Town of West Hartford Dial-A-Ride

ADA QUALIFIED DISABILITY QUESTIONNAIRE

ONLY NEEDS TO BE COMPLETED BY THOSE UNDER AGE 60

______________________________ ________________________________, West Hartford, CT 061 __ __

(Applicant Name) - Please Print (Applicant Address)

Please indicate your Functional Ability by circling an answer for each statement below.

I can cross the street if there are curb cuts.	Always	Sometimes	Never
I can travel up/down a gradual hill.	Always	Sometimes	Never
I can find my way to the public city bus stop with training.	Always	Sometimes	Never
I am able to wait for 10 minutes for a public city bus.	Always	Sometimes	Never
I am able to ask for, understand, and follow directions.	Always	Sometimes	Never
I am able to detect curbs, ramps, and other drop off areas.	Always	Sometimes	Never
I am able to get on and off a public city bus (using stairs___ or lift___).	Always	Sometimes	Never

Information About Your Disability:

1. What type of disability prevents you from using the public city bus system? (Check all that apply)

   Physical _____ Visual _____ Cognitive _____ Mental Health _____ Hearing _____

   Please describe your disability: ____

2. Do you require the assistance of a personal care attendant?

   Yes ________ No ________ Sometimes ________

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

   ____ Wheelchair (Manual or Electric) ____ Power Scooter ____ Cane ____ Walker

   ____ Braces ____ Oxygen Tank ____ Crutches ____ Service Animal (as defined by the ADA)

   Other ____

Certification:

I, ________________________________, hereby certify that the above information is true and correct.

(Applicant Name – Please Print)

____ ______________________________

Applicant Signature or Legal Representative Date

*For those under-65 with a qualified disability, a completed ***Physician Certification Form*** must be returned and processed by West Hartford Social Services to activate membership.

PLEASE COMPLETE AND MAIL OR FAX TO:

Town of West Hartford Dial-A-Ride
50 South Main Street, Rm. 306
West Hartford, CT 06107
(860) 561-7561 Office
(860)561-7577 Fax

MEDICAL PROVIDER CERTIFICATION FOR THOSE UNDER AGE 60

I, _______________________________, hereby certify that the Dial-A-Ride
(Medical Provider –please print)

applicant _______________________________, has a disability which prevents them
(Applicant's Name – Please Print)

from being able to access traditional public transportation vehicles (city buses) and is in

need of transportation services through the West Hartford Dial-A-Ride Program.

____ ____________________
Medical Provider's Signature and Credentials Date

____ ______________________
Office Address Office Telephone

HIPAA provides guidelines and policies regarding your rights to medical information and disclosures of protected health information. The above information will be used solely to determine eligibility for the Dial A Ride program. The Town of West Hartford Social Services has a contract with a Coordinated Transportation Solutions to supply transportation to our eligible residents. As required by HIPAA, a formal business contract is in place in which they promise to maintain confidentiality of the above data.

Greater Hartford Transit District ADA Paratransit Service