

Application Form for

ADAPT

Americans With Disabilities Act Para Transit

(207) 784-9335

(800) 393-9335



Western
Maine
Transportation
Services, Inc.

This form is for individuals who wish to apply for use of the WMTS ADAPT transportation services. ADAPT stands for Americans with Disabilities ParaTransit service. It means that a bus comes to your door and provides local service in the Lewiston and Auburn areas. ADAPT is designed to provide equivalent accessible transportation to anyone who cannot use the fixed bus services of the citylink because of disability. The information obtained in this certification process will be shared only with other transportation providers in order to facilitate travel. The information will not be provided to any other person or agency.

Should I apply?

- **Do barriers like steep steps, busy intersections, hills, lack of curb cuts, lack of sidewalks, the unavailability of a lift on a public bus, or heat or cold keep you from using the public bus system?**
- **Does a visual limitation, arthritis, spinal cord injury, traveling alone, difficulty recognizing new destinations or other impairment keep you from using fixed route bus systems?**
- **If you answered yes to any of the above, you may qualify for door-to-door transportation service with ADAPT.**

How to apply...

1. Complete the general information and release of information on the following pages.
2. Have your doctor's office or rehabilitation specialist complete and stamp or sign the professional verification section.
3. Send the completed application to Western Maine Transportation Services.

Continue onto the next page

Preparer Signature - If this application has been prepared by someone other than the person requesting ADA certification, that person must complete and sign the following.

Name of Preparer _____ Capacity _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____

Signature of Preparer _____ Date ____/____/____

Step Two: Get Professional Verification (to be completed by Applicant)

Release of Information

I, _____, am going to apply to WMTS to be determined to be "ADA Paratransit Eligible". I hereby authorize and direct you to provide the following information regarding my ability to use the transit services.

Applicant's Signature _____ Date ____/____/____

If the applicant has a cognitive disability please answer the following questions:

Is the applicant able to perform the following functions without supervision:

1. Find his/her way between familiar locations? Yes/No Please explain _____
2. Signal Driver to get off at familiar bus stop and get off the bus there (assume the driver announces the major stops) Yes/No Please explain _____
3. At the bus stop served by more than one bus route, distinguish the correct bus to board and indicate to board? Yes/No Please explain _____

Information in the box below is to be provided by the Doctor's Office or Rehabilitation Specialist.

Note: Federal law requires that paratransit services be provided to persons who cannot use the available accessible city bus routes. The information provided will allow WMTS to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter.

Medical Diagnosis of the condition causing the disability: _____

Is this condition temporary? _____ If yes, expected duration: _____

Is there any other effect of the disability of which the Transportation Program should be aware?

Please describe _____

Your Name: _____ Office Phone Number: _____

Your Profession: _____ Office Address _____

Signature or Stamp _____ Date ____/____/____

Step Three: When this form is completed, send it to the address on the back.

Thank you for your application, it will be processed promptly. Note: Applications will be returned when information provided is incomplete.



ADAPT
 Western Maine Transportation Services, Inc.
 76 Merrow Road
 Auburn, Maine 04210

Step One: Complete the General Information Section

The applicant is responsible for providing the general information on this page.

Section 1: Personal Information

Name: Last _____ First _____ M.I. _____

Address: Street _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ Date of Birth: _____

Section 2: Information about your disability

1. What is the disability which prevents you from using the CityLink Bus Service?

2. How does the disability prevent you from using the city bus service?

3. Do you use any of the following? (Check all that apply)

Wheelchair Electric Wheelchair Power Scooter Cane Crutches Walker Guide Dog

4. Do you require a Personal Care Attendant when you travel? yes no

5. Can you climb three 12-inch steps without help? yes no

6. Is the disability you have temporary? yes no

7. Can you travel to and from the fixed route bus stop nearest your residence without help? yes no

8. Can you travel 3/4 mile without the help of another person? yes no

9. Can you wait outside without assistance for twenty minutes? yes no

Certification of information - The applicant or the guardian must sign the certification even if someone else prepared the application. I hereby certify the information provided above is correct.

Signed _____ Date ____/____/____