



**GREATER ATTLEBORO-TAUNTON REGIONAL TRANSIT AUTHORITY (GATRA)
STATEWIDE ACCESS PASS
AND
ADA PARATRANSIT ELIGIBILITY
APPLICATION FORM**

**PART B:
TO BE COMPLETED BY PHYSICIAN OR AGENCY PROFESSIONAL**

Dear Health Care Professional:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

You have been requested by your patient/client to provide information to the Greater Attleboro-Taunton Regional Transit Authority (GATRA) regarding his/her ability to use our transit services. Federal law requires that the Greater Attleboro-Taunton Regional Transit Authority (GATRA) provide paratransit service (Dial-A-Ride) to persons who cannot use our fixed-route bus service.

Please understand that the law is quite strict in defining who is eligible for this specialized service. A person must have an actual physical or mental functional limitation which prohibits their use of accessible fixed-route public transportation.

The information that you provide describing the physical and mental capabilities of this person allows us to make an appropriate evaluation of his/her application in keeping with the requirements of the law and the best interests of the applicant. All information on this form will be kept confidential.

The processing of this person's application cannot be completed until we receive this information from you. Thank you for your assistance.

If applicant has a vision impairment, please complete the following:

Vision Acuity with best correction:

Right Eye Left Eye Both Eyes

Visual Fields:

Right Eye Left Eye Both Eyes

Can the applicant read informational signs? Yes No

Able to cross busy streets and intersections? Yes No

Is applicant able to use regular fixed-route bus service despite his/her visual impairment?
 Yes No Sometimes

If no or sometimes, please explain:

If this person has a cognitive disability, please complete the following:

Is he/she able to:

Give their name, address and telephone number upon request? Yes No
Recognize a destination or landmark? Yes No
Deal with unexpected situations or unexpected changes in routine? Yes No
Ask for, understand and follow directions? Yes No
Safely and effectively travel through crowded and/or complex facilities? Yes No

Please describe any other functional limitation(s) affecting this person's mobility that are not described above:

IMPORTANT — SEE BACK PAGE!



PROFESSIONAL CERTIFICATION AND VERIFICATION

I certify that this information is correct to the best of my knowledge.

DATE: _____

PROFESSIONAL SIGNATURE: _____

LICENSED MASS I.D. NUMBER: _____

PHONE: _____

PATIENT NAME: _____

Please mail completed form to:

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