



MetroWest Regional Transit Authority

MetroWest Call Center

15 Blandin Ave, Framingham, MA 01702

Ph. (508) 820 4650 ▪ Fax (508) 935 2940 ▪ www.mwrta.com

Part B:

To be completed by Physician or other Licensed Health Care Professional

Dear Licensed Health Care Professional:

You have been requested by your patient/client to provide information to the MetroWest Regional Transit Authority (MWRTA) regarding his/her disability and its impact on his/her ability to use our transit services. Federal law requires that the MWRTA provide paratransit services to persons who cannot use our fixed route bus service independently.

Please understand that the law is quite strict in defining who is eligible for this specialized service. A person must have an actual physical or mental functional limitation, which prohibits his/her independent use of accessible fixed route public transportation.

The diagnosis of a potentially limiting illness or condition is not sufficient.

The information that you provide describing the physical and or mental capabilities of this person will allow us to make an appropriate evaluation in keeping with the requirements of the law and the best interests of the applicant. **Please be as specific as possible when describing the disability as well as the limitations due to the disability.**

ALL information on this form will be used for the purpose of assessing eligibility only.

Please return this form, along with the application, as soon as possible to:

The MetroWest RIDE, 15 Blandin Ave, Framingham, MA 01702, Attention: ADA Director.

Processing of this person's application cannot be completed until we receive this information from you. *Thank you for your assistance.*

Please type or print.

Your name: _____

Office address: _____

City: _____ Zip Code: _____

Office Phone number: () _____

Patient/client name (please print): _____

Patient in practice since: _____

Date of patient's last evaluation: _____

1. What is the disability or health condition that prevents the applicant from using the fixed bus route service? Please check all that apply.

- Diabetes End Stage Renal Disease Dialysis – Yes No
- Undergoing Cancer Treatment – expected duration: _____
- Paralysis
- Severe Arthritis/Osteoarthritis
- Severe cardiac and/or respiratory impairment affecting strength/endurance
- Neurological Condition – Type: _____ Mild Moderate Severe Profound
- Mental Illness - Anxiety Bipolar Depression Other _____
- Developmental Disabilities – Type: _____ Mild Moderate Severe Profound
- Alzheimer's
- Dementia
- Visually Impaired
- Hearing loss accompanied by an inability to understand speech with/without a hearing aid
- **Other : Please be specific** _____

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

2. Under the best conditions, how far can the applicant walk, or travel using their mobility aid, without the help of another person?

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

3. Without the help of someone else, can the applicant:

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

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

Find their own way to the bus stop if someone shows them 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 they are on board?

Always Sometimes Never Not Sure

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

4. Is the applicant's disability temporary?

Yes approximate end date: _____

No Not Sure

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

**5. Does the applicant require an escort or attendant when they travel?
i.e. Personal Care Attendant (PCA) (*riders must provide their own PCA*)**

Yes No Sometimes

6. Does the applicant use a mobility device?

Yes No

If yes what type: _____

7. If this applicant has a visual impairment, please complete the following:

Visual acuity with best correction:

Right eye _____ Left eye _____ Both eyes _____

Visual fields:

Right eye _____ Left eye _____ Both eyes _____

Can this person read informational signs? Yes No

Can this person navigate independently, despite his/her visual impairment? Yes No

If no, please explain:

8. Please clearly describe any other functional limitation(s) affecting the applicant's mobility that is not described above.

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

Signature _____ **Date** _____

MA License # _____

End of Part B

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 xīnxi, qǐng zhìdiàn (508)935-2222 yǔ MWRTA liánxi.

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