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INTRODUCTION

On September 6, 1991, the U.S. Department of Transportation (USDOT) published final regulations implementing certain provisions of the Americans with Disabilities Act of 1990. These regulations, 49 CFR (Code of Federal Regulations) Part 37, Subpart F, require public entities operating fixed route transportation service for the general public also to provide complementary paratransit service to persons unable to use the fixed route service.

The Community Connector is a public transit system operated by the City of Bangor for the communities of the Greater Bangor Urbanized Area. These include Bangor, Brewer, Veazie, Orono, Old Town, and Hampden. The bus also provides service to Husson University, NESCO (New England School of Communications), Eastern Maine Community College and the University of Maine. The City of Bangor supplies service to these communities on a contractual basis. Our base of operation is 481 Maine Avenue, Bangor, Maine 04401. The City of Bangor has been operating public transportation since December 1972.

The Community Connector operates within the urbanized area of the six member communities. The routes are within walking distance of 95% of the urban population of the six communities. The service area covers 103 miles of roadway (measured one-way only).

To provide public transportation in Bangor and the five member communities and to comply with 49 CFR Part 37, Subpart F, Community Connector operates and maintains the urban area’s public transit system and contracts with a provider for our complementary paratransit service. (ADA Paratransit Service Contract, Appendix 1)

The ADA Complementary Paratransit Policies and Procedures are intended to serve as a guideline for all entities involved with complementary paratransit. The policies and procedures establish criteria for administering complementary paratransit service in conjunction with the FTA regulations; thereby, protecting the rights of individuals.

DEFINITIONS

Certified Health Professional – Anyone licensed by the State to provide diagnosis for insurance purposes.

Paratransit – means a comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems.

Personal Care Attendant - means a person who performs personal care duties/services for an individual with a disability.

Service Animal – means any guide dog, signal dog, or other animal individually trained to
work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

*Wheelchair* – means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

### ADA COMPLEMENTARY PARATRANSIT SERVICE

#### SERVICE AREA

Complementary paratransit service shall be provided to origins and destinations within a three-fourths of a mile wide corridor on each side of each fixed route (see Map, Appendix 2).

#### RESPONSE TIME

Trips need to be scheduled up to close of business hours on the day prior to the date service is to be rendered. Trip requests can be made during normal administrative office business hours of 8am to 4pm, or via voicemail system on those days when the office is closed. The paratransit provider may negotiate pickup times with the individual that are no more than one hour before or after the individual’s desired pickup time.

The paratransit provider’s vehicle will arrive within a “pickup window” that is from 15 minutes before to 15 minutes after the scheduled pickup time. Riders should be ready to board the vehicle at any time during that window. The driver will wait five minutes after the vehicle arrives for the rider to board before moving on to the next stop.

#### HOURS AND DAYS OF SERVICE

The ADA paratransit service is provided during the normal hours of operation of fixed service routes. Days and hours of ADA paratransit service mirror those of individual fixed routes; more service may be available in some areas than others (see Fixed Route Schedule, Appendix 3).

#### FARES

The ADA paratransit service fare is twice the fixed route non-discounted fare. Individuals accompanying ADA paratransit eligible individuals shall be charged the same fare as the ADA paratransit eligible individual they are accompanying. A personal care attendant shall not be charged a fare for complementary paratransit service.
TRIP PURPOSE RESTRICTIONS

All ADA trip requests shall be treated equally. No restrictions or priorities shall be imposed based on trip purpose.

CAPACITY CONSTRAINTS

The amount and availability of complementary paratransit service shall not be limited to ADA paratransit eligible persons by such means as restrictions on the number of trips, waiting lists for access to the service or any operational practice that may limit the availability of service. Capacity constraints will be monitored and measured by the frequency of trip-denials, missed trips, excessively long trips, and the percentage of on-time performance. See the definitions in Appendix 7.

