



**MILFORD TRANSIT DISTRICT**  
**IS THE ANSWER!!!!**

**WE WILL PROVIDE YOUR**  
**TRANSPORTATION.**

**CAR NOT WORKING – DON'T KNOW WHAT TO DO ?**

**NEED TO GO GROCERY SHOPPING ?**

**NEED TO GO TO THE DOCTOR ?**

**WANT TO VISIT A FRIEND, GO TO A MOVIE**  
**OR SHOPPING AT THE CT POST MALL ?**

MAKE ARRANGEMENTS AT LEAST 1-2 DAYS IN ADVANCE, WE WILL TAKE YOU WHERE YOU WANT TO GO!

WE ALSO HAVE **FREE** TRANSPORTATION TO AND FROM STOP AND SHOP ON SUNDAYS, 10-12:00. **GREAT DAY TO GO TO GET THE SPECIALS!!!**

ON WEDNESDAYS WE HAVE TRANSPORTATION TO SHOP-RITE AT A LOW RATE OF \$6.00 ROUND TRIP.

**CALL OUR OFFICE 203-874-4507**  
**TO MAKE YOUR RESERVATION!!!**



Home---|---Train Station Parking ---|---Bus Routes---|---Fares---|---Contact---|---Links |---FAQ

## FREQUENTLY ASKED QUESTIONS

### VAN RIDES

**Q. How do we qualify for the E&H Van Rides?**

**A. We will send you an application. Rides will be accepted while the application is being processed.**

**Q. Will the drivers help riders?**

**A. Yes, they will help riders on and off the van but they do not bring wheel chairs up or down any stairs, they will go in to lobby only of a facility and only when it is safe to leave the vehicle.**

**Q. How much notice is required for the van service?**

**A. The earlier you make your appointment the better chance you will have of getting service. Appointments can be made 24 hours in advance but at least three days are recommended.**

**Is a companion allowed to travel with the rider?**

**Q. As long as the companion is not handicapped. Yes if the rider is in a wheel chair and going to a hospital or out of town there needs to be an aid to travel with rider. The companion needs to be at the pick up point also. If there is more than one aid and/or companion they will have to pay for their trip.**

**Q. Where can we go with the van service?**

**A. You can go shopping (4 bag min), Medical appointments, Hair Salon anywhere in town. Out of town is strictly medical appointments only.**

**Q. How much does it cost to ride the van?**

**A. In town charge is \$6.00 round trip out of town is \$ 7.00 round trip. You must pay the driver upon arrival.**

**There is No Smoking, Eating or Drinking at any time on the van.**

### GETTING READY TO GO:

To help us keep on schedule, riders must be ready a 1/2 hour in advance of the time you have scheduled.

### RETURN TRIP:

You must be ready at the time you scheduled for a return ride pickup. Your ride will arrive at that time or within 60 minutes after the scheduled time.

**No Show Policy:** If a rider is a No Show and the van comes to the scheduled pick up point and the rider has prepaid there will be NO REFUNDS.





# City of Milford, Connecticut

Founded 1639

**MILFORD TRANSIT  
DISTRICT**

259 Research Drive  
Milford, CT 06460  
Tel. 203-874-4507

Henry D. Jadach  
Executive Director

**Board of Directors**

**Anthony Piselli, Sr.**  
Chairman  
**Peter Carroll**  
Sec. / Treas.

## **Connecticut Americans with Disabilities Act (ADA) Paratransit Application Form**

The purpose of this application is to determine eligibility for Connecticut complementary ADA Paratransit service. If you have a disability that prevents you from using the public transit bus service in Milford Connecticut, you may be eligible for ADA Paratransit service. ADA Paratransit is a shared ride, advanced reservation, origin to destination service for persons with disabilities who are unable to use the public bus service because of their disability.

### **ADA Definition of Disability**

Any person with a disability who is unable, as a result of a physical or mental impairment, and without the assistance of another individual (except the operator of a wheelchair lift) to board, ride or disembark from any public bus.

Any person with a disability who has a specific impairment-related condition which prevents them from traveling to or from a bus stop on the public bus system.

Architectural and environmental barriers such as distance, terrain or weather; do not form a basis for eligibility alone. However, a person may be eligible if the interaction of the disability and environmental barriers prevents the person from traveling to or from the public bus stop.

## **Types of Eligibility**

There are three types of eligibility:

***Unconditional Eligibility*** – Your disability or health condition always prevents you from using public buses and you qualify for ADA Paratransit service for all of your trips.

***Conditional Eligibility*** - You are able to use the public buses for some of your trips and qualify for ADA Paratransit service for other trips when your disability or environmental barriers prevent the use of public bus service.

***Temporary Eligibility*** – You have a health condition or disability that temporarily prevents you from using the public bus.

