



Concord Area Transit ADA Paratransit Service

Eligibility Application and Instructions

Date Application Sent: _____

Dear Applicant:

Please retain the first two pages
for your records.

Thank you for your interest in Concord Area Transit (CAT) ADA Paratransit service. Enclosed is an application for Certification of ADA Paratransit eligibility, as well as instructions outlining the certification process, and informational brochures about CAT transportation services, including ADA Paratransit service. CAT provides ADA Paratransit service to individuals who are functionally unable to use the CAT fixed-route bus service because of a disability either all of the time, temporarily or only under certain circumstances. An inability to use regular fixed-route bus service may include being unable to travel to and from bus stops, board or exit buses, or understand how to ride and use the regular bus system. Please read the following information carefully before completing your application;

CAT ADA Paratransit service provides shared-ride, origin-to-destination service to individuals determined to be "ADA Paratransit eligible" for only those trips that cannot be made using CAT regular fixed-route service. You may, for example, be able to use CAT regular fixed-route bus service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, you might not be able to travel to and use CAT regular fixed-route buses. CAT ADA Paratransit service is meant to assist you at these times. CAT ADA Paratransit service covers $\frac{3}{4}$ of a mile of CAT's fixed route bus line and the time of your trips must fall within the hours of CAT's fixed-route service. If you reside outside $\frac{3}{4}$ mile radius, you must have a means of getting within CAT's Paratransit service area before transportation is provided.

There are four (4) types of CAT ADA Paratransit service eligibility:

Conditional Temporary: You are able to use CAT regular fixed-route bus sometimes and need ADA Paratransit service sometimes. The functional limitation is expected to improve, and there is an end date for eligibility based on this expectation of improvement.

Conditional: You are able to use the CAT regular fixed-route bus sometimes and need ADA Paratransit service sometimes. The functional limitation will not improve and may become worse. Eligibility is determined per trip and will be reviewed per the terms set in your ADA Paratransit eligibility documentation. Rarely a determination of permanent is given and no review or re-determination is necessary.

Unconditional Temporary: You cannot use CAT regular fixed-route bus due to a functional limitation. The functional limitation is expected to improve, and there is an end date for eligibility based on this expectation of improvement.

Unconditional: You cannot use CAT regular fixed-route bus due to a functional limitation. The functional limitation will not improve and may become worse. Eligibility may be reviewed per the terms set in your ADA Paratransit eligibility documentation. Rarely a determination of permanent is given and no review or re-determination is necessary.

To enable CAT to accurately determine your eligibility for ADA Paratransit service;

1. Complete the enclosed "**ADA Paratransit Eligibility Application**" form **as thoroughly and accurately as possible**. The questions will assist us to determine the circumstances under which you can use CAT regular fixed-route or ADA Paratransit services. **NOTE:** If you need assistance completing the form, or have questions, please contact the Concord Area Transit at 603.225.1989 (voice) or TDD/TTY 1.800.735.2964. Regular office hours are Monday through Friday from 8:30 am until 4:30 pm. This letter, application and other informational

materials are also available (by request) in large print, and other alternative formats. This information is also available for download on our website at www.concordareatransit.com.

2. Sign the **“Agreement to Eligibility Terms and Conditions and Release of Information”** form and mail your completed portion of the application to: Community Action Program, Belknap-Merrimack Counties, Inc., PO Box 1016, Concord NH 03302-1016. Attn: Concord Area Transit.

The **“Medical Professional Verification”** form should be taken to a licensed medical professional, who is most familiar with your health conditions or disabilities, as well as your functional abilities and limitations, to complete the professional verification section of your application.

3. Your medical provider must return the completed **“Medical Professional Verification”** form to: Community Action Program, Belknap-Merrimack Counties, Inc., PO Box 1016, Concord NH 03302-1016. Attn: Concord Area Transit. It is the applicant’s responsibility to follow up on the completion and return of the Medical Professional Verification form to Concord Area Transit. **NOTE:** If you are renewing your service you must be recertified within thirty days of your service eligibility expiration date listed on your ADA Paratransit eligibility card. It is your responsibility to complete the recertification paperwork and return it to CAT before the expiration of the thirty days. If you do not renew your ADA Paratransit Eligibility within 30 days of your service eligibility expiration date, you will become ineligible for service until the recertification process is completed.