ELIGIBILITY STANDARDS

ADA complementary paratransit service shall be provided to all eligible individuals. The following individuals are ADA eligible:

   a. Any individual who is unable, and without the assistance of another individual, to board, ride, or disembark from any vehicle on the system which is readily accessible and usable to individuals with disabilities;

   b. When an accessible vehicle is not being used to provide designated public transportation on a route in which an individual with a disability needing the assistance of a wheelchair lift or boarding device is traveling on the fixed service during its hours of operation;

   c. Any individual with a disability who has a specific impairment-related condition that prevents such individual from traveling to a boarding location or from a disembarking location on the fixed route.

   d. When the topography, accessibility of bus stops or other environmental barriers when combined with the individual’s disability prevent them from using fixed route service some or all of the time.
APPLYING FOR ADA PARATRANSIT CERTIFICATION

APPLICATION

Applications to become ADA paratransit certified can be obtained from the Community Connector, faxed, or mailed. The application is also available on the City of Bangor website at www.bangormaine.gov. Completed applications are to be submitted to the Community Connector for a determination of eligibility (see Application, Appendix 4). Alternative formats are provided upon request.

ELIGIBILITY DETERMINATION

The Community Connector is responsible for determining the applicant’s ADA eligibility. The Community Connector shall date applications upon receipt. Applicants are to be notified in writing as to their eligibility status within 21 days after the application process is considered complete. The application process is considered complete after the interview is completed.

The ADA specialist meets with applicants who have applied for the Community Connector’s ADA Paratransit service. The interviews usually last about a half hour. During the interview we cover the following:

- Review their application, abilities and limitations.
- Applicant’s knowledge of the Community Connectors public transit system.
- Offer travel training with one our Bus Ambassador’s if applicant interested in learning how to use the regular fixed route system.
- Determine what barriers prevent them from using our system.
- Explain the ADA Paratransit service and how it operates.
- Determine if any reasonable modifications are needed.

Applicants who have not received an eligibility determination within 21 days of a completed application process are automatically presumed ADA paratransit eligible until a determination is made. Community Connector will contact applicants in these cases.

Eligibility shall be determined from the application and completion of the required sections of the standard ADA Interview Summary Form completed by Community Connector (see Form, Appendix 5).
All information is confidential, unless an appeal is filed by the applicant. See Administrative Appeals Process below. If an appeal is filed, the application, the application eligibility review form and the request for an appeal shall be presented to the Eligibility Review Committee. At such time, a hearing shall be scheduled by the Eligibility Review Committee to review the appeal and to give the appellant the opportunity to be heard in person (Confidentiality does not end when there is a hearing).

ELIGIBILITY CARD AND RENEWALS

Applicants eligible for ADA paratransit certification shall receive their card via mail or pick it up at the Community Connector office.

ADA certification is renewed every three years except for temporary eligibility. Recertification maybe be subject to random interviews.

INELIGIBLE

Applicants that are determined ineligible shall be notified by the Community Connector.

- Incomplete applications will be returned to the applicant and notified of the deficiency in writing. A determination cannot be made until an applicant has submitted a complete application.
- Applicants who are functionally able to use the fixed route service are ineligible.

Applicants that are determined conditionally eligible or temporarily eligible shall be notified in writing stating the reason(s) for their ADA paratransit certification status.

Applicants denied certification due to their inability to qualify for eligibility certification under ADA guidelines shall receive a letter in writing stating the reason(s) for their ADA paratransit certification status.

Applicants given temporary or conditional eligibility certification shall receive a letter in writing stating the reason(s) for their ADA paratransit certification status and their conditions of eligibility.

ADMINISTRATIVE APPEAL PROCESS

The Administrative Appeal Process is for those individuals who have been denied ADA eligibility, given only conditional or temporary eligibility status, or has had their ADA service suspended. All individuals must have an opportunity to be heard in person and to present additional information and arguments regarding their disability and ability to use the fixed route service.
FILING A REQUEST FOR AN INTERNAL REVIEW/APPEAL

Step 1

Individuals requesting an internal review of the initial eligibility decision must do so within 60 days from the date eligibility was denied. The request is to be in writing and sent to the Community Connector. Individuals may request assistance in filing an internal review/appeal if needed by calling 207-992-4670. The Superintendent is not involved in the initial determination. The Superintendent shall review the application and the applicant’s letter requesting an internal review to verify the initial determination.

