GREATER BRIDGEPORT TRANSIT
Request for Certification of Americans with Disability Act (ADA) Paratransit Eligibility – GBT Access

If you have any questions while completing this application, please call 366-7070, ext. 131.

General Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

(If any) Apt. #: _____ Room #: _____ Bldg.#: _____

City: _____ State: _____ Zip: _____

Is this a licensed Nursing Care Facility? Yes ☐ No ☐

If "Yes", Name of Facility: _____

Is this a temporary residence? Yes ☐ No ☐

Phone (Home) #: _____ and/or # _____

(Cell, relative, friends or other #)

Relay # or TDD # *(If applicable)*:_____

Date of Birth: ____/____/____ Male ☐ Female ☐

How did you hear about our services?

_____

_____

Are you eligible to use non-emergency medical transportation?
(for example: Medicaid, Social Services, etc.) Yes ☐ No ☐ Don't know ☐

Please tell us the name and telephone number of someone we can call in an emergency or if we are unable to reach you at your regular number:

Name: _____Relationship: _____

Telephone #: (Home)_____(other) _____

Agency *(if applicable)*: _____

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If someone assisted you in completing this application, please provide us with that person's name, address, and telephone number below:

Name: _____Relationship: _____

Telephone #: (Home)_____(other) _____

Agency *(if applicable)*: _____

Describe your public city bus experience

1. Do you ride the public city bus (GBT)? Yes ☐ No ☐ Sometimes ☐

2. When was the last time you used public city bus (GBT) service?

_____

3. Complete the following by checking below that you believe describes your ability to ride public city bus (GBT). You may check more than one:

   ☐ a. I can always use the public city bus with little or no difficulty.

   ☐ b. I have a disability that allows me to use the public city bus on days when I'm feeling well, but on "bad days" I cannot make it to the bus stop or get on the bus.

   ☐ c. I have a temporary disability that prevents me from using the bus. I will need paratransit services only until I recover.

   ☐ d. I can never get to the bus stop myself due to the severity of my disability.

   ☐ e. I have a disability that prevents me from remembering and understanding all I have to do in order to use the public city bus. I may be able to learn with training.

   ☐ f. I have a visual disability that prevents me from getting to and from the bus stop.

   ☐ g. I cannot use the bus for some trips because I have not learned the route, or there are some other barriers that prevent me from using the public city bus.

Information about your abilities

Please answer based on how you feel most of the time under normal circumstances, and whether you can perform this activity.

4. I can cross the street if there are curb cuts.
   ☐ Always ☐ Sometimes ☐ Never

5. I can travel up or down a gradual hill in good weather conditions.
   ☐ Always ☐ Sometimes ☐ Never

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6. I can find my way to the public city bus stop if someone shows me once.
☐ Always ☐ Sometimes ☐ Never

7. I am able to wait for 10 minutes at a public city bus stop that does not have seats and a shelter.
☐ Always ☐ Sometimes ☐ Never

8. I am able to ask for, understand and follow directions.
☐ Always ☐ Sometimes ☐ Never

9. I am able to detect curbs, ramps and other drop off areas.
☐ Always ☐ Sometimes ☐ Never

Please answer the following questions by checking all that apply

10. What barriers in your surroundings would make it difficult for you to use the public city bus?

☐ Lack of curb cuts
☐ No sidewalks
☐ Sidewalks are in poor condition
☐ Busy Street I must cross
☐ No crosswalks at street corners
☐ Steep hills
☐ other (please explain) _____

_____

11. Can you get on and off a public city bus?

☐ Yes, I can climb steps
☐ Yes, I can use the lift
☐ I probably could with instruction
☐ No (please explain) _____

_____

12. Is there any medication that affects your daily travel?_____

_____

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*Travel Training Information

I could use the public city bus, if I had general knowledge about routes and time?

☐ Yes ☐ No ☐ Sometimes

* **Note:** Travel training is a free service, which helps people learn how to ride and use the public city bus (GBT) service .

