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Dear Applicant,

At your request, please find enclosed an Application packet including:

1. Application Instructions
2. Part I-Application
3. Professional Verification Cover Letter
4. Part II-Application (Professional Verification)
5. Authorization to Disclose Medical Information to Para transit Access Line

Part I: Can be completed by you alone or with the assistance of another person.

Please answer all questions contained in Part I of the Application. **Failure to answer any question or to provide a recent photograph will delay processing your application.**

Those questions, which require explanations, should be brief, but accurate. When you have completed Part I, please forward it, along with Part II, to a licensed or certified health care professional (refer to the list in Part II) who is currently treating you for your disability.

Part II: must be completed by a licensed or certified health care or rehabilitation professional, who is currently treating you for your disability, or a licensed or certified health care or rehabilitation professional who you visit for a paratransit evaluation, and whose title is listed on page 1, part 2.

Your eligibility will be carefully determined through a certification process in compliance with the regulations of the Americans With Disabilities Act of 1990. An accurate determination depends on the answers and information provided by you for evaluation. Inaccurate or false information may lead to denial or suspension of service.

**You will be advised of your eligibility status in writing no later than 21 days after our receipt, of both parts of your fully completed application.**

If you are denied eligibility, the reason for the denial and procedures to appeal the denial of eligibility will be detailed in that letter.

If you have any questions about the Application or the review process, please contact Paratransit Access Line, at (716) 855-7268 or 855-7377 TDD..

**APPLICATION INSTRUCTIONS FOR  
METRO PARATRANSIT SERVICE  
FOR PEOPLE WITH DISABILITIES**

The Niagara Frontier Transportation Authority (NFTA) provides Paratransit bus service for individuals with disabilities who have been certified as functionally unable to use Metro bus/rail fixed route.

**Eligibility:**

In order to be eligible to use Paratransit service, your disability must prevent you from using the existing accessible fixed route bus service provided by NFTA Metro.

In accordance with the “Americans With Disabilities of 1990 (ADA) and its regulations, Section 37.123(e), there are three specific circumstances under which a person would be considered ADA eligible for Paratransit service:

1. The individual is unable, as a result of a physical, visual or mental impairment, and without the assistance of another individual (other than the operator of a wheelchair lift or other boarding device) to board, ride, or disembark from any vehicle in the fixed route system, which is accessible to individuals with disabilities.
2. The individual with a disability has a specific impairment related condition, which prevents travel to a boarding location or from a disembarking location on the fixed route system.

**Certification:**

Paratransit service provided by NFTA Metro is curbside-to-curbside and is provided on an advanced reservation basis. In order to determine your eligibility to use Paratransit, you must:

1. Completely fill out Part I of this application.
2. Complete the Authorization to Disclose Protected Health Information, which accompanies this application.
3. Give the Authorization and Part II of the application to an appropriate licensed or certified professional, who is familiar with and currently treating you for your described disability, and ask them to complete Part II.  
(\*\*\*Under new federal laws, the professional may be prohibited from sending the necessary information to Paratransit without receiving a completed Authorization from you\*\*\*)

4. Return the completed application to:

NFT Metro  
Paratransit Access Line  
181 Ellicott Street  
Buffalo, New York 14203

An accurate determination depends on the answers and information provided by you for evaluation. Inaccurate or false information may lead to denial or suspension of service.

Please answer all questions contained in the application. Those questions that require explanations should be brief, but accurate. A recent photograph of yourself must be included. ***Failure to answer any question or to provide a recent photograph will delay processing your application.***

All information provided by you will be kept in strict confidence and will not be released to any other party to the maximum extent permissible under law without the express written permission of the applicant.

When the completed application is received, it will be reviewed and a determination as to your eligibility will be made within 21 days or less. You will be advised in writing of your eligibility status after a review of the completed application.

***As part of the application process, NFT Metro reserves the right to require the applicant to attend to an in-person interview if necessary to determine the applicant's eligibility.***

If you have any questions about the application or the review process, please contact Paratransit Access Line at 855-7268.

**PART I**

**APPLICATION FOR PARATRANSIT SERVICE  
TO BE COMPLETED BY THE APPLICANT**

**Please print**

The information on this form will be used solely for the purpose of determining eligibility for the Paratransit Access Line. The information that you furnish will be kept strictly confidential.

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

Address: \_\_\_\_\_  
(Number and Street) (Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Month/Day/Year

1. Do you have a disability? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please describe any physical, mental, visual or cognitive disabilities, which **prevent** you from using the fixed route bus system.

