FOR MTA USE ONLY
DO NOT WRITE IN THIS BOX

Application Received: _____ Certification Date: _____ Status: ❑ Eligible ❑ Denied ❑ Conditional _____

Letter Sent: _____ Appeal Date: _____

Eligibility Period: ❑ 3 years ❑ 1 year ❑ Visitor ❑ Temporary for _____

Manchester Transit Authority Stepsaver Paratransit Eligibility Application

The MTA is committed to ensuring equal access to its services for all individuals, regardless of disability. All of the information provided in this application is confidential and serves to determine eligibility only. If you meet the initial eligibility criteria, you will be scheduled for an interview for final eligibility status determination.

Please note: Visitors who are eligible under the ADA in other cities or states are welcome to use our service while visiting for up to twenty-one (21) days.

Please return the completed application to:

Manchester Transit Authority
StepSaver Program
110 Elm Street
Manchester, NH 03101

PART A: TO BE COMPLETED BY APPLICANT

NOTE: PLEASE ANSWER ALL QUESTIONS.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Please Type or Print Clearly

Applicant Name: (First, Last, Initial) _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

❑ New Application ❑ Renewal Application ❑ Temporary Application ❑ Visitor Application

Home Phone #: _____ Second (Evening) Phone #: _____

❑ Male ❑ Female Date of Birth: _____/_____/_____

Email Address: _____

Will you need future materials in an accessible format? If yes, circle one:

○ Braille ○ Large Print ○ Audio Cassette ○ Computer Disc

Person or agency to contact in case of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Do you already have an MTA ID card? ❑ Yes ❑ No

PART B: APPLYING FOR ADA CERTIFICATION

1. Which of the following mobility aids or equipment do you use to help you get to where you need to go? Please check all that apply.

- ❑ Manual wheelchair
- ❑ Power scooter
- ❑ Walker
- ❑ Cane
- ❑ Crutches
- ❑ Prosthetic device/brace
- ❑ Respirator/Oxygen tanks
- ❑ Guide cane
- ❑ Service animal (guide dog, etc)
- ❑ I do not use a mobility aid
- ❑ Other_____

2. Using a mobility aid, equipment, or standing on your own, what is the longest length of time that you can wait for transportation?

- ❑ 1-15 minutes
- ❑ 15-30 minutes
- ❑ 30-45 minutes
- ❑ 45-60 minutes
- ❑ Over 60 minutes
- ❑ I cannot wait without assistance

3. Using a mobility aid, equipment, or walking on your own, how many blocks can you travel on level ground? Circle the answer below that best describes your situation.

1-2 blocks	Never	Sometimes	Always
2-4 blocks	Never	Sometimes	Always
4-6 blocks	Never	Sometimes	Always
6-8 blocks	Never	Sometimes	Always
Over 8 blocks	Never	Sometimes	Always

4. Do you currently use the MTA fixed route bus system?

❑ Yes ❑ No

- If no, please check all that apply:
  - ❑ I have a disability that prevents me from boarding an MTA bus.
  - ❑ I have no knowledge of or experience with the MTA bus system, so I do not know if I am able to use it.
  - ❑ I cannot get to a bus stop by myself because I get disoriented or confused.
  - ❑ I have an episodic disability. I can use the bus on those days when I am feeling well, but am unable to do so sometimes.
  - ❑ I do not want to ride the fixed route bus system
  - ❑ There are no curb cuts, paved sidewalks, or the ground is too uneven
  - ❑ Other (please specify)_____

5. If you do not ride the fixed route bus system, what would help you?

- Please check all that apply:
  - ❑ Lift accessible buses.
  - ❑ Knowing more about the fixed route bus system
  - ❑ I would travel if there were accessible fixed bus routes where I need to go.
  - ❑ Other (please specify)_____

6. Can you follow written or oral instructions to use the fixed route bus system?

❑ Yes ❑ No

7. Can you transfer from one regular fixed bus route to another?

❑ Yes ❑ No

8. Can you climb three 12-inch steps without assistance?

☐ Yes ☐ No ☐ No, because I use a mobility aid

- If no, please explain:_____

9. Can you communicate with the bus driver by yourself?

☐ Yes ☐ No

- If no, please explain: _____

10. Do you travel with a Personal Care Attendant (PCA, e.g., a person such as a home attendant or friend who assists you when you travel outside your home)?

