REGIONAL TRANSPORTATION PROGRAM
Great Rides for Everyone!

ADA Application

Americans with Disabilities Act ParaTransit

RTP provides *complementary 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 ¾ of a mile of the fixed bus routes running in Portland, South Portland, Falmouth, Gorham, 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, because of a disability, are unable to use the fixed-route public bus services.

How do people apply for ADA services?

- Complete this application and **sign the Release of Information** section.
  Applicant completes parts 1 through 7

- **Have your doctor**, rehabilitation specialist, or other qualified health care provider **complete and sign the professional verification section**.
  Licensed medical professional completes and signs Part 8

- See back of this page for where to send completed application.

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. 7516

Once whole application is completed by applicant and licensed medical provider, please submit to RTP at the address below:

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.

Please Mail Completed Application to: *RTP ADA Application*
127 St John Street
Portland, ME 04102

Or fax to: *(207)828-8899*

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.

Regional Transportation Program, Inc
ADA Application for Transportation Services
Americans with **D**isabilities **A**ct **P**ara **T**ransit **(ADAPT)**

STEP 1 – APPLICANT (Parts 1 through 7)

Part 1: Personal Information (Please print clearly)

Last Name:_____ First Name:_____ MI:_____

Street Address:_____Apt:_____

City:_____ State:_____ ZIP:_____

Mailing address (if different)_____

Home Phone:_____ Cell Phone:_____

Date of Birth: _____ / _____ / _____ (optional) Male____ Female____ (optional)

Email:_____

Part 2: Information Regarding Disability

1. What is (are) your disability(ies) which prevents you from using METRO and/or SPBS? _____

_____

_____

_____

2. How does the disability(ies) stated above prevent you from using METRO/SPBS? Please be specific and explain how your disability stated above prevents you from using METRO/SPBS.

_____

_____

_____

_____

3. How long do you expect the disability to last?

☐ Permanent ☐ Temporary. If temporary, how long do you need service? _____

Part 3: Travel Assistance

Do you use any of the following devices?

☐ Manual Wheelchair ☐ Power Wheelchair ☐ Powered Scooter/Cart ☐ Cane

☐ Walker ☐ crutches ☐ Service Animal: type of _____

☐ Oxygen/Respirator ☐ I **do not** use any aids or equipment listed above

Do you have a Personal Care Assistant (PCA) that travels with you? ☐ Yes ☐ No

Part 4: Functional Ability

1. Have you ever used METRO or South Portland Bus Service (SPBS)?

☐ Yes, I typically use the bus _____ times a week.
☐ Yes, I used to, but I stopped because_____
☐ No

2. Would any of the items below make it so you could ride the METRO/SPBS?

☐ Yes, route and schedule information
☐ Yes, learning to use the buses
☐ Yes, being able to get a lift-equipped bus
☐ Yes, a communication aid
☐ No, none of the above would help.

3. Using a mobility aid or on your own, how far can you travel? (check all that apply)

☐ I can get to the curb in front of my house/apartment
☐ I can get to the bus stop nearest my house/apartment
☐ I can travel up to ¼ mile
☐ I can travel up to ½ mile
☐ I can travel up to ¾ mile
☐ I can travel a mile or more

4. Can you climb three 12-inch steps without help? ☐ Yes ☐ No
5. Can you wait outside without assistance for twenty minutes? ☐ Yes ☐ No
6. Are there any other conditions which limit your ability to use METRO/SPBS?

☐ Yes (please describe them below)

_____

_____

_____

☐ No

Part 5: Verification

I understand that the purpose of this application is to determine my eligibility to use ADAPT transportation through RTP. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify to the best of my knowledge the information provided in this application form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-evaluated. I also understand that should any of my information change during or application process, I am required to notify RTP to determine if my eligibility needs to be re-evaluated at that time.