If the applicant is given ADA paratransit certification resulting from an internal review of the application, a letter of eligibility is to be sent to the applicant.

If, after internal review, the Community Connector still cannot certify the applicant due to the information presented on the application, the Community Connector is to make a written statement as to why the individual was denied paratransit certification.

Step 2

Individual can then request to appeal to the ADA Paratransit Eligibility Review Committee. The statement, along with the application and the individual’s written request for an appeal are to be sent to the ADA Paratransit Eligibility Review Committee. The statement is to include all pertinent dates and support documentation related to the applicants ADA paratransit certification request.

A hearing will be set by the ADA Paratransit Eligibility Review Committee within 30 days of the applicants request for an appeal.

ADA PARATRANSIT ELIGIBILITY REVIEW COMMITTEE

There will be a "separation of function" between those involved with the initial eligibility determination, the internal review determination and those selected to hear the appeal. The ADA Paratransit Eligibility Review Committee shall be comprised of a minimum of three (3) to a maximum of (5) members currently serving on the Advisory Committee (Appendix 6). The Review Committee will include at a minimum one (1) individual with a disability certified for ADA Complementary Paratransit.

The ADA Paratransit Eligibility Review Committee will possess, either individually or collectively, certain skills and knowledge. Among these are:
* a working knowledge of the ADA complementary paratransit regulations, particularly the regulatory definition of ADA paratransit eligibility and the appeal process;

* an understanding of different types of disabilities and the functional capabilities characteristic of each;

* a knowledge of the fixed route system and the skills needed to understand and use it; and

* an understanding of the complementary paratransit service and the policies and procedures related to the service.

### APPEAL HEARING

A hearing shall be set by the ADA Paratransit Eligibility Review Committee within 30 days of the applicants request for an appeal. The appeal hearing shall be scheduled between all parties involved, the appellant, the Community Connector, and the ADA Paratransit Eligibility Review Committee. The hearing date shall be confirmed in writing and sent by certified mail to the appellant to ensure receipt.

The hearing shall be more than an administrative review of the initial determination. The ADA Paratransit Eligibility Review Committee is responsible for ensuring that the approved policy was followed, reviewing the judgment made regarding the individual's eligibility in the initial determination, and is to consider any additional information provided prior to or during the hearing, in an effort to provide a fair and reasonable determination.

### APPEAL DECISIONS

Applicants will receive written notification stating the reasons why certification was denied within 30 days of the completion of the appeal process. If a decision cannot be made within the 30 days, presumptive eligibility is to be granted to the individual until otherwise notified. Community Connector will contact an individual in these circumstances.

### USING ADA PARATRANSIT SERVICE

#### CERTIFIED

Only those individuals that have been certified through Community Connector may use the complementary paratransit service. Certified individuals must present their ID card to the driver when boarding the vehicle.

#### SCHEDULING

ADA eligible individuals shall make trip requests during normal business hours of the Community
Connector’s administrative offices, weekdays from 8:00AM to 4:00 PM. Trip requests can be made after 4:00 PM by calling 207-992-4673 via voicemail, however, the trip is not guaranteed for next day service. Requests will be taken via our voicemail system on Sundays and holidays when the Community Connector’s administrative offices are not open before a day of service. Any trip left on the voicemail will be provided at the requested time.

Trip requests may be made up to 30 days in advance of an ADA paratransit eligible individual's desired trip.

SUBSCRIPTION SERVICE

Subscription service is limited to riders traveling to the same place at the same time at least once a week for a minimum period of 90 days. Community Connector reserves the right to restrict and/or prioritize Subscription Service to maintain a maximum level of fifty percent (50%) as required by the ADA, when there is no excess demand capacity available.

TRIP CANCELLATION

Scheduled trips shall be canceled no less than two (2) hours prior to the scheduled pick-up time, unless the trip is scheduled to pick-up between 6 a.m. to 8 a.m., in which case the individual shall cancel the request by leaving a message on the paratransit provider’s answering machine prior to normal administrative business hours. In the event that a customer is able to attempt to cancel the trip with less than a two hour notice, a no-show may be avoided if the vehicle is not on the way. The date and time of the cancellation shall be documented in the individual’s file by the paratransit provider.