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How does this disability prevent you from boarding, riding, exiting or navigating the fixed route system? \_\_\_\_\_

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(Please attach any additional documentation which you feel will support your inability to travel to and from a boarding or disembarking location, or to board, ride or exit a fixed route bus.)

If no, please explain why you think you are eligible for Paratransit.

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**Part I**

2. Is your disability a permanent condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how long do you expect to have this disability? \_\_\_\_\_

3. Do you use any of the following mobility aids? (Please check all that apply)

Motorized Wheelchair     Manual Wheelchair     Powered Scooter

Personal Care Attendant     Walker     Cane

Crutches     Service Animal     Prosthesis

4. Can you walk/travel 200 feet without the assistance of another person?

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

Can you walk/travel 1/4 mile without the assistance of another person?

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

Can you walk/travel 3/4 mile without the assistance of another person?

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

Can you climb three 12-inch steps without assistance?

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

Can you wait outside without support for ten minutes without assistance?

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

Can you deposit your bus fare independently?

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

5. Where is the closest bus stop to where you live? \_\_\_\_\_

6. How far is this stop from where you live? Within a city block \_\_\_\_\_

1/4 mile \_\_\_\_\_ 1/2 1/2 \_\_\_\_\_ 3/4 3/4 \_\_\_\_\_ unsure \_\_\_\_\_

7. Do you currently ride a Metro fixed route bus/rail independently?

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

8. Have you ever received mobility training to use the Metro bus system?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Part 1**

If yes, what was the year you received that training? \_\_\_\_\_

Name of Training Person/Agency \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was the training complete? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does weather impact your ability to travel? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain how weather condition(s) impact your ability to ride the Fixed route bus/rail system. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How do you currently travel?

- Van Service(s)       Agency Transportation  
 NFT Metro Bus/Rail       Taxi  
 Other

11. Does Medicaid, Social Services, or your school system provide you with transportation to any of the following programs or activities. (check all that apply)

- Nutrition       Community Action Programs  
 Senior Centers       Workshop  
 Day Treatment       Retire Senior Volunteer Program  
 Medical Appointments       Community Residence  
 School/Day Care       Other



**PART II (Professional Verification)**  
**APPLICATION FOR PARATRANSIT SERVICE**

**Please print**

This part of the application form should be completed by one of the following professionals **who is currently treating the applicant for their disability**, or one of the following professionals **who will complete the application for the sole purpose of evaluating how your disability affects your functional mobility**:

**Check one item of six boxes to identify your profession**

- Physical Therapist certified by the American Physical Therapy Association;
- Occupational Therapist certified by the American Occupation Therapy Association;
- Certified Rehabilitation Counselor, Case Manager, or Social Worker;
- Psychiatrist (not Psychiatrist);
- Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or the National Blindness Professional Certification Board.
- Qualified Mental Retardation Professional (QMRP);

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. In what capacity do you know the applicant and for how long? \_\_\_\_\_  
\_\_\_\_\_
2. Is the applicant your regular client? **Yes** or **No** (please circle one)

**Part II**

3. Please list the medical diagnoses of all disabilities which functionally prevent the Applicant from: **1)** getting to or from a Metro bus stop or rail station; **2)** boarding or disembarking an accessible Metro bus or rail car; **3)** riding or navigating an accessible Metro Bus/Rail; **(Please type or print clearly.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the condition temporary? **Yes** or **No** (please circle one)  
If yes, then specify the time frame (example: 6 months) within which you anticipate the applicant to recover. \_\_\_\_\_

5. Is this condition likely to worsen? **Yes** or **No** (please circle one)

6. Does applicant have additional contributing visual and/or mental conditions that prevent travel? **Yes** or **No** (please circle one)

7. Under which category specified below is the applicant applying for eligibility to to utilize NFT Metro Paratransit Service(s). **Check all that apply**

A.

- SECTION 1-Non-Ambulatory Disability
- SECTION 2-Mobility Aid
- SECTION 3-Arthritis
- SECTION 4-Amputation
- SECTION 5-Cerebrovascular Accident
- SECTION 6-Pulmonary Ills
- SECTION 7-Cardiac Ills
- SECTION 8-Dialysis
- SECTION 9-Disability of Incoordination
- SECTION 10-Cerebral Palsy
- SECTION 11-Epilepsy
- SECTION 12-Visually Impaired/Blind
- SECTION 13-Cognitive

B. Which statement best describes the applicant's need for Paratransit Services? **(Check all that apply)**

- 1) Has a severe physical, mental, or visual disability which makes it impossible to use the NFT Metro accessible Bus/Rail system under any circumstances.

