GREATER ATTLEBORO–TAUNTON REGIONAL TRANSIT AUTHORITY (GATRA)  
STATEWIDE ACCESS PASS  

AND  

ADA PARATRANSIT ELIGIBILITY  
APPLICATION FORM — PART A  

In compliance with the Americans with Disabilities Act (ADA), GATRA provides “paratransit service” (i.e. DIAL-A-RIDE) to anyone with a disability who cannot use GATRA’s public fixed-route bus transportation and who is traveling in an area served by public buses. The area defined by ADA is ¾ mile from GATRA’s fixed-route bus service corridor. 

This application form is intended to determine when and under what circumstances the applicant can use fixed-route public buses and when Dial-A-Ride services are required. 

All information will be kept confidential. Our essential personnel only will be provided with the information necessary to provide the transportation which you require. Your application will not be shared with any other person or company. 

All questions must be answered. Incomplete applications will be returned to you, which will delay the application process. 

GATRA reserves the right to conduct an independent evaluation of skills if the information provided is inconclusive or incomplete. 

If you have questions or need assistance completing this application, please call GATRA in TAUNTON at (508) 823-8828, Ext. 273; in ATTLEBORO at (508) 226-1102, Ext. 273; or TDD at (508) 824-7439. Website: www.gatra.org 

WHEN COMPLETED, PLEASE RETURN TO: 

GATRA  
2 Oak Street  
Taunton, MA 02780  
Attn: Joan Gallagher 

Name ________________________________ (Last) ________________________________ Phone (Home) ( ______ ) ____________ 
(First) ________________________________ Phone (Work) ( ______ ) ____________ 
(Mid. Initial) ___________________________ Apt. # / Bldg. # ____________________ 
Address _______________________________ State ________ Zip Code ____________ 
City or Town ___________________________ Soc. Sec. # (optional) ________________ 
Date of Birth ___________________________ Relationship __________________________ 
Emergency Contact Name ___________________________ Day Phone ( ______ ) ____________ Evening Phone ( ______ ) ____________
FIXED-ROUTE PUBLIC BUS

USE INFORMATION

Are you presently riding GATRA's fixed-route bus?  
___ Yes  ___ No

Did you previously ride the GATRA bus?  
___ Yes  ___ No

If yes, please state why you stopped riding: ________________________________

Is there something that would help you ride the fixed-route bus? (Please check all that apply)
  □ Route and schedule information
  □ Someone to help learn to ride the buses
  □ A ride to and from the bus stop
  □ None of these would help
  □ Other ________________________________

To the best of your knowledge, where is the closest location you can access GATRA's fixed-route buses?  
________________________________________________________________________

Using a mobility aid or on your own, how far can you travel?

___ I can travel 200 feet
___ I can travel up to 3 blocks (¼ mile)
___ I can travel up to 6 blocks (½ mile)
___ I can travel up to 9 blocks (¾ mile)
___ I cannot travel outside my residence
___ I can get to the curb in front of my residence

Can you stand and wait up to 10 minutes for a GATRA fixed-route bus?  
___ Yes
___ No — Please explain:  
________________________________________________________________________
________________________________________________________________________

Can you get on and off of a GATRA fixed-route bus? (All of GATRA’s buses are wheelchair accessible.)  
___ Yes
___ No — Please explain:
________________________________________________________________________
________________________________________________________________________
CURRENT TRAVEL INFORMATION

Please list three of the trips that you make most frequently on any form of public transportation:

1) FROM ADDRESS: ________________________________
TO DESTINATION: ________________________________
HOW MANY TIMES A WEEK DO YOU ATTEND ______
HOW DO YOU GET THERE NOW?  Dial-A-Ride ______ Commuter Rail ______
Fixed-Route Bus ______ Taxi ______
Other ____________________________

2) FROM ADDRESS: ________________________________
TO DESTINATION: ________________________________
HOW MANY TIMES A WEEK DO YOU ATTEND ______
HOW DO YOU GET THERE NOW?  Dial-A-Ride ______ Commuter Rail ______
Fixed-Route Bus ______ Taxi ______
Other ____________________________

3) FROM ADDRESS: ________________________________
TO DESTINATION: ________________________________
HOW MANY TIMES A WEEK DO YOU ATTEND ______
HOW DO YOU GET THERE NOW?  Dial-A-Ride ______ Commuter Rail ______
Fixed-Route Bus ______ Taxi ______
Other ____________________________

TRAVEL TRAINING INFORMATION

NOTE: Travel training is one-on-one instruction that teaches an individual how to use GATRA's fixed-route service. The person learning is accompanied at all times by the trainer until he or she is confident to travel independently.

Have you ever had any personal instruction to use GATRA's fixed-route bus services?

___ Yes — GATRA Travel Training Service
___ Yes — I received personal instruction through an agency
___ Yes — I received personal instruction from a friend/relative
___ No — I do not need this service

Would you like to use the travel training service?  _____ Yes  _____ No
HEALTH INFORMATION

In order to allow GATRA to evaluate your request, it may be necessary to contact your Health Care or Human Service Agency Professional to confirm information that you have provided.

Please complete and sign the following authorization:

Name of Professional ____________________________________________
Street Address _______________________________________________
City/Town __________ State _______ Zip __________
Telephone ( _____ ) __________________________________________
Applicant’s Name ____________________________________________
Date _______________________________________________________________________

Following options of licensed professionals may include: registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician’s assistant, mental health counselor, respiratory therapist, vocation rehabilitation counselor, service coordinator, case manager, medical specialist or recreation therapist employed by a medical facility.

I CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant’s Signature __________________________________________ Date __________

If application was completed by someone other than the person requesting certification, please provide the following information:

Name ____________________________________________________________
Street Address ____________________________________________________
City/Town __________ State _______ Zip __________
Telephone ( _____ ) ______________________________________________

Signed __________________________________________ Date __________

Relationship _____________________________________________________
PLEASE CALL (508) 226-1102, EXT. 273, (508) 823-8828, 
EXT. 273, OR TDD (508) 824-7439 IF YOU NEED THIS 
APPLICATION AND FUTURE WRITTEN INFORMATION 
IN ONE OF THE FOLLOWING FORMATS:

LARGE PRINT ___________  BRAILLE ___________

AUDIO TAPE ___________  OTHER ___________

Does your disability or health condition change from time to time (or seasons) in ways which affect your ability to use the fixed-route public bus?

   No ______
   Yes ______ Please describe: ____________________________

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

   ____ cane    ____ long white cane    ____ leg braces
   ____ crutches  ____ walker           ____ manual wheelchair
   ____ powered wheelchair  ____ powered scooter  ____ picture board
   ____ alphabet board  ____ portable oxygen  ____ service dog
   ____ other ______  ____ none

Note: we may not be able to accommodate you if your wheelchair/scooter is longer than 48” or wider than 30” or if your total weight with your wheelchair is more than 600 lbs.

Do you require someone to assist you with daily life functions and/or a personal care attendant when you travel on public transportation?

   ____ Yes   ____ No

Are there any other conditions which limit your ability to use the fixed-route public bus?

   ____ No
   ____ Yes (Please explain)

Is your disability ________ Permanent

Temporary _________, expected duration is _______________ months