TRAVELING COMPANION

Complementary paratransit service shall be provided to one other individual accompanying a certified ADA paratransit individual. Additional individuals accompanying the certified ADA paratransit individual shall be provided service, provided that space is available for them on the paratransit vehicle carrying the ADA paratransit individual. Transportation of additional individuals accompanying ADA paratransit eligible individuals shall not result in a denial of service to other ADA paratransit eligible individuals.

Traveling companions shall be charged the same fare as for the ADA eligible individual they are accompanying.

ACCESSIBILITY FEATURES OF THE ADA PARATRANSLT SERVICE

- Service animals are allowed on all vehicles. Pets are allowed in paratransit vehicles as long as pet is in a pet carrier.
• Wheelchair equipped vans will be dispatched for customers that have wheelchairs or scooters.

• All customers traveling with respirators or O2 tanks will be accommodated. Tanks must be secured, preferably in an upright position.

• A reasonable modification is a change, exception or adjustment that Community Connector can make to its rules, policies, practices, and procedures to provide a customer with a disability an equal opportunity to utilize Community Connector services. In compliance with the Americans with Disabilities Act, Community Connector allows requests for reasonable accommodations to customers with disabilities. The request should be as specific as possible and include information on why the requested modification is needed in order to allow the individual to use Community Connector services. Requests may be sent to community.connector@bangormaine.gov or called in to 992-4670.

• ADA Paratransit Information is available in accessible formats. Please call 992-4670 to request accessible formats.

• Filing a Complaint - Complaints can be filed by email to community.connector@bangormaine.gov, online at www.bangormaine.gov/communityconnector, or by calling 207-992-4670 to speak with a Supervisor.

PERSONAL CARE ATTENDANT

ADA paratransit individuals requiring a personal care attendant shall be identified upon applying for ADA paratransit certification. ADA paratransit individuals shall notify the Paratransit Office at the time trip is scheduled that their PCA will accompany them.

Personal care attendants shall not be charged a fare for complementary paratransit service.

Traveling companions and personal care attendants accompanying ADA paratransit individuals must have the same origin and destination as that of the paratransit individual they are accompanying.

SERVICE

Paratransit service is not required to be provided for those individuals appealing their initial eligibility determination; unless the person has been through the appeal process and a decision is not made within 30 days of the hearing.

Paratransit service is to be provided for individuals who have filed an appeal due to a suspension.
All correspondence with applicants shall be done in an accessible format if requested.

"NO-SHOW" SUSPENSION POLICY

Community Connector understands that because our complementary ADA paratransit service requires trips to be scheduled in advance, riders may sometimes miss scheduled rides or forget to cancel rides they no longer need. Community Connector also understands that riders may sometimes miss scheduled trips or be unable to cancel trips in a timely way for reasons that are beyond their control. However, repeatedly missing scheduled trips or failing to cancel trips in a timely way can lead to suspension of service. The following information explains Community Connector’s no-show policy.

Definitions: No Show, Pickup Window, and Late Cancellation

A no-show occurs when a rider fails to appear to board the vehicle for a scheduled trip. This assumes the vehicle arrives at the scheduled pickup location within the pickup window and the driver waits at least 5 minutes. The pickup window is defined as from 15 minutes before the scheduled pickup time to 15 minutes after the scheduled pickup time. Riders must be ready to board a vehicle that arrives within the pickup window. The driver will wait for a maximum of 5 minutes within the pickup window for the rider to appear. A late cancellation is defined as a cancellation made less than 2 hours before the scheduled pickup time, as a cancellation made at the door, or a refusal to board a vehicle that has arrived within the pickup window.

Definition: No-Show Due to Operator Error or to Circumstances Beyond a Rider’s Control

Community Connector does not count missed trips as no-shows.

