

Last Name: _____

First Name: _____



ADA Application for RIPTA ADA Paratransit Service Certification

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services (**Ride** Paratransit) for persons with disabilities who are unable, because of their disability, to use a regular fixed route RIPTA bus.

If you believe you have a disability which prevents you from using a regular RIPTA bus, please complete this application and return it to the below address. If you are found to be eligible, you may be approved for all, or only some trips.

It is important to note that all parts of this application must be completed, including the sections required by the Health care Professional. **You as an applicant are responsible for the completion of this entire eligibility application.** You may also be required to complete a professional evaluation at a test facility of RIPTA's choosing.

RIPTA will notify you within 21 days of receiving your **completed application** regarding your eligibility for Paratransit Service.

Copies of this application are available in accessible formats upon request.

Note: There is a charge of \$3.00 each way for all Ride ADA trips. If you can Use a regular RIPTA bus, call (401) 784-9500 ext. 604, to apply for a free or half-fare bus pass.

Send Completed Application To:

RIPTA
ADA Coordinator
Specialized Transportation Department
265 Melrose Street
Providence, Rhode Island 02907

Need ADA Questions Answered?
Call (401) 784-9553
TDD RI Relay (800) 745-5555 or 711
Email: winlow@ripta.com

Fax Number: (401) 784-9588

**Section I
Personal Information**

Please Print

1. Last Name: _____ First: _____ Middle Initial: _____

2. Address: _____ Apt. #: _____

3. City: _____ State: _____ Zip Code: _____

4. Date of Birth: _____ Male Female
(Month/Day/Year)

5. Daytime Phone: _____

6. Social Security #: _____

7. Do you use the Ride Program for medical, nutritional or day care trips? _____

8. Language Ability (Please Check All That Applies)
 English Spanish Other (Please Specify) _____

9. Emergency Contact Name: _____ Work Phone: _____

10. Relationship: _____ Home Phone: _____

11. Please Describe Your Disability And Explain How It Prevents You From Using RIPTA's Regular Bus Service:

12. Is This Condition Temporary? Yes No

If Yes, Expected Duration? _____

Section I
Personal Information (Continued)

13. Are There Any Other Health Conditions Or Disabilities Which Affect Your Ability To Use The Bus? Yes No

If Yes, Please Explain: _____

Section II
Mobility Information

14. Which Of These Mobility Aids Or Equipment Do You Use To Help You Get Where You Need To Go?

<input type="checkbox"/> Cane	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Service Animal
<input type="checkbox"/> White Cane	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Picture Board
<input type="checkbox"/> Walker	<input type="checkbox"/> Powered Scooter/Cart	<input type="checkbox"/> Alphabet Board
<input type="checkbox"/> Crutches	<input type="checkbox"/> None of the Above	<input type="checkbox"/> Other _____

Does wheelchair/mobility device exceed 30 x 48 inches or 600 pounds? _____

15. Using A Mobility Aid, Or On Your Own, How Many Blocks Can You Walk On Level Ground (*1 block = 500 feet*)?

Number of Blocks: _____

16. Do You Require An Escort Or Attendant When You Travel?

Yes No

17. Does Your Disability Prevent You From Getting To Or From A Bus Stop?

Yes No

Please Explain: _____

Section II
Mobility Information (Continued)

18. Can You Climb Three Steps Without Assistance?

Yes

No

Please Explain: _____

19. Is Your Ability To Travel Or Wait Out-Of- Doors Affected By Extremes Of Hot Or Cold Weather?

Yes

No

If Yes, Please Describe Conditions You Cannot Tolerate? _____

20. Are You Able To Board Or Disembark From A Standard Transit Bus With A Wheelchair Lift?

Yes

No

Explanation If Needed: _____

Section II
Mobility Information (Continued)

21. Are You Able To Get Around Independently Without Assistance?

Yes

No

22. Are You Able To Ask For, Understand And Follow Directions?

Yes

No

23. If This Application Has Been Completed By Someone Other Than The Applicant, That Person Must Complete The Following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Signature: _____ Date: _____

You Have Now Completed The Applicants Section Of The Eligibility Application. Please Give This Entire Application To The Health Care Professional Most Familiar With Your Functional Limitations.

In Order To Allow RIPTA To Evaluate Your Request, It May Be Necessary To Contact Your Health Care Professional Who Completed Section III Of This Application. Your Signature Below Will Provide That Authorization.

I Hereby Certify That The Information Provided In This Application Is Accurate. I Also Authorize RIPTA To Contact The Health Care Professional Who Completed Section III Of This Application. I Understand That I May Be Required To Complete A Professional Evaluation At A Test Facility Of RIPTA's Choosing.

Signature: _____ Date: _____

Section III
Health Care Professional Verification

This Portion Of The Application Form Is To Be Completed By The Health Care Or Rehabilitation Professional, Most Familiar With The Applicants Abilities And Disabilities, As They Relate To Their Using A Regular Fixed Route RIPTA Bus.

Section III Is Intended Not As Verification Of Applicant's Medical Condition, But To Determine The Effect Of The Medical Condition On The Applicant's Ability To Independently Use A Regular RIPTA Bus On His / Her Own.

All Questions Must Be Answered For This Application To Be Considered Complete.

Note: Each Regular RIPTA Bus Is Equipped With A Wheelchair Lift. Also, If The Applicant Can Use A Regular Bus, They Are Probably Eligible For A Free Or Fare Bus Pass.

24. Applicants Name: _____

25. Capacity In Which You Know This Applicant: _____

26. Medical Diagnosis Of Condition Causing Disability That Prevents Applicant From Getting To, Boarding And/Or Riding On A RIPTA Bus On His/Her Own.

27. Is Condition Temporary? Yes No

28. Can The Applicant Ever Ride On A Regular RIPTA Bus? _____

When I Under What Conditions?

(Questions 27 & 28)
If Any Answer Is "Unable", Please Explain Function Limitation On Page 8.

29. Is The Applicant Able Or Unable To Perform The Following Activities?

(a). Able To Climb 3 12 Inch Steps On A RIPTA Bus Without Assistance?

Able Unable

(b). Able To Get To/From A Regular Bus Stop Without Assistance?

Able Unable

(c). Able To Board Or Disembark Independently From A Standard RIPTA Bus With A Wheelchair Lift?

Able Unable

(d). Does The Applicant Require An Attendant/Escort When Traveling?

Yes No

30. If The Applicant Has A Cognitive Disability, Is The Person:

(a). Able To Read Informational Signs, Ask Or Follow Directions?

Able Unable

(b). Able To Get Around Independently?

Able Unable

If No, Please Explain: _____

31.

Health Care Professional Name: _____

Health Care Professional Title: _____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone #: _____ **Office Fax #:** _____

Signature: _____ **Date:** _____

ADDITIONAL COMMENTS

**Rhode Island Public Transit Authority
Attention: ADA Coordinator
265 Melrose Street
Providence, RI 02907**