NOTE: You and your licensed medical provider must sign the application. **If any sections are left blank, the application will be returned to you as incomplete, which may delay processing.** The information that you and your medical professional provide in this application is confidential and will only be used to help us determine your eligibility for ADA Paratransit service. You may be asked to attend an in-person or telephone interview. **Please note that CAT reserves the right to request additional independent medical evaluation (IME) before granting or extending a request for the ADA Paratransit service.**

Please do not attach additional medical documentation or information to this application. You may bring the medical information with you if we request an interview with you as part of the determination process, or to your IME appointment, if one is requested for you. Applications sent to us by fax or e-mail will not be accepted. Only original forms will be considered.

Within a few days of receiving your **completed application packet**, you will be contacted by telephone to review your application and, if necessary, schedule an interview to help determine your abilities to use CAT regular fixed-route service and receive instructions about scheduling an IME. Completed applications will be processed within **21 days** from the date you complete your telephone and/or in-person interview and functional assessment. You will be notified by letter as to your eligibility status. If additional time beyond the 21 days is required to complete the evaluation and determination, you will be given temporary eligibility until the final determination is completed.

If we determine that you are able to use CAT regular fixed-route service, and are not eligible for ADA Paratransit service, we will notify you of the reason for this decision. You may appeal this decision in writing. ADA Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days.

Concord Area Transit ADA Paratransit Service

Appeal Process Information

AMERICANS WITH DISABILITIES (ADA) APPEAL PROCESS

(Please keep this page for reference should your application be denied and you wish to appeal that decision.)

If your ADA Paratransit eligibility determination results in a finding of ineligible to receive ADA 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 CAT in writing within 60 days of the date on the determination letter. After your appeal request is received, a hearing will be scheduled to evaluate your case. 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.

CAT 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.

Mail Application or Correspondence to:

**Community Action Program
Belknap-Merrimack Counties, Inc.
PO Box 1016
Concord, NH 03302-1016
Attn: Concord Area Transit**



Concord Area Transit ADA Paratransit Service

Eligibility Application

Concord Area Transit (CAT) 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 is used only to determine eligibility for ADA Paratransit service.

Eligibility for CAT ADA Paratransit service is based on one or both of the following circumstances set by the *Americans with Disabilities Act of 1990 (ADA)*:

1. Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
2. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Distance to a bus stop, lack of bus service, or illiteracy, by themselves do not qualify individuals for the ADA Paratransit service.

NOTE: PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED TO YOU WHICH WILL DELAY THE FINAL DETERMINATION OF YOUR APPLICATION.

Please Type or Print Clearly. Thank you.

New Application Renewal Application Temporary Application Visitor Application

Title: Mr. Mrs. Ms.

Name: (First, Last, Initial) _____

Mailing Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Physical address (if different from mailing address): _____

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

E-mail: _____

Male Female Date of Birth: ____/____/____

Primary Language: English Spanish ASL Other _____

Accessible Formats: Large Print Braille Audio Cassette CD or computer access

=====

Please fill out the information below if you helped the applicant complete the application.

Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Relationship _____

Signed _____ Date _____

In case of an emergency, please list at least two people, including support professionals, agencies or others familiar with your disability that CAT can contact:

Name _____ Work Phone: _____ Home Phone: _____

Street _____ Apt# _____ Bldg # _____

City: _____ State _____ Zip code: _____

Relationship _____

Name _____ Work Phone: _____ Home Phone: _____

Street _____ Apt# _____ Bldg # _____

City: _____ State _____ Zip code: _____

Relationship _____

Do you already have an ADA Paratransit edibility ID card from CAT or any other Public Transit provider?

Yes No

Have you ever received training to learn how to travel around the community or how to use the fixed-route buses?

Yes No If yes, who provided the training: _____

Would you like information about free training on how to use the fixed-route buses? Yes No

Travel Training

CAT offers free one-on-one or group training to teach people with disabilities how to ride fixed-route buses. If interested, you may call our travel trainer for more information at 603.225.3295.

