



ADA PARATRANSIT EVALUATION OF FUNCTIONAL ABILITY

Purpose

This evaluation helps COAST determine if the applicant has a disability that prevents them from using our public bus system independently. This could be the case if the disability:

1. Prevents them from getting to or from a bus stop safely
2. Prevents them from boarding or navigating the bus physically
3. Prevents them from understanding the system enough to use it

Applicants who are determined unable to use the public bus system due to disability are eligible for transportation on COAST’s ADA Paratransit service which provides a higher level of mobility assistance.

Instructions

This Evaluation of Functional Ability must be completed by one of the following professionals who is familiar with the applicant’s condition:

Must be a licensed or certified:

- | | |
|----------------------------|------------------------------|
| Physician | Audiologist |
| Physician Assistant | Optometrist /Ophthalmologist |
| Registered Nurse | Physical Therapist |
| Nurse Practitioner | Respiratory Therapist |
| Psychologist | Occupational Therapist |
| Psychiatrist | Social Worker |
| Mental Health Professional | Case Manager/Worker |

1. This form is given to the professional by the applicant.
2. This form must be completed by the professional signing the form, not the applicant.
3. Return the completed evaluation in one of these ways:
 - a. Fax: 855-975-2546 (HIPAA-Compliant)
 - b. Email: TripLink@CommunityRides.org
 - c. Mail: 42 Sumner Dr. Dover, NH 03820

This form must be filled out completely or it will not be processed. COAST staff may contact the professional who completed the form to discuss the answers.

1. Applicant's Name: _____

2. I am familiar enough with the applicant's physical and/or mental disability to answer these questions.

Yes

No

3. Does the applicant have a disability?

Yes

No

4. What is the applicant's disability?

5. Does the applicant's disability prevent them from doing any of the following tasks while traveling alone? Please check all that apply.

Physically navigate along a sidewalk for up to a mile
(if limited, how far can they go? _____)

Physically navigate along the side of a road with no sidewalk for up to a mile
(if limited, how far can they go? _____)

Physically wait at a bus stop with a bench for an hour (sitting)
(if limited, how long can they wait? _____)

Physically wait at a bus stop with no bench for an hour (standing)
(if limited, how long can they wait? _____)

Physically board a bus (the bus has a ramp that is wheelchair accessible, and no steps are required)

If ambulatory, physically move in the bus to a seat

If ambulatory, ride in a bus seat with no seat belt

If using a wheelchair, navigate the wheelchair up a ramp, around a corner, and into the wheelchair securement position

Put the payment for the ride into an open farebox (drop coins or a bill into a slot)

- Understand where the bus stop is, and how to get there
- Understand what bus to get on
- Understand where to get off
- Pull a cord or press a button in the bus to tell the driver to stop at the next stop
- Understand how to get to their destination after getting off the bus
- Ask the driver for assistance if needed
- Understand and follow directions, if given
- Deal with unexpected situations or changes in routine
- Safely travel through crowded facilities or busy sidewalks
- The applicant's disability does not prevent them from doing any of these tasks

6. Does the applicant's disability affect their ability to do any of these tasks on some days but not others?

- Yes
- No

7. If yes to question 6, what conditions change their ability to do these tasks?

8. Is there any other information about their disability that would help us determine if the applicant is able to use the bus system independently?

9. Is this applicant homebound or on hospice?

- Yes
- No

10. This applicant's disability is (please choose one):

Temporary

The disability is expected to last less than one year.

Expected period of disability: _____
(Please be specific, as this information will be used to determine the length of time for which the temporary eligibility card is valid.)

Long-term

The disability is expected to last for at least one year, but there is hope of improvement or long periods of remission.

Permanent

The disability will never significantly improve.

I hereby certify that I answered the questions above based on my professional judgment (they were not pre-answered by the applicant) and the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Professional Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Fax Number: _____