Community Connector does not count as no-shows or late cancellations situations beyond a rider’s control that prevent the rider from notifying us that the trip cannot be taken, such as:

Medical emergency

Family emergency

Sudden illness or change in condition

Appointment that runs unexpectedly late without sufficient notice

Riders should contact the Community Connector’s ADA complementary paratransit service office (207-992-4670) when experiencing no-shows or late cancellations due to circumstances beyond
their control.

**POLICY FOR HANDLING SUBSEQUENT TRIPS FOLLOWING NO-SHOWS**

When a rider is a no-show for one trip, all subsequent trips on that day remain on the schedule unless the rider specifically cancels the trips.

To avoid multiple no-shows on the same day, riders are strongly encouraged to cancel any subsequent trips they no longer need that day.

**SUSPENSION POLICIES FOR A PATTERN OF EXCESSIVE NO-SHOWS AND LATE CANCELLATIONS**

Community Connector reviews all recorded no-shows and late cancellations to ensure accuracy before recording them in a rider’s account. Each verified no-show or late cancellation consistent with the above definitions counts as 1 penalty point. Riders will be subject to suspension after they meet all of the following conditions:

Accumulate 3 penalty points in three calendar month period

Have booked at least 30 trips during that three month period

Have “no-showed or “late cancelled” at least 20% of those trips.

A rider will be subject to suspension only if both the minimum number of trips booked and the minimum number of penalty points are reached during the three-month period. Community Connector will notify riders by telephone after they have accumulated 2 penalty points and would be subject to suspension should they accumulate 1 additional penalty point with that period consistent with the criteria listed in this section of the policy above.
SUSPENSION OF SERVICE

<table>
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<tr>
<td>First</td>
<td>Letter</td>
<td>Mailed by the fixed route ADA Paratransit Coordinator</td>
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<tr>
<td>Second</td>
<td>1 Week Suspension of Service</td>
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<tr>
<td>Third in 1 Year</td>
<td>2 Weeks Suspension of Service</td>
<td>ADA Paratransit Coordinator</td>
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SUSPENSION PROCESS

Upon determining sufficient cause to suspend an individual’s service, the following steps must be taken prior to suspending service:

1. The individual must be notified in writing by the fixed route ADA Paratransit Coordinator of its intent to suspend service, citing with specificity the basis of the proposed suspension and the proposed course of action.
   a. Notice shall be sent certified mail (or similar) to document receipt by the individual.

2. The individual has 14 days to appeal in writing the suspension of service.

3. The individual shall be notified as to what course of action will be carried out.
   - If the ADA Paratransit Coordinator does not receive a written appeal within the designated time, service will be suspended;
   - If the ADA Paratransit Coordinator does receive a valid written appeal, the provider can a) accept the individuals appeal and continue service or b) reject the appeal and proceed with suspending service.

VISITOR POLICY

Complementary paratransit service shall be provided to visitors. A "visitor" is an individual with disabilities who does not reside in one of the communities served by the fixed route transit.

Individuals presenting documentation that they are ADA paratransit eligible in the jurisdiction in
which they reside shall be eligible.

Visitors are eligible for paratransit service for (up to) 21 days of service within 12 months from the date of the first paratransit trip. To receive service beyond this time, individuals shall be required to apply for eligibility.

**BIBLIOGRAPHY**


FTA C 4710.1 Circular, November 4, 2015
APPENDIX 1 – ADA PARATRNSIT CONTRACT

Contract to be included in 2018.
APPENDIX 3 – FIXED ROUTE SCHEDULE

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SHARED TIMES = MON - SAT
ALL OTHERS = MON - FRI

[Map of fixed route schedule]

[Table of fixed route schedules]

[Diagram showing fixed routes]

ACCEPTED COLLEGE/UNIVERSITY RIDES AND PASSES
APPENDIX 4 – ADA APPLICATION

Community Connector
481 Maine Ave., Bangor, Maine 04401
(207) 992-4670  Fax (207) 945-4992

ADA Complementary Paratransit Eligibility Application

The Community Connector will be responsible for certifying the ADA paratransit eligibility of each client for each trip. The Community Connector will make the determination of certification within 21 days of receipt of a completed application and a personal interview. Certified individuals will be provided with a documentation of eligibility. Those individuals that are denied eligibility will be informed in writing. Those individuals that are certified eligible with certain conditions will be informed in writing of the nature of the conditions and the documentation sent to the applicant will indicate the conditions placed on the paratransit eligibility.