☐ Yes ☐ No

11. Is your condition affected by the weather?

☐ Yes ☑ No

- If yes please explain:_____

_____

If you are not the applicant, but you completed this application on behalf of the applicant, you must provide the following information (please print or type):

Name of person filling out this application:_____

Relationship to applicant:_____ Phone Number:_____

Agency:_____

Address:_____

PART C: APPLICANT AGREEMENT AND INFORMATION

Stepsaver applications not processed within 21 days of receipt will result in presumptive eligibility, service will be granted until an eligibility determination is made.

AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

I understand that my application will be returned if it is incomplete and this will delay the processing of my application. I affirm that all information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to revocation of my registration. I also understand that failure to adhere to the policies and procedures for using the MTA StepSaver service will be grounds for suspending my eligibility in this program.

I agree to notify the MTA if I no longer need to use this service.

X_____ _____

Signature of Applicant or Responsible Party *Date*

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the professional who has completed PART D of this application to release information about my disability or health condition and its effect on my ability to utilize the MTA fixed bus route service. I understand I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional completing PART D to release the information described up to 90 days from the date below. I understand that all medical information provided about my disability or health condition will be kept strictly confidential within the limits of the law.

X_____ _____

Signature of Applicant or Responsible Party *Date*

AMERICANS WITH DISABILITES (ADA) APPEAL PROCESS

If your ADA paratransit eligibility determination results in a finding of ineligible to receive paratransit service or in a determination of limited or conditional eligibility and you feel that this determination has been made in error, you have the right to appeal this determination.

To file this appeal you must notify the MTA in writing within 60 days of the date on the determination letter. After your appeal is received, a hearing will be scheduled to evaluate your case. The Assistant Executive Director of the MTA will serve as the appeal officer. The hearing process (which should not take more than 30 days) will allow you to present information and arguments on your behalf. You may have others present who are knowledgeable of your physical or mental impairment and who can speak on your behalf, but you must pay the cost for these other spokespersons. After the hearing you will be advised in writing of the decision of the appeal board. The decision of the appeal board is final.

The MTA is not required to provide you with paratransit service while your appeal is under consideration. If the appeal board has not made its decision within 30 days of receiving your appeal, you are entitled to paratransit service from that time until a final decision is made.

PART D. REQUEST FOR PROFESSIONAL VERIFICATION

Dear Health Care Professional:

You are being asked to complete an assessment of the applicant's disability that prevents his/her ability to use the MTA fixed routes bus system. By completing and signing this document you (the health care professional) will be certifying the truth and accuracy of the information provided on this application, to the best of your professional knowledge.

The Manchester Transit Authority's (MTA) paratransit program, StepSaver is partially funded through the Federal government. Federal Law (*The American with Disabilites Act of 1990*) requires that the MTA provide services to persons who are unable to use our fixed route bus system. However, resources for StepSaver services are limited. The information you provide will assist the MTA in making an appropriate evaluation of this request for StepSaver service. To qualify for StepSaver service, a person must be unable to use fixed route bus system and fulfill the following eligibility criteria:

Please note:

- StepSaver is a transportation service for individuals with disabilities who, as a result of their disability, cannot board, ride, disembark, or navigate a MTA fixed route bus. ***(All MTA fixed route buses are handicap accessible).***

- Your verification must be filled out completely for processing to occur. **If the application is not complete it will be returned, delaying the processing of the application.**

Your evaluation of each individual must be based solely upon the individual's ability to use the MTA fixed route bus system. Please exercise care in evaluating applicants for this program. ***False information used to acquire service for this applicant could result in travel limitations for other persons legitimately qualified to use this program.***

The following information will be used to ensure the appropriate type of vehicle is used to provide transportation. Feel free to call our office at any time if you have any specific questions, at 603-623-8801.