About Your Disability

1. Do you have a disability which prevents you from using the available CAT fixed-route bus?
 Yes No

If yes, please **explain how your disabilities** prevent you from using CAT fixed-route bus services:

2. Are the disabilities that you described: Permanent Temporary Vary day to day

If temporary, how long do you expect to have this disability? _____(date)

3. Do you have medically defined cold sensitivity? Yes No

If yes, below what temperature? _____

How do these cold temperatures affect you and your ability to travel on regular fixed-route bus service independently? _____

4. Do you have medically defined heat sensitivity? Yes No

If yes, above what temperature? _____

How do these hot temperatures affect you and your ability to travel on regular fixed-route bus service independently? _____

5. Do other weather/lighting conditions (snow, ice, wind, dusk/dark and or glare) affect your ability to travel independently on regular fixed-route bus service? Yes No

If yes, explain the conditions and how they affect you and your ability to travel on regular fixed-route bus service independently.

6. Do you have a visual impairment? Yes No Sometimes

If yes or sometimes, please explain: _____

7. Is your breathing affected by weather or environmental conditions? Yes No Sometimes

If yes or sometimes, please explain: _____

8. Does the extent of your disability change after medical treatment? Yes No Sometimes

If yes or sometimes, please explain: _____

9. Do you have difficulty understanding or remembering all the things you would have to do to use the fixed-route bus? Yes No Sometimes

If yes or sometimes, please explain: _____

10. Are you able to travel on the fixed-route bus if it is some place you go all the time?

Yes No Sometimes

If yes or sometimes, please explain: _____

11. Are there any other comments or additional information relating to your disability that you would like to explain? _____

Traveling To and From Bus Stops

1. Do you use CAT's fixed route buses by yourself?

Yes No Sometimes

If yes, how often? _____ Which routes do you use? _____

2. Are you able to locate regular fixed-route bus stops, destinations, locations, or cross streets independently?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

3. Are you able to read, hear, understand and/or process information, schedules, or directions which are needed to make necessary decisions during a bus trip?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

4. Are you able to travel independently after dark? Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

5. Are you able to safely and independently travel 200 feet without help from another person?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

6. Are you able to safely and independently travel ¼ mile (about 4 blocks) without help from another person? Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

7. Are you able to reach and return from your neighborhood or the nearest public bus stop independently?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

8. Are you able to wait outside without assistance or support for ten (10) minutes?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

9. Are you able to leave and return to your regular destinations (local bus stops) independently?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

10. Can you use a telephone to make calls and get information about bus service?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

11. Can you identify landmarks or identify the correct bus and travel on the transit system independently?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

12. Can you find your way between familiar locations?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

13. Are you able to signal the driver to get off at a familiar bus stop?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

14. Are you able to wait outside without assistance for longer than 15 minutes?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

15. Are you able to travel safely and independently on flat surfaces in good weather?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

16. Are you able to travel safely and independently on slight inclines in good weather?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

17. Could you wait longer than 10 minutes for the bus if there were a seat or a bus shelter?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

18. Could you wait for longer than 10 minutes for the bus if there were **no** seat or a bus shelter?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

19. How long are you able to wait for a bus to arrive? _____ minutes

Boarding and Alighting the Bus

1. Can you safely and independently walk up and down three (3) 12 inch steps?

Yes No Sometimes

If no, or sometimes, please explain: _____

2. Are you able to board, ride, or exit a wheelchair accessible bus without assistance?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

3. Are you able to grasp handles or railings while boarding or exiting a bus?

Yes No Sometimes

If no, or sometimes, please explain: _____

4. Are you able to board or exit a vehicle if it has a lift or kneeler that lowers the front of the bus?

Yes No Sometimes I don't know

If no, sometimes, or I don't know, please explain: _____

5. List the three places you go most often and how you get there now:

A. Where do you go? _____

Address: _____

How often do you go there: _____

How do you get there now: _____

B. Where do you go? _____

Address: _____

How often do you go there: _____

How do you get there now: _____

C. Where do you go? _____

Address: _____

How often do you go there: _____

How do you get there now: _____

Service Delivery

1. Do you use any of the following mobility aids or specialized equipment when traveling?

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> cane | <input type="checkbox"/> white cane |
| <input type="checkbox"/> power wheelchair | <input type="checkbox"/> crutches | <input type="checkbox"/> communication board |
| <input type="checkbox"/> power scooter | <input type="checkbox"/> walker | <input type="checkbox"/> service animal |
| <input type="checkbox"/> leg brace | <input type="checkbox"/> portable oxygen | <input type="checkbox"/> no mobility aid |
| <input type="checkbox"/> other type of mobility aid _____ | | |