Please complete all the questions on this form

1. Name
   ________________________________
   Last                     First                     Middle Initial

2. Address
   ________________________________

3. Telephone (___)-_____-__________  4. Date of Birth ___ / ___ / ______

5. Social Security # ________________________________

6a. Please identify and explain in detail your disability that prevents the use of the fixed route transit bus services (all routes have wheelchair lift buses on them) MUST BE COMPLETED.

   
   b. Is your condition...
      ______ Permanent ______ Temporary       What is the expected duration?

7. What mobility device is required for travel?
   ______ Manual Wheelchair, ______ Electric Wheelchair, ______ Powered Scooter, ______ Cane, ______ Crutches, ______ Guide Dog
   ______ Walker, ______ Portable Oxygen

8. Do you need someone to accompany you to travel outside the home, for example a personal care attendant?
   ______ Yes ______ No ______ Sometimes
9. Are you able to board and disembark from a standard transit bus (with a wheelchair lift if you required one)?
   _____ Yes _____ No _____ Sometimes

10. Are you able to travel to the nearest bus stop?
    _____ Yes _____ No _____ Sometimes

11. Are you able to wait at the bus stop?
    _____ Yes _____ No _____ Sometimes

If someone other than the applicant filled out this form, please fill out the following:

12. Name ____________________________________________
    Last                First                Middle Initial

13. Address
    Street ____________________________________________

    City ___________ State _______ Zip ___________

14. Telephone (___)-________-__________

16. Signature

15. Relationship to the Applicant: __________________________________________

Please identify a professional or agency that has knowledge of your condition and could confirm this information.

16. Title ____________________________________________
19. Agency __________________________________________

19. Name ____________________________________________
    Last                First                Middle Initial

18. Address
    Street ____________________________________________

    City_________ State_________ Zip___________

19. Telephone (___)-________-____________

By Signing this application, the applicant certifies that all of the information given above is true and correct. I expressly acknowledge that the Community Connector will rely upon the information contained herein in making a determination as to my eligibility to participate in the program. I agree that if any of the information given to the Community Connector is materially false or misleading, Community Connector shall have the right to reconsider my rights to participate in the paratransit program.

20. Applicants Signature __________________________________________ Date _____/_____/__________
Community Connector Complementary ADA Paratransit

Application Professional Verification Form

Please complete this professional verification form as thoroughly as possible. Should you have any additional questions, please do not hesitate to call 207-992-4670 to speak with ADA Coordinator.

Forms can be mailed to Community Connector, 475 Maine Ave, Bangor, Me 04401 or faxed to 207-945-4992.

Applicant’s Name:____________________________________ Date of Birth_______________________
Address______________________________________________________________________________

1. a. In what capacity have you known this individual?________________________________________
   ___________________________________________________________________________________

   b. How long have you known this individual?_____________________________________________
   ___________________________________________________________________________________

2. What is the last date of face to face contact (by you or your agency) with this individual?_____
   ___________________________________________________________________________________

3. What is the individual’s diagnosis? (DSM-IV)_____________________________________________
   ___________________________________________________________________________________

4. Date of onset?________________________________________________________________________
   ___________________________________________________________________________________

5. What is the prognosis?________________________________________________________________
   ___________________________________________________________________________________

6. Is person taking psychotropic, antidepressant, or other medication?  _______Yes_______No
   If yes, answer a, b, and c.
   a. Did you prescribe this medication? _______Yes _______No
   b. List of Medication Dosage/Frequency Date Prescribed
      ___________________ ___________________ ________________
      ___________________ ___________________ ________________
      ___________________ ___________________ ________________
      ___________________ ___________________ ________________
   c. Do you deem individual to be compliant in taking medications? _______Yes _______No
   d. How does above medication affect individual’s functional ability to travel independently within the
      community? (drowsiness, confusion etc.)______________________________________________
      ___________________________________________________________________________________
      ___________________________________________________________________________________