The MTA may contact the certifying Health Care Professional to verify accuracy of the information. The MTA will make the final determination as to the applicant's eligibility. Thank you for your assistance.

1. Name of applicant: _____
2. Capacity in which you know the applicant: _____
3. When was the applicant last treated or seen by you? _____
4. On average, how often is the applicant seen by you? _____
5. Please give an assessment of the applicant's functional mobility: _____

_____

_____

6. Please check all of the disabilities that would impair the applicant's ability to travel on the fixed route buses:

Neuromuscular:

- ☐ Cerebral Palsy
- ☐ Muscular Dystrophy
- ☐ Parkinson's Disease
- ☐ Stroke/Cerebral Trauma
- ☐ Quadriplegia
- ☐ Multiple Sclerosis
- ☐ Parapalegia
- ☐ Other:_____

Orthopedic/General Medical:

- ☐ Joint replacement (specify) _____
- ☐ Loss of limb (specify) _____
- ☐ Broken bone (specify) _____
- ☐ Diabetes (severe)
- ☐ Cancer
- ☐ Epilepsy (severe)
- ☐ Kidney disease/Dialysis
- ☐ Other:_____

Cardiovascular:

- ☐ Cystic Fibrosis
- ☐ Emphysema
- ☐ Congestive Heart Failure
- ☐ Peripheral Vascular disease
- ☐ Asthma
- ☐ Heart Attack
- ☐ Other:_____

Cognitive/Psychological:

- ☐ Alzheimer's disease
- ☐ Dementia
- ☐ Developmental Disability
- ☐ Head Trauma
- ☐ Autism Spectrum Disorder
- ☐ Schizophrenia
- ☐ Other:_____

VISION		
Check all that apply	One eye	Both eyes
Cataracts	❑	❑
Cortical Blindness	❑	❑
Glaucoma (all types)	❑	❑
Macular Degeneration	❑	❑
Retinal Detachment	❑	❑
Retinopathy	❑	❑
Legally Blind	❑	❑
Totally Blind	❑	❑
Other:	❑	❑
HEARING		☐
Check all that apply	One ear	Both ears
Partially Deaf	❑	❑
Completely Deaf	❑	❑
Other:	❑	❑

7. Could the applicant be left unattended at a pick-up or drop-off location?

❑ Yes ❑ No

8. Please indicate whether the applicant can do any of the following:

Travel two blocks without assistance	Yes ☐	No ☐	Sometimes ☐
Climb three 12-inch steps without assistance	Yes ☐	No ☐	Sometimes ☐
Wait outside without support for 30 minutes	Yes ☐	No ☐	Sometimes ☐
Give address and phone numbers upon request	Yes ☐	No ☐	Sometimes ☐
Recognize a destination or landmark	Yes ☐	No ☐	Sometimes ☐
Deal with unexpected situations or changes in routine	Yes ☐	No ☐	Sometimes ☐
Ask for, understand, and follow directions	Yes ☐	No ☐	Sometimes ☐
Travel effectively through crowded/complex facilities	Yes ☐	No ☐	Sometimes ☐

9. Would the applicant's condition prevent him/her from using the public fixed route service?

❑ Yes ❑ No

If yes, please explain in detail:_____

_____

_____

11. Is the applicant's condition temporary?

❑ Yes ❑ No

If yes, expected duration is _____months

12. Would the applicant be conditionally eligible for MTA StepSaver service due to weather conditions?

❑ Yes ❑ No

If yes, during which months would they need service:_____

If yes, please explain:_____

_____

13. Is there any other information about the applicant's functional ability that would be important for us to know when considering his or her ability to use the regular fixed bus route service?

_____

_____

_____

Health Care Professional's Signature: _____

Health Care Professional's Name and Title: _____

License, Registration, or Certificate Number: _____ Phone Number: _____

Company or Agency Name: _____ Fax Number: _____

Address: _____