2. If you use a wheelchair or scooter, will you use it on Paratransit?

Yes No Sometimes

If no, or sometimes, please explain: _____

3. If you use a wheelchair or scooter please give us the following information:

What is the width of your wheelchair or scooter? _____ inches

What is the length of your wheelchair or scooter? _____ inches

What is the make/model of your wheelchair or scooter? _____ make _____ model

How heavy is your wheelchair or scooter it when you are sitting in it? _____ pounds*

***This information is not used to determine ADA Paratransit eligibility. It will be used to determine if the vehicle lift can accommodate your mobility device. It is the applicant's responsibility to know the dimensions of their mobility device.**

The ADA definition of a wheelchair is:

Wheelchair means a mobility aid belonging to any class of three or more wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairment, whether operated manually or powered. However, the ADA does not require transportation providers to accommodate devices that are not primarily designed or intended to assist persons with mobility disabilities (e.g., skateboards, bicycles, shopping carts), apart from general policies applicable to all passengers who might seek to bring such devices into a vehicle. The ADA states that a transportation provider may decline to carry a wheelchair/occupant if the combined weight exceeds that of the lift specifications set by the manufacturer or if carriage of the wheelchair is demonstrated to be inconsistent with legitimate safety requirements. It is the applicant's responsibility to work with CAT to determine the dimensions and combined weight of their mobility device and whether it exceeds the lift specifications. This information is not used to determine ADA Paratransit eligibility. It will be used to determine if the vehicle lift can accommodate your mobility device.

4. Are you able to wait 15 minutes at a public bus stop using your mobility device?

Yes No Sometimes

If no, or sometimes, please explain: _____

5. Paratransit drivers are unable to perform the duties of a Personal Care Attendant (PCA). Do you require an attendant (personal care, sighted guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street, navigating stairs, reading, transfers, medication, etc.

Yes No Sometimes

If yes or sometimes, please explain how does a PCA assist you : _____

6. Is there anything else that you would like to tell us **about your disability** that would be helpful in determining your eligibility for ADA Paratransit service?

I hereby certify that I am the individual requesting certification for ADA Paratransit service and that all information contained in this application is true and accurate. The purpose of this application is to determine if I am eligible to use Paratransit service, if at times I can ride the CAT fixed route buses. I understand that falsification of information could result in a loss of Paratransit services as well as a penalty under the law.

I also understand that, at no expense to me the Concord Area Transit (CAT) may require that I participate in an Independent Medical Evaluation (IME) of my travel skills and agree to such an evaluation if one is necessary.

I agree to notify CAT if my condition changes, if my mobility device has been replaced, if I have a new mobility device, if I move to a new address, or if I no longer need to use ADA Paratransit.

(Print First and Last Names)

(Signature of Applicant or Guardian if Applicable)

(Date)

AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

Release of Information (All applicants must sign this agreement)

I, _____ the applicant, understand that the purpose of this application is to determine my eligibility to use Concord Area Transit (CAT) ADA Paratransit service. I hereby authorize my health care professional to release information about my disability and its effect on my ability to travel using accessible fixed-route bus service, which may be needed in connection with my request for ADA Paratransit eligibility certification. I agree to release this information to CAT and I understand that the information released will be used solely to determine my ADA Paratransit eligibility. This release authorizes CAT to directly contact my health care professional for further information or clarification of the information provided.

I agree to notify CAT of any changes in the status of my disability that affects my ability to use ADA Paratransit service. I understand that providing false information in this application could result in a loss of ADA Paratransit service as well as a penalty under the law.

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 ADA Paratransit service will be grounds for suspending my eligibility in this program.