Applicant's Signature:_____ Date:_____

Part 6: Application Assistance

☐ I filled out the application myself (do not fill out this section)

☐ If you have completed this application for someone else seeking ADA/Paratransit eligibility please provide the following information: (Please Print)

Name_____ Phone Number:_____

Address_____ City, State, Zip_____

Relationship to applicant:_____

Email:_____

Signature:_____ Date:_____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Part 7: Authorization to Release Information (to be signed by applicant or legal guardian)

Applicant Name _____ DOB_____ / _____ / _____

I give permission for the medical provider filling out the "Medical Verification Form" to verbally discuss protected health information related to:

- ☐ My disability which prevents me from using METRO/South Portland Bus Service (including symptoms, diagnosis, medications & treatment plans)
- ☐ The disability stated in the attached ADA application (including symptoms, diagnosis, medications & treatment plans)
- ☐ Any additional medical information which may help in determining my eligibility for para-transit services.

The information may be discussed with the entity listed below

Name: Regional Transportation Program, Inc
ADA Application Processor
127 Saint John Street
Portland, ME 04102
(207)774-2666
(207)828-8899 (fax)

I understand that I have the right to revoke my permission at any time in writing except where my medical provider has already made disclosures in reliance upon this request.

Signature_____ Date_____

✔ *MAKE SURE THAT THE MEDICAL PROVIDER WHO IS FILLING OUT THE "MEDICAL VERIFICATION FORM" IS THE PROVIDER WHO CAN SPEAK TO YOUR DISABILITY AND THE MEDICAL REASONS WHY YOU NEED ADA PARA-TRANSIT SERVICES*

STEP 2 – MEDICAL PROVIDER

Part 8: Medical Verification (to be completed by Licensed Medical or Mental Health Professional

- In accordance with the American's with Disabilities Act of 1990, paratransit service is available only for persons who because of a disability are prevented from taking the regular fixed route bus
- The fact that the applicant's medical condition makes using the public transportation more difficult **is not** a basis for eligibility for service.
- Please focus your responses on the functional ability of the applicant. If a person is eligible for some trips but not others, please specify any limitations.
- Please review the information contained on the application as provided by the Applicant or Applicant's representative.
- If an individual has a temporary medical condition please provide information as to the duration of that medical condition.
- Age, low-income or the inability to drive are not a factor in determining an applicant's Paratransit eligibility.

Please print client's name and answer all questions completely in your professional opinion

Applicant's Name_____

Applicant's DOB: _____ / _____ / _____

Licensed Medical or Mental Health Professional Verification Form

You are (Please check one):

☐ Medical Doctor (MD or DO) ☐ Optometrist ☐ Psychologist (Ph.D)

☐ Physician Assistant ☐ Clinical Social Worker ☐ Chiropractor

☐ Nurse Practitioner ☐ Recreation, Physical or Occupational Therapist

☐ MDS Nurse (Skilled Nursing Facility Only)

1. Based on your knowledge of the Applicant's condition, is the information the applicant provided accurate?

   ☐ Yes ☐ No ☐ Somewhat

   If you checked "no" or "somewhat" please explain_____

   _____

   _____

2. Does this client have a need for curb-to-curb Paratransit service?

☐ Yes ☐ No ☐ Sometimes

If you checked "Sometimes", please list when the rider would have a need for ADA paratransit services__

_____

_____

3. Please list the official medical diagnosis of the disability(ies) which you feel prevents the applicant from using the public fixed route system? _____

_____

4. Please describe how the disability listed above would prevent the applicant from using the public fixed route system?_____

_____

_____

5. Can the client, with the assistance of a wheelchair lift or other boarding assistance device, board, ride and exit a METRO and/or South Portland Bus Service Bus? ☐ Yes ☐ No

6. The medical condition which prevents the applicant from using the fixed-route system is expected to be

☐ Permanent ☐ Temporary until:_____

7. Does the applicant require a Personal Care Attendant (PCA) when traveling?

☐ Yes ☐ No ☐ Sometimes

If you checked "Sometimes", please explain_____

_____

8. Any additional information_____

_____

_____

I hereby certify that the information provided on the "Licensed Medical or Mental Health Professional Verification Form" portion of this application is true and correct.

_____ _____ _____

Licensed Professional Signature License Number Date

Printed Name:_____ Phone No_____

Facility Name:_____

Address_____ City, State, Zip_____

Thank you for your assistance in completing this form. RTP in accordance with the American's with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.