
- RTP, Inc. is responsible for establishing local appeals procedures. RTP, Inc. will:
 1. Establish an appeals panel.
 2. The panel will be structured to ensure an impartial review.
 3. The panel will consist of :
 - A. Three persons:
 1. One “peer”.
 2. One person with applicable professional experience working with persons with disabilities and,
 3. One member of the RTP Board of Directors.
 4. The decision of the appeal panel will be provided in writing, and will be final.
 5. Applicants may reinitiate the service eligibility process any time there is a change in their functional ability which prevents them from using the fixed route systems.
 6. RTP will provide auxiliary assistance (e.g. interpreter services, transportation, material in an accessible format, and so forth) to ensure the applicant may fully participate in the hearing.