I hereby certify that I am the individual requesting certification for ADA Paratransit service and that all information contained in this application is true and accurate:

Signed: _____ **Date:** _____

Printed Name of Applicant: _____

If the applicant is a minor or has a legal guardian, the parent or guardian must sign this application and attest to the accuracy of the information contained herein.

Signature of Parent or Legal Guardian:

_____ **Date:** _____

Please fill out the full name, address and phone number of the medical professional you would like CAT to contact regarding verification of your disability or condition.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mail original Application or Correspondence to:

**Community Action Program
Belknap-Merrimack Counties, Inc.
PO Box 1016
Concord, NH 03302-1016
Attn: Concord Area Transit**

Photocopies, faxed or e-mailed copies will not be accepted.



**NOTE: This concludes the applicant's portion of the application.
The following pages MUST be completed by a Medical Professional.**

**THE MEDICAL PROFESSIONAL VERIFICATION FORM MUST BE MAILED BY THE MEDICAL
PROFESSIONAL TO:**

**Community Action Program
Belknap-Merrimack Counties, Inc.
PO Box 1016
Concord, NH 03302-1016
Attn: Concord Area Transit**

Photocopies, faxed or e-mailed copies will not be accepted.



Concord Area Transit ADA Paratransit Service

Health Care Professional Information Form Attachment to Application for ADA Paratransit Service

Dear Health Care Professional:

Federal law requires that Concord Area Transit (CAT) provide complementary Americans with Disabilities Act (ADA) Paratransit service to persons who do not have functional or cognitive ability to use the CAT's accessible fixed-route bus system.

The information you provide in the attached *Medical Professional Verification* Form will allow CAT to make an appropriate evaluation of the applicant's mobility and determine how we may best meet their needs.

In accordance with the "Americans with Disabilities Act of 1990" (ADA) and its regulations, Section 37.123(e), there are two specific circumstances under which a person would be considered eligible for CAT's ADA Paratransit service:

1. Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
2. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Please note this does not include persons who find it uncomfortable or difficult to get to and from bus stops.

Resources for this service are limited, and your evaluation of each person must be based solely upon the individual's ability to use regular fixed-route transit service. All fixed-route buses are fully accessible and ADA compliant. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. It is essential that you be as precise as possible in your evaluation. False verification could result in overloading the CAT ADA Paratransit service and adversely impact persons legitimately qualified to use this service.

If you have any questions about the application or the review process, please contact Concord Area Transit at 603.225.1989 (voice) or TDD/TTY 1.800.735.2964.

Sincerely,

Terri Paige, Director
CAPBMCI-CAT

Date: _____



Concord Area Transit ADA Paratransit Service

Medical Professional Verification Form

This part of the application form should be completed by one of the following health care professionals **who is currently treating the applicant for their disability**, and is authorized to provide this information to CAT in order to complete the application for ADA Paratransit eligibility certification:

Check the appropriate box to identify your profession

PLEASE PRINT CLEARLY
AND ANSWER ALL
QUESTIONS. THANK YOU.

<input type="checkbox"/>	rehabilitation specialist
<input type="checkbox"/>	orientation and mobility specialist
<input type="checkbox"/>	occupational or physical therapist
<input type="checkbox"/>	vocational rehabilitation counselor
<input type="checkbox"/>	ophthalmologist or optometrist
<input type="checkbox"/>	physician
<input type="checkbox"/>	psychologist
<input type="checkbox"/>	psychiatrist
<input type="checkbox"/>	licensed clinical mental health counselor
<input type="checkbox"/>	other medical specialist:

Applicant name: _____ D.O.B. _____

- In what capacity do you know the applicant and for how long?