Would you like more information about travel training? Yes ☐ No ☐

Information about your disability

13. What type of disability prevents you from using the public city bus?
Check all that apply:

☐ Physical
☐ Cognitive
☐ Hearing
☐ Visual
☐ Mental Health
☐ No disability

Identify disability by name(s): _____

_____

Please describe your disability in detail: _____

_____

_____

_____

14. Is this condition temporary? Yes ☐ No ☐
If yes, expected duration? _____

15. Do you require the assistance of a personal care attendant?

☐ No, I do not require an attendant
☐ Yes, I do require an attendant
☐ Sometimes, because of my disability there are times when I need assistance.

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

- ☐ Cane
- ☐ White Cane
- ☐ Braces
- ☐ Cart
- ☐ Crutches
- ☐ Walker
- ☐ Other, please explain: _____
- ☐ Service animal
- ☐ Oxygen tank
- ☐ Manual Wheelchair
- ☐ Electric Wheelchair
- ☐ Power Scooter
- ☐ None

Applicant's Certification

Please read the following paragraph and sign below.

I understand that the this application is to determine if there are times when I cannot use the public city bus and must therefore use the ADA Paratransit Service. I understand that any information about my disability contained in this application will be kept confidential and shared only with professionals involved in this service. I certify that, to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in the Agency re-evaluating my eligibility.

_____ _____

Signature of Applicant or Legal Representative | If Legal Representative, specify relationship

Date: _____

If you have any questions about the application or the service, you may call 203-366-7070, ext. 131. Please be sure to complete all sections of the application. An incomplete application will lead to a delay in our ability to serve you. **Return completed application to:**

Greater Bridgeport Transit
One Cross Street
Bridgeport, CT 06610
(Faxed applications are not accepted)

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Authorization to Obtain Physician or Other Professional Verification

In order to allow the Greater Bridgeport Transit Authority to evaluate your request, or to resolve an appeal, it may be necessary to contact your physician or other professionals to confirm the information you have provided, and to disclose information to Transit Authority employees or to members of the Paratransit Advisory Committee. Please complete the following information and authorization form.

The following: *(check appropriate professional)*

☐ Physician ☐ Health Care Professional ☐ Rehabilitation Professional

is familiar with my disability and is to provide information to the Greater Bridgeport Transit Authority as required to complete this certification.

I hereby authorize: Professional's Name: _____

Office Address: _____

City: _____ State: _____ Zip code: _____

Office Phone #: _____ Fax #: _____

to release my medical records to Greater Bridgeport Transit, including, but not limited to, medical, chiropractic, dental, psychiatric, psychological, alcohol and/or drug related treatment and AIDS/HIV related conditions. The purpose of my request is to obtain the records on my behalf and allow their use, and the use of information furnished on this application, by the Transit Authority in addressing my request for certification, and any appeal.

This form serves the dual purpose of general authorization for the release and use of protected health information, and a specific authorization for the release and use of information protected by state and federal confidentiality laws and regulations. The information to be released and used may contain information pertaining to physical, psychiatric, psychological, drug and/or HIV or AIDS testing, diagnoses or treatment.

I understand authorizing the disclosure and use of this health information is voluntary. I understand information once released may not be protected by federal confidentiality rules and carries with it the potential for an unauthorized re-disclosure. I understand that this authorization may be revoked at any time by written notice except to the extent that records/information have already been released.

This authorization will expire three (3) years after the date appearing below unless otherwise revoked.

Please honor a photo-static copy of this authorization.

_____ Date / /
Signature of Applicant or Legal Representative

_____ Date / /
If Legal Representative, specify relationship

☐ The applicant is a minor, _____ years of age

☐ The applicant is unable to authorize because: _____

_____

Thanks for goin'gbt

Greater Bridgeport Transit • One Cross Street • Bridgeport, CT 06610