**Part II**

2) Has a mobility problem which prevents the applicant from boarding an accessible vehicle without the assistance of a personal care attend

3) Has a mental or visual impairment which prevents him/her from remembering & understanding all the applicant must do to find their way to and from a NFT Metro Bus/Rail stop and ride the system.

**Circle one of the following:**

The Applicant will never have the ability to learn how to use the NFT Metro System even with mobility training,

or

With mobility training the applicant is capable of learning how to use the NFT Metro System.

4) The applicant can use the NFT Metro Bus/Rail system sometimes, but for certain trips the individual has not been trained or there are other barriers present.

8. In your opinion, under which of the two circumstances described in the ADA, Section 37.123(e) does the applicant qualify for paratransit service? **(please check one)**

a. Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities. **Yes** or **No** (please circle one)

b. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system. **Yes** or **No** (please circle one)

**Part II**

9. Does the applicant require use of the following? (check each, where it applies)  
**PLEASE NOTE: *Wheelchair dimensions must not exceed 30" X 48"*. In addition the combined weight of the individual and the wheelchair must not exceed 600 lbs**

	<u>Yes</u>	<u>No</u>	<u>Sometimes</u>
Manual Wheelchair	_____	_____	_____
Motorized Wheelchair	_____	_____	_____
Cane, crutches, or walker	_____	_____	_____
Service animal	_____	_____	_____
Personal Care Attendant	_____	_____	_____
Sighted Guide/Escort	_____	_____	_____
Oxygen	_____	_____	_____

9. Is this person capable of making his/her own reservations and/or Cancellations independently? \_\_\_\_\_

10. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
Travel 200 feet?	_____	_____	_____
Travel 1/4 mile?	_____	_____	_____
Travel 3/4 mile?	_____	_____	_____

11. Can the applicant climb three 12-inch steps without assistance \_\_\_\_\_

12. Can the applicant wait outside without support for 10 minutes \_\_\_\_\_

If No or Sometimes, describe in detail any factors which would have an adverse impact on the applicant's ability to wait outside.(**example:** extreme cold)\_\_\_\_\_

\_\_\_\_\_

13. Is the applicant able to:	<b>Yes</b>	<b>No</b>
Give addresses and telephone numbers upon request?	_____	_____
Recognize a destination or landmark?	_____	_____
Sign his/her name?	_____	_____
Deal with unexpected situations?	_____	_____
Ask for, understand, and follow directions?	_____	_____
Count money and pay fare?	_____	_____



**Part II**

I have read Part I of this application in its entirety. (Submitted by Applicant)  
Yes \_\_\_\_\_ No \_\_\_\_\_

I agree with the information contained in Part 1 as provided by the applicant.  
Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain and provide specifics for each question you disagree with in Part 1.  
You may attach an additional sheet if needed.

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I hereby affirm that the statements made herein are true and correct.

Name: \_\_\_\_\_  
(Professionals Name Printed)

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_

New York State License/Certification Number \_\_\_\_\_  
(MUST PROVIDE)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Professionals Signature)

Specialty or Title & Agency: \_\_\_\_\_

**Please return this completed form along with Part 1 (previously completed by applicant) to:**

**NFTA Special Services/Paratransit  
181 Ellicott Street  
Buffalo, New York 14203**

AUTHORIZATION TO DISCLOSE  
PROTECTED HEALTH INFORMATION

I hereby authorize \_\_\_\_\_ (Insert Professional's Name) entrusted with handling medical records to disclose to the NFT Metro all of the protected health information relating to \_\_\_\_\_ (the applicant) to fully and accurately complete the NFT Metro Application for Paratransit Service which application will be used by NFT Metro for determining whether the Applicant is eligible for Paratransit Access Line.

This authorization shall remain in effect until the Applicant's eligibility for Paratransit service is finally determined or sixty days, whichever is shorter.

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Health Care Professional that would be completing Part II of this application. I understand that the revocation of this authorization is not effective to the extent that the Health Care Professional has relied upon it for the use or disclosure of the Protected Health Information prior to receiving my written revocation notice.

I understand that any Protected Health Information disclosed pursuant to this Authorization to an individual or entity that is not covered by the state and federal privacy laws and regulations may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Personal Representative)

**Important:** If a Personal Representative signed above, please describe his or her relationship with the patient (e.g., parent) or other authority to sign this form on behalf of he patient (e.g., legal guardian): \_\_\_\_\_