- Is the applicant your regular patient? Yes No
- When did you last see or treat the applicant? _____
- Is the applicant with disabilities? Yes No
- Does this disability prevent the applicant to use or access the available fixed-route service? Yes No
- Please indicate all the medical diagnoses of the applicant's **disability** with date of onset.
(Please print clearly and do not use codes and do not attach medical records to this application)

- Is the condition temporary? Yes No
If yes, please specify the time frame (example: 6 months) within which you anticipate the applicant to recover or next reevaluation. _____

Applicant name: _____ D.O.B. _____

8. Is this condition likely to worsen? Yes No

9. Does the applicant require use of the following? (check each, where it applies)

Yes No Sometimes

Manual wheelchair			
Motorized wheelchair			
Motorized Scooter			
Cane, crutches			
Walker			
Service animal			
Personal care attendant			
Other mobility aid: _____			

10. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

Yes No Sometimes

Travel 100 yards?			
Travel 200 yards, or 1 block?			
Travel 300 yards?			
Travel 440 yards, about ¼ mile or 2 blocks, or more?			
Climb three 12" steps?			
Negotiate hills/steep terrain			
Wait outside without support for 10 minutes?			

If "No" or "Sometimes", describe in detail any factors which would have an adverse impact on the applicant's abilities to travel or wait outside.

11. Under what circumstances do you believe the applicant could independently use CAT accessible fixed-route bus service? Please describe. (example: if person receives transit orientation, if distance to bus stop is not too great):

Applicant name: _____ D.O.B. _____

12. Can the applicant independently cross the street? Yes No

13. Is the applicant able to:

	Yes	No	Sometimes
Give addresses and phone numbers upon request?			
Recognize a destination or landmark?			
Sign his/her name?			
Deal with unexpected situations?			
Ask for, understand, and follow directions?			
Read information signs?			
Use a good judgement? i.e. recognize and avoid dangers he/she might encounter when traveling in the community?			
Understand or remember all the things he/she would have to find his/her way from/to a bus stop and/or use the fixed-route buses independently? (i.e. locate a bus stop, read and understand the schedule, recognize their destination stop, request a stops etc.)			
Use the fixed-route bus if someone showed him/her how?			
Travel alone?			
Know what to do if he/she became lost while out in the community?			
Safely cross streets and intersections?			

If "Sometimes", please explain how each affects the applicants travel to use the CAT's fixed-route buses?

14. Check any of the following that is affected by the individual's disability?

- Orientation
- Concentration
- Monitoring time
- Problem-solving
- Coping Skills
- Judgment
- Short term memory
- Communication
- Gait or balance
- Long term memory
- Consistency
- Social behavior
- Aggression
- Performance
- Anxiety
- Other: _____

15. Is the applicant currently taking any medication that would likely have an impact on their travel abilities or limitations? (Please **do not** attach medical records or a medication list to this form. Thanks.)

- Yes No If yes, please list:

Medication name/type	Dosage	Effect on functional ability or side effects (if any)

16. Does the applicant experience episodic days? Yes No

17. Is the disability the same every day? Yes No

18. Does weather impact the applicant's ability to travel? Yes No

If yes, please explain which conditions and list the temperatures at which the applicant would be impacted.

19. Are there any other effects of this disability that we should be aware of? Yes No

If yes, please explain: _____

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW THAT THE INFORMATION PROVIDED
HEREIN IS TRUE AND CORRECT.**

Medical Professional's Signature: _____ **Date:** _____

Medical Professional's Name Printed: _____

Office Address: _____

City: _____ **State:** _____ **Zip code:** _____

Office phone: _____ **Fax number:** _____

*Please return this completed **original** form to Community Action Program Belknap-Merrimack Counties, Inc.,
P. O. Box 1016, Concord, NH 03302-1016, Attn: Concord Area Transit. Thank you.*

Photocopies, faxed or e-mailed copies will not be accepted.

FOR CAT USE ONLY - DO NOT WRITE IN THIS BOX

NEW **RECERT**

Name of Applicant: _____ Phone: _____

Date Application mailed to Applicant: _____ Date Application received from Applicant: _____

Determination Completed: _____ Letter Sent: _____

Application Denied: _____ Appeal Date: _____

Reason: _____

Application Approved: _____ Certification Date: _____

Eligibility Category: Visitor for time period: _____

Unconditional Temporary for time period: _____

Unconditional for 1 year 2 years 3 years 5 years permanent

Conditional Temporary for time period: _____

Conditional for 1 year 2 years 3 years 5 years permanent

Conditions: _____

Certification Renewal Date: _____

Application Reviewed for Completeness by: _____

NOTES: