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**CCRTA ADA Complementary Paratransit Service Application**

**PART I**

**Personal/Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone:  
(\_\_\_\_) \_\_\_\_\_

TTD/TTY (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail address: \_\_\_\_\_

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Do you require information in an alternative format?

Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Audio \_\_\_\_\_

Tape \_\_\_\_\_ Other: \_\_\_\_\_

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If someone is helping you with this application, that person **must** complete the following:

Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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Emergency Contact Information:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

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**Riding Mobility Aid/Wheelchair Dimensions and Weight**

Section 37.165(b) of the USDOT regulations require transit providers to transport all “common wheelchairs”. A common wheelchair is defined as a three or four wheeled mobility device that, when occupied, does not exceed 600 pounds or 30 inches in width by 48 inches in length, measured two inches above the ground. Wheelchairs which exceed these dimensions and weight do not have to be transported. We may request that you transfer to a seat to accommodate more customers.

Applicant’s Name: \_\_\_\_\_

**Riding Mobility Device**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Weight when occupied: \_\_\_\_\_ lbs.

Width: \_\_\_\_\_ Inches Length: \_\_\_\_\_ Inches

Ground Clearance: \_\_\_\_\_ Inches

Can you transfer to a seat once on the vehicle \_\_\_\_yes \_\_\_\_no

I understand that the purpose of this form is to determine that my transportation is based upon my being transported in a “common wheelchair” as described in Section 37.165(b) of the USDOT regulations listed above. I hereby acknowledge my understanding of what constitutes a “common wheelchair” and grant permission to the Cape Cod Regional Transit Authority (CCRTA) to weigh me while sitting/standing with my mobility aid. *(This information will be kept in strictest confidence.)* I also understand that if my riding mobility device changes for any reason, I must notify CCRTA immediately. Failure to do so may risk the ability of the CCRTA to transport me.

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADA APPLICATION** \_\_\_\_  
**RECERTIFICATION** \_\_\_\_

**Approval of Eligibility Date:**\_\_\_\_\_  
**Expiration Date:**\_\_\_\_\_ **(5 years)**

## **INFORMATION ABOUT YOUR ABILITIES**

1. Do you use any of the following mobility aids? **Check all that apply.**

Manual Wheelchair	_____	Electric Wheelchair	_____
Powered Scooter	_____	Cane	_____
Walker	_____	White Cane	_____
Service Animal	_____	Crutches	_____
Oxygen	_____	Other (please list)	_____

2. What is the disability or health condition that **prevents** you from using the CCRTA fixed route **bus system**?

\_\_\_ Certified Legally Blind

\_\_\_ Loss or inability to use one or more limbs

\_\_\_ Severe effects of stroke

\_\_\_ Paralysis affecting mobility, speech, vision or memory

\_\_\_ Severe Arthritis

\_\_\_ Autoimmune Disorders, for example, Lupus or Scleroderma etc.

\_\_\_ Severe cardiac and/or respiratory impairment affecting strength and/or endurance

\_\_\_ Severe emotional disorder (may require an escort)

\_\_\_ Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, autism or neurological disorder, etc.

\_\_\_ Hearing loss accompanied by an inability to understand speech with/without a hearing aid

Other (**please explain**):

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a. Is your disability permanent? \_\_\_\_ **Yes** \_\_\_\_ **No**

b. Is your disability temporary? \_\_\_\_ **Yes** \_\_\_\_ **No**

If your disability is temporary, how long do you think it will be until you are better? # \_\_\_\_\_Months.

3. Why do you feel using CCRTA paratransit service is better than the fixed route bus for your disability or health condition? **Explain:**

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4. Do you need to travel with someone who helps you? For example, a Personal Care Attendant (PCA)? (**Riders must have their own PCA**)

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Sometimes**

5. All CCRTA vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Sometimes**

If you answered **No or Sometimes**, explain why:

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*To be considered eligible for ADA Paratransit Service, riders must be unable, due to their disability or health condition, to get to or from fixed route buses. Getting to or from buses must pose an unreasonable level of effort or risk, rather than simply being more difficult or less convenient.*

6. Please review the following list of functional limitations and indicate which make you unable to get to or from fixed route buses. (*check all that apply*)

- Can you understand and/or process information
- Can you ask for, or follow written or oral information, such as schedules including TDD, audio tape or voice?
- Can you figure out the correct fare?
- Can you follow instructions in an emergency?
- Can you recognize your destination while on the bus?
- Once you get off the bus, can you locate and reach your destination?
- Can you safely cross the street unassisted?
- Can you identify and signal for a fixed route bus to stop and pick you up?
- Can you wait 15 minutes for a fixed route bus if there is no place to sit?
- Can you travel to both familiar and unfamiliar locations on the fixed route bus?

I understand that the purpose of this form is to determine if I am eligible for CCRTA ADA Paratransit Service. I certify that all the information I have provided is correct.

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Applicant's Signature

Date

Your application will be processed within 21 days from receipt. If it is not processed within that time frame you will be provided service until a determination is made.