TripLink Common Application

TripLink provides an online Common Application for nonprofit transportation services in southeastern NH on behalf of COAST, Community Rides, Ready Rides, Rockingham Nutrition & Meals on Wheels, TASC, and the Community Action Partnership of Strafford County. This print application may be submitted in its place. To learn more about these services and their eligibility requirements before applying, visit https://CommunityRides.org/form/rider-application or call us at 603-834-6010.

When using the Common Application, please answer all the questions in the CONTACT INFORMATION, DEMOGRAPHIC INFORMATION, and ADDITIONAL INFORMATION sections of the form. Questions that are only asked for certain services are at the end of the application. You only need to answer questions for services to which you are applying.

Please fill out this application and mail or fax it to TripLink. A staff member will contact you when we have received your completed application. If you are applying for ADA Paratransit, Portsmouth Senior Transportation, or Community Rides, you may also need to submit the Medical Release at the end of the application.

TripLink
42 Sumner Drive
Dover, NH 03820

Phone: 603-834-6010
Fax (secure): 855-975-2546
TripLink@CommunityRides.org

SERVICES

I am applying for the following services:
(Check all that apply)

- ☐ COAST ADA Paratransit
- ☐ COAST Portsmouth Senior Transportation
- ☐ COAST Route 7 On Demand
- ☐ Community Action Partnership of Strafford County Senior Transportation Program
- ☐ Community Rides
- ☐ Ready Rides
- ☐ Rockingham Nutrition & Meals on Wheels Senior Shuttle
- ☐ Transportation Assistance for Seacoast Citizens (TASC)

CONTACT INFORMATION

First Name: _____ **MI:** ___ **Last Name:** _____

Nickname: _____ **DOB:** _____

RESIDENTIAL ADDRESS

Building or Neighborhood, if applicable: _____

Street Address 1: _____

Street Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

MAILING ADDRESS (if different)

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Primary Phone: _____

Phone Type:
- ☐ Home
- ☐ Mobile
- ☐ Work
- ☐ Other

Alternate Phone: _____

Phone Type:
- ☐ Home
- ☐ Mobile
- ☐ Work
- ☐ Other

All services except for TASC send automated reminders to your Primary Phone. Would you like to receive your reminders by call or text? (Text reminders require a mobile phone)

☐ Phone Call ☐ Text

EMERGENCY CONTACT

Name: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Address: _____

Relationship: _____

DEMOGRAPHIC INFORMATION

The following questions are being asked for demographic purposes only and are not used to determine your eligibility.

Gender: ☐ Female ☐ Male ☐ Prefer not to say ☐ Prefer to self-describe _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaska Native ***and*** White
- ☐ Asian ***and*** White
- ☐ Black/African American ***and*** White
- ☐ American Indian/Alaska Native ***and*** Black/African American
- ☐ Other Multi-Racial: _____

Have you ever served in the military? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Do you use any mobility devices to help you get where you need to go?

- ☐ No
- ☐ Crutches
- ☐ Cane/White Cane
- ☐ Walker
- ☐ Car Seat
- ☐ Manual Wheelchair
- ☐ Powered Chair/Scooter
- ☐ Bariatric Wheelchair
- ☐ Other _____

If you use a manual or powered wheelchair or scooter, the following information is required:

Length: _____ in. Width: _____ in.

Weight: _____ lbs. (Combined person and device)

Do you require the use of a lift or ramp to board a vehicle?

- ☐ No
- ☐ Yes, I require a lift or ramp
- ☐ I require a lift. I cannot use a ramp
- ☐ I require a ramp. I cannot use a lift

Do you use a service animal? ☐ Yes ☐ No

Do you have any of the following medical conditions?

- ☐ Vision Impairment
- ☐ Hearing Impairment
- ☐ I wear a prosthesis

Do you use any of the following medical devices?

- ☐ Oxygen
- ☐ Other: _____

Will you travel with a Personal Care Assistant (PCA)?

☐ Always ☐ Sometimes ☐ Never

If found eligible for this service, you will:

- ☐ Be able to meet the vehicle at the curb
- ☐ Need assistance from the door of your pick-up point to the vehicle
- ☐ Need assistance from the vehicle to the door of your destination

If someone will accompany you on your trips, are they a child or adult?

☐ No one ☐ Child ☐ Adult

Do you have Medicaid? ☐ Yes ☐ No

If appropriate, may we share your contact information with other transportation agencies that may be able to help you?

☐ Yes ☐ No

Does anyone have a Durable Power of Attorney on your behalf? ☐ Yes ☐ No

Is your home difficult to find or is the driveway difficult to access? Please describe.

_____

_____

_____

_____

Other comments

_____

_____

_____

_____

SERVICE-SPECIFIC QUESTIONS

COAST ADA

All ADA applicants must submit the Medical Release with their application

Have you ever had ADA paratransit service in another location? ☐ Yes ☐ No

If yes, where? _____

Please identify all conditions that affect your ability to use the COAST fixed-route bus system and describe how it affects your ability to ride the bus.

Condition: _____

Effect: _____

Condition: _____

Effect: _____

Condition: _____

Effect: _____

Is your condition temporary? ☐ No ☐ Yes, expected end date: _____

☐ I don't know

Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?

☐ less than 200 feet ☐ 1/4 mile ☐ 1/2 mile
☐ 3/4 mile ☐ more than 3/4 mile

Other Comments _____

If you are found to be eligible for this service, you will:

- ☐ be able to meet the vehicle at the curb.
- ☐ need assistance from the door of your pickup point to the vehicle.
- ☐ need assistance from the vehicle to the door of your destination.

Check each of the following conditions that would prevent you from getting to and from stops without the assistance of another person.

- ☐ Steep hills
- ☐ No sidewalks
- ☐ No curb cuts in sidewalks
- ☐ No crosswalks
- ☐ Snow or ice
- ☐ Heavy rain
- ☐ Hours of darkness
- ☐ Intersections without pedestrian signals
- ☐ Cold weather below ____F
- ☐ Hot weather above ____F
- ☐ Air pollution above:

___ Unhealthy for sensitive groups ___ Unhealthy
___ Very unhealthy ___ Action days

In good weather, once you get to a bus stop, how long can you wait:

If there is no shelter or bench _____min.
If there is a bench only _____min.
If there is a shelter with a bench _____min.

Do you currently ride the COAST fixed-route buses?

- ☐ Yes How many days per month? _____
- ☐ No If no, please answer the next question

Have you ever ridden COAST fixed-route buses?

- ☐ Yes
- ☐ No I stopped riding because _____

If you were going to ride a fixed-route bus, would you be able to identify the correct bus to board and the destination stop?

☐ Yes ☐ No

If no, please explain: _____

Would you be able to board and disembark a bus that has a 'kneeler' to lower the first step or a low floor design with no internal stairs? ☐ Yes ☐ No ☐ Never tried

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

Do you have health insurance? ☐ Yes ☐ No

If yes, which:

- ☐ Medicare
- ☐ Medicaid
- ☐ Military/VA
- ☐ State Health Insurance for Adults
- ☐ Direct Purchase (ACA/Healthcare Exchange)

What is your employment status?

- ☐ Employed, full-time
- ☐ Employed, part-time
- ☐ Retired
- ☐ Disabled
- ☐ Self-employed
- ☐ Seasonal Employment
- ☐ Not Employed

Last 4 Digits of Your Social Security Number: _____

Last grade completed of school?

- ☐ Some high school
- ☐ High school graduate or the equivalent
- ☐ Some college
- ☐ Trade/technical/vocational training
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's or professional degree
- ☐ Doctorate degree

Who referred you? _____

TASC

Are you able to get into a truck, van, or SUV with little or no assistance? ☐ Yes ☐ No

Are you able to get in and out of a car with little or no assistance? ☐ Yes ☐ No

Who referred you? _____

Are you interested in receiving information about fundraisers? ☐ Yes ☐ No

READY RIDES

Are you able to get into a truck, van, or SUV with little or no assistance? ☐ Yes ☐ No

Are you able to get in and out of a car with little or no assistance? ☐ Yes ☐ No

Who referred you? _____

COMMUNITY RIDES & PORTSMOUTH SENIOR TRANSPORTATION

Basis for Eligibility

- ☐ I meet the minimum age threshold
    - Community Rides minimum age threshold is 60 years old
    - Portsmouth Senior Transportation minimum age threshold is 62 years old
- ☐ I have a 70% disability from the US Department of Veterans Affairs
- ☐ I have a Medicare Card
- ☐ I have been determined to be disabled by the Social Security Administration (SSA)
- ☐ I have a Severe Mental Illness (SMI) or Severe and Persistent Mental Illness (SPMI)
- ☐ I have a qualifying disability *(Applicants who check this box must submit the Medical Release with their application)*

Please identify all conditions that affect your ability to ride in an automobile with noaccessibility features. *Accessibility features include things such as ramps, lifts, and wheelchair securements.*

Condition: _____

Effect: _____

Condition: _____

Effect: _____

Is your condition temporary? ☐ No ☐ Yes, expected end date: _____

☐ I don't know

ROCKINGHAM NUTRITION & MEALS ON WHEELS

Why do you require service?

- ☐ I no longer drive/I never drove
- ☐ I have a disability that prevents me from driving:
- ☐ Other_____

Are you able to get into a truck, van, or SUV with little or no assistance? ☐ Yes ☐ No

Are you able to get in and out of a car with little or no assistance? ☐ Yes ☐ No

Income Range

- ☐ None
- ☐ $1,277/month or less
- ☐ $1,277/month or more

Release of information and applicant signature:

I understand that the purpose of this application is to determine my eligibility to use:

- COAST ADA Paratransit
- COAST Portsmouth Senior Transportation
- COAST Route 7 On Demand
- Community Action Partnership of Strafford County Senior Transportation
- Community Rides
- Ready Rides
- Rockingham Nutrition & Meals on Wheels Senior Shuttle
- TASC (Transportation Assistance for Seacoast Citizens)

I agree to release the information herein to TripLink. I understand that TripLink will share the completed Application with the listed Transportation Providers. The Transportation Providers are responsible for determining my eligibility and reserve the right to request additional information needed for this evaluation.

I certify that the information in this application is true and accurate. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

☐ I confirm the I have read, understood, and agreed to the terms of the release of my information, and that I am submitting on my own behalf, or am authorized to submit for the applicant.

Signature of applicant: _____ Date: _____

Signature of healthcare proxy (if applicable): _____

Date: _____

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