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.
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

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:

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.

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 _____/_____/_____

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.