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WMTS **ADAPT**76 Merrow Road
Auburn, Maine 04210

Application Form for



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.

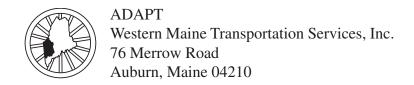
Should I apply?

- 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



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: (hone)	(work)	Date of Birt	h:	
Section 2: Information about your	disability			
1. What is the disability which preve	ents you from using the CityLink Bus Ser	vice?		
2. How does the disability prevent y	ou from using the city bus service?			
3. Do you use any of the following?	(Check all that apply) chair Power Scooter Cane C			
4. Do you require a Personal Care A	ttendant when you travel?		yes	no
5. Can you climb three 12-inch steps	s without help?		yes	no
6. Is the disability you have tempora	nry?		yes	no
7. Can you travel to and from the fix	xed route bus stop nearest your residence	without help?	yes	no
8. Can you travel 3/4 mile without the	he help of another person?		yes	no
9. Can you wait outside without assi	istance for twenty minutes?		yes	no
	e applicant or the guardian must sign they certify the information provided above		someone els	se
Signed		Date//		

Preparer Signature - If this application has been prepar certification, that person must complete and sign the fo	•	han the person requesting ADA
Name of Preparer	Capa	city
Address	City	State Zip
Daytime Phone		
Signature of Preparer		Date/

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

Paratransit Eligible". I hereby authorize and direct you to provide the following information regarding my

__, am going to apply to WMTS to be determined to be "ADA

Release of Information

Signature or Stamp

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:					
Your Profession:	Office Address				

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.