



To: Persons applying for ADA complementary paratransit service

Enclosed, is the application for ADA eligibility (**Part A**) and the health care provider form (**Part B**).

Part A should be completed by the applicant.

Part B is to be completed by your health care provider.

After both are complete, you or your health care provider should return **Parts A and B** to:

MW RIDE

15 Blandin Ave

Framingham, MA 01702

ATTENTION: ADA Director

The certification process will be finalized within twenty-one (21) calendar days of MWRTA receipt of the original completed application.

We will contact you by mail once your application has been reviewed. A letter will be sent stating your eligibility status. If denied, instructions on our appeal process will be included.

* Please review the application carefully; **any application with missing information will NOT be considered for certification and will be returned to applicant.**

If you have any questions, please call the

MW Call Center at 508-820-4650



PART A:

To be completed by applicant

The information obtained in this certification process will only be used by the MetroWest Regional Transit Authority for the provision of ADA complementary paratransit service. This information will not be provided to any other person or agency other than for ADA transit purposes.

*The certification process will be finalized within twenty-one (21) calendar days of MWRTA receipt of the original **completed** application.*

Approval of this application is based on whether or not a person can independently navigate on a Fixed Route Bus System.

Alternate formats are available upon request

Please Print

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone #: H _____ W _____ C _____

Date of Birth: _____ Male _____ Female _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone #: H _____ W _____ C _____

Please check if you are a Veteran { }, or an immediate family member of a Veteran { }.

An immediate family member is described as a spouse, parent and grandparents, children and grandchildren, brothers and sisters, mother and/or father in law, brother and/or sister in law, daughter and/or son in law. Adopted, half and step members are also included.

The application will be returned if all sections are not completed in detail.



1. What is the disability or health condition that prevents you from using the MWRTA fixed route service? Please describe all disabilities or health conditions that affect your travel: _____

2. How does your disability prevent you from getting to or from a bus stop?

3. Do you use any of the following mobility aids?

(Please check all that apply)

- Cane
- White Cane
- Crutches
- Walker
- Manual Wheelchair
- Power Wheelchair
- Scooter/Cart
- Oxygen
- Other: _____
- Service Animal (specify) _____
- None of the above

Note: Transport of all wheelchairs, regardless of size or weight will be accommodated, as long as the lift and vehicle, can safely do so.

4. Under the best conditions, how far can you walk or travel using your mobility aid, without the help of another person?

- Less than 1 block
- 1 block
- I am unable to travel alone at all
- 2 blocks (1/4 mile)
- 4 Blocks (1/2 mile)
- 6 blocks (3/4 mile)
- more than 6 blocks

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5. Without the help of someone else, can you?

Request and understand written or spoken instructions

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Cross Streets and intersections?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Stand for (10) ten minutes if there is no place to sit?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Step on and off a sidewalk from the curb?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Find your own way to the bus stop if someone shows you the way once?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____



Walk up and down (3) three steps if there is a handrail?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Transfer from one fixed route vehicle to another?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

Handle unexpected situations such as: loud noises on the bus, or delays

if a vehicle breaks down while you are on board?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

6. Is your ability to travel independently affected by extremes of hot or cold weather?

Always Sometimes Never Not Sure

If **anything** other than **always**, please explain: _____

7. Is your disability temporary?

Yes approximate end date: _____

No

Not Sure

8. Do you require an escort or attendant when you travel? i.e. Personal Care Attendant (PCA) (*riders must provide their own PCA*)

Yes No Sometimes

9. Is there any other information that you would like to provide regarding your disability or health conditions that might help us to better understand your travel abilities and restrictions?

To the best of my knowledge, I certify that the information contained in this application is true and correct.

(Knowingly furnishing false or misleading information could result in denial of ADA complementary paratransit services.)

Applicants
Signature: _____

If this application has been completed by someone other than the person applying for certification, that person must complete the following.

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone#: H _____ W _____ C _____

Signature: _____ Date: _____

The application will be returned if all sections are not completed in detail.

In order to allow the MetroWest Regional Transit Authority to properly evaluate your application, it may be necessary to contact your Licensed Health Care Professional. Please check the one that applies and complete the following for informational and authorization purposes.

- My Physician
 - Licensed Health Care Professional
 - Rehabilitation Professional
- is familiar with my disability and is authorized to provide information to the MetroWest Regional Transit Authority, (or its designee), This information may be required to complete this certification.

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone#: H_____ W_____ C_____

End Of Part A

The application will be returned if all sections are not completed in detail.



In the past, consumers have requested documents considered vital in the Title VI Program. We currently have the vital documents available in Spanish and Portuguese. If information is needed in another language, then please contact MWRTA at (508) 935-2222.

Spanish: Si necesita información en otro idioma, comuníquese con MWRTA al (508) 935-2222.

Portuguese: Se as informações forem necessárias em outro idioma, entre em contato com MWRTA em (508) 935-2222.

Russian: Если необходима информация на другом языке, свяжитесь с MWRTA по телефону (508) 935-2222.

Polish: Jeśli potrzebne są informacje w innym języku, prosimy o kontakt z MWRTA pod numerem (508) 935-2222.

Chinese Mandarin: 如果需要其他语言的信息，请致电（508）935-2222与MWRTA联系。

Rúguǒ xūyào qítā yǔyán de xìnxi, qǐng zhìdiàn (508)935-2222 yǔ MWRTA liánxi.