7. Has the individual’s functional ability changed temporarily due to adjustment to medication?
   _______Yes _______No
   If yes, please explain and give expected duration________________________________________
   ___________________________________________________________________________________
8. When taking medication compliantly, will the individual be able to travel independently in the community?  
______Yes  ______No

9. Does the individual drive?  ______Yes  ______No

10. Does the individual currently experience either auditory or visual hallucinations?  
______Yes  ______No

If yes, would s/he be likely to experience auditory or visual misperceptions due to hallucinations?  
______Yes  ______No

11. a. Is individual’s disability the same every day?  ______Yes  ______No

b. What is a “good” day like?
________________________________________________________________________

________________________________________________________________________

c. What is individual able to do on a “good day”?  
________________________________________________________________________

________________________________________________________________________

d. What is a “bad” day like?  
________________________________________________________________________

________________________________________________________________________

e. How many good/bad days has individual had in the last month?  
__________“good” days  __________“bad” days

f. Does anything trigger a “bad” day?  ______Yes  ______No  Explain
________________________________________________________________________

________________________________________________________________________

12. Are any of the following affected by individual’s disability?  Check ALL that apply:

______ Disorientation  _______ Monitoring time

______ Problem solving  _______ Judgment

______ Short term memory  _______ Communication

______ Long term memory  _______ Inconsistent performance

______ Concentration  _______ Coping skills

______ Gait or balance  _______ Inappropriate social behavior

Please explain how the above interferes with safe community travel. 
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
13. Does individual demonstrate inappropriate social behavior? _______Yes _______No

If yes, please describe:____________________________________________________________
______________________________________________________________________________

14. Describe how the individual’s disability affects his/her ability to complete the following travel tasks:

- Traveling alone outside________________________________________________________
- Leaving house on time________________________________________________________
- Seeking and acting on directions_______________________________________________
- Finding way to/from bus stop___________________________________________________
- Crossing streets_______________________________________________________________
- Waiting for a bus______________________________________________________________
- Boarding the correct bus______________________________________________________
- Riding on a bus_______________________________________________________________
- Transferring to a second bus or exiting at the correct destination___________________
  ___________________________________________________________________________
- Monitoring time_______________________________________________________________

15. Would mobility training be appropriate for this individual? _______Yes _______No

If no, why?_____________________________________________________________________
______________________________________________________________________________

16. Would training tools help? (Ex. Memory cards, written route directions, photo’s, etc)

_______ Yes _______No If not, Why?________________________________________________
______________________________________________________________________________

17. Are there any other life skills that this individual lacks that would be an indication of his/her inability to use public transportation?______________________________________________________________
  ___________________________________________________________________________

18. Is the goal of traveling independently (even limited travel in the neighborhood) in the context of treatment? _______Yes _______No

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

Signature________________________________ Title__________________________________
______________________________________________________________________________

Please print name Please print title

Agency _______________________________ Date__________________________________
Thank you for your time and input.
APPENDIX 5 – ADA ELIGIBILITY REVIEW FORM

ADA ELIGIBILITY REVIEW FORM

Client Name__________________________________________ App Received______________________

Interview Date__________________________ Person ☐ Phone ☐

Description of Disability/Health Condition(s)

☐ Yes ☐ No Has the Applicant received travel training before? If yes, please explain further:

______________________________________________________________________________________

☐ Yes ☐ No Is the Applicant interested in receiving free travel training to help them access the Fixed Route System?

How far is the Applicant able to ambulate with or without use their mobility device without assistance.

☐ 9 blocks ☐ 6 blocks ☐ 3 blocks ☐ 2 blocks ☐ 1 block

☐ Other (Please specify estimated distance) __________________________

Does disability appear to affect the functional ability of the applicant to use the fixed route service?

