

Application Form for

ADAPT

Americans With Disabilities Act ParaTransit

774-2666

RTP Regional
Transportation
Program, Inc.

This form is for individuals who wish to apply for use of the RTP ADAPT transportation service. ADAPT stands for Americans with Disabilities ParaTransit service. It means that a bus comes to your door and takes you wherever you want to go in Portland, South Portland or Westbrook. ADAPT is designed to provide equivalent accessible transportation to anyone who cannot use the fixed route bus services of the METRO or South Portland Bus Service because of disability. The information obtained in this certification process will be shared only with other transit 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 stairs, 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 form to RTP.



Continue on to the next page

Preparer Signature - If this application has been prepared by someone other than the person requesting ADA certification, the person must complete and sign the following.

Name of preparer _____ Capacity _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____

Signature of preparer _____ Date ____ / ____ / ____

Step #Two: Get Professional Verification

Information in this box is to be completed by the applicant

Release of information

I, _____, am going to apply to RTP to be determined to be "ADA Paratransit Eligible". I hereby authorize and direct you to provide the following information regarding my ability to use transit services.

Applicant's Signature _____ Date ____ / ____ / ____

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 RTP 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 Regional Transportation Program should be aware?

Please describe. _____

Your Name: _____ Office phone number: _____

Your Profession: _____ Office Address: _____

Signature or stamp: _____ 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.

Return Address:

Place
Postage
Here

RTP ADAPT
127 St. John Street
Portland, Maine 04102-3072