☐ Yes ☐ No ☐ Not Sure

Based on the information in the application form, and information and observations from the interview, does the applicant appear to be able to get to and from fixed route stops throughout the service area?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

☐ Terrain, slopes and hills, broken, uneven surfaces ☐ Snow/ice ☐ Heat ☐ Cold

☐ Curb cuts, street corners ☐ Lacks safety skills ☐ Low or bright light

☐ Other __________________________________________

Notes:

______________________________________________________________________________________

Based on the information in the application form, and information and observations from the interviews, does the applicant appear to be able to board, ride, and disembark from a fixed route bus?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

☐ Needs lift or ramp ☐ Cannot use lift or ramp ☐ Balance on moving vehicle
ADA ELIGIBILITY REVIEW FORM

Based on the information in the application form, and information and observations from the interview, does the applicant appear to be able to understand and "navigate" the fixed route system?
- Always
- Sometimes
- Never
- Not Sure

- Understand/process information
- Memory
- Dealing with unexpected situations
- Transferring between routes
- Other

- Yes  No  Has applicant had a psychological evaluation done in the past three years?

- Yes  No  Anxiety
- Yes  No  PTSD
- Yes  No  Panic attacks
- Yes  No  Agoraphobia

Date of onset:____________________
- Yes  No  Medication Helping

Notes:

- Professional verification needed

Professional contacted:____________________

Date:____________________

- Yes  No  Reasonable Modification Needed

If Yes:

Recommendations:
ADA ELIGIBILITY REVIEW FORM

☐ Unconditional eligibility

☐ Conditional eligibility

Conditions:

☐ Temporary eligibility

Eligibility period: ___________________________ months

Notes:

☐ Not eligible

Interviewer Name: ___________________________

Signature: ___________________________
# APPENDIX 6 – ADA ADVISORY COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Title</th>
<th>Last Name</th>
<th>First Name</th>
<th>Job Title / Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr</td>
<td>Crooker</td>
<td>Michael</td>
<td>Asst City Manager/City of Bangor</td>
</tr>
<tr>
<td>Mr</td>
<td>Cooper</td>
<td>Don</td>
<td>BACTS</td>
</tr>
<tr>
<td>Ms</td>
<td>Beaulieu</td>
<td>Elaine</td>
<td>Bangor Public Health and Community Services</td>
</tr>
<tr>
<td>Mr</td>
<td>Rippy</td>
<td>Theodore</td>
<td>Retired</td>
</tr>
<tr>
<td>Ms</td>
<td>Tobin</td>
<td>Helen</td>
<td>Adoptive and Foster Family Services-Me</td>
</tr>
<tr>
<td></td>
<td>Definition</td>
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<td>----------------------</td>
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<tr>
<td><strong>Trip denials</strong></td>
<td>Agency is unable to provide a next day trip for one or more legs of the trip within one hour of the desired trip time, when the ADA client books the ride in time. If only one leg of the trip can be scheduled and the client turns the trip down, two trips have been denied.</td>
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<tr>
<td><strong>On-time performance</strong></td>
<td>ADA clients are picked up within the -15/+15 minute pickup window and/or dropped off at appointments on time. Community Connector’s standard is 93% or more trips with on-time pickups and 93% of trips with on-time drop-offs for appointments.</td>
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<tr>
<td><strong>Missed trips</strong></td>
<td>Missed trips, i.e., trips that are requested, confirmed, and scheduled but do not take place because of Community Connector’s actions, not those of the customer. They include:</td>
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<tr>
<td></td>
<td>Vehicle does not arrive.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Customer is picked up outside of the -15/+15 minute pickup window.</td>
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<tr>
<td></td>
<td>Vehicle departs prior to the beginning of the pickup window or before the five-minute waiting period within the window.</td>
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<tr>
<td></td>
<td>Vehicle arrives after the end of the pickup window and departs without the customer.</td>
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<td></td>
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<tr>
<td></td>
<td>Customer takes the trip even though the vehicle arrived after the end of the window.</td>
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<tr>
<td><strong>Excessively long trips</strong></td>
<td>Length of client’s ride should be comparable to a ride on the fixed route service. This includes walk, wait time and a stop etc.  Community Connector’s standard is 98% or more of trips with ride times comparable to or less than a similar fixed route trip.</td>
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