## **Application Process**

ADA Paratransit service is provided for customers whose disability or health condition may prevent them from using public bus services for some or all of their travel. Individuals who are interested in using ADA Paratransit service must apply and be found eligible according to ADA guidelines. Regional ADA Paratransit service providers determine an individual's functional abilities and limitations for using public bus services. **A list of service providers in Connecticut is attached to this application – see 'ATTACHMENT A'.**

Once you have filled out as much of the application as you can and submitted it by mail to your regional service provider, you will be contacted within 7-10 days. **(If you are not contacted during that period, you can contact your ADA service provider from the list attached to this application – see 'ATTACHMENT A' ).** Transportation will be provided to and from the interview. Please bring an acceptable form of identification with you (preferably a photo ID) to the interview. If you do not have a photo ID available, contact your service provider to determine acceptable forms of identification. You may also bring additional information about your disability or health condition. **Before your interview is set up and you need transportation to a medical appointment – Milford Transit – your ADA service provider will take you to and from your appointment.**



During the interview, your application form will be reviewed and if necessary, assistance will be offered to help you complete it. Your travel abilities and limitations will be discussed in more detail. You may be asked to take a “mock” bus trip. This will take about 30-45 minutes and your travel abilities and limitations will be assessed. Please dress for the weather as you may be asked to go outside. Also, at the interview you may be asked to sign a document allowing the service provider to contact your physician or other professional to verify your eligible condition. Finally at the interview you will be asked to sign a certificate that the information on your application is true and correct. Providing false and misleading information may result in a re-evaluation of your eligibility.

A decision will be made on your application within 21 days after the completion of the interview, assessment and receipt of medical verification and follow-up questions, if necessary. If a decision is not made within 21 days, temporary eligibility and ADA Paratransit service will be provided until a final decision is made. You will be notified of your eligibility by letter.

If you are determined to be eligible for ADA Paratransit for some or all of your trips, you will receive a Certification Letter with information about how to use the service.

**Appeal Process:**

If you are determined to be able to use public buses for some or all of your trips, you will be notified of the exact reason(s) for this decision and told how you may appeal the decision. You can appeal any eligibility decision made by the regional service provided that limits your ability to use ADA Paratransit service. For example;

- You were found “Not Eligible” for ADA Paratransit
- You were found “Conditionally Eligible” and disagree with the eligibility categories you were given or you think the conditional status is wrong.

All requests for an appeal must be in writing and should be mailed to your regional service provider. If you have any questions about the application process, contact you regional ADA Paratransit service provider.

# Connecticut Americans with Disabilities Paratransit Application Form

*This form is also available online at [www.CTADA.com](http://www.CTADA.com)*

*Please note that any information given on this application will be kept confidential and shared only with professionals involved in providing the paratransit service on an as needed basis.*

**THIS APPLICATION WILL BE ACCEPTED AT ANY ADA PARATRANSIT PROVIDER IN THE STATE OF CONNECTICUT**

## A. Personal Information

|                                     |                                      |                                     |                              |
|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| <b>Mr.</b> <input type="checkbox"/> | <b>Mrs.</b> <input type="checkbox"/> | <b>Ms.</b> <input type="checkbox"/> | <b>Date of Birth:</b> /    / |
| <b>Last Name:</b>                   |                                      | <b>First Name:</b>                  |                              |

## B. Current Residence

|   |                     |                                     |                                    |
|---|---------------------|-------------------------------------|------------------------------------|
| <b>Street Address:</b>  |                     |                                     |                                    |
| <b>Building #:</b>  | <b>Apartment #:</b> | <b>Room #:</b>                      |                                    |
| <b>City:</b>  | <b>State:</b>       | <b>Zip:</b>                         |                                    |
| <b>Is this residence:</b>   |                     |                                     |                                    |
| <input type="checkbox"/> <b>A Single or Multi-Family House</b>        |                     |                                     |                                    |
| <input type="checkbox"/> <b>An Apartment or Condominium Complex</b>   |                     | <b>Name:</b>                        |                                    |
| <input type="checkbox"/> <b>A Nursing or Assisted Living Facility</b> |                     | <b>Name:</b>                        |                                    |
| <input type="checkbox"/> <b>Other:</b>                                |                     |                                     |                                    |
| <b>Is this a temporary residence:</b>                                 |                     | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |

## C. Mailing Address (if different from residence)

|                                    |                     |                |  |
|------------------------------------|---------------------|----------------|--|
| <b>Street Address or P.O. Box:</b> |                     |                |  |
| <b>Building #:</b>                 | <b>Apartment #:</b> | <b>Room #:</b> |  |
| <b>City:</b>                       | <b>State:</b>       | <b>Zip:</b>    |  |



**D. Contact Information**Primary  
Phone:Alternate  
Phone:

TDD or Relay Number:

Email Address:

**E. Emergency Contact**

Last Name:

First Name:

Relationship:

Agency if  
Applicable:Primary  
Phone:Alternate  
Phone:**F. If someone assisted you in completing this form please give the following information:**

Last Name:

First Name:

Relationship:

Agency if  
Applicable:Primary  
Phone:Alternate  
Phone:**G. General Information**Do you need ADA service information in an  
accessible format?Yes No 

If "yes", please indicate which format would be helpful:

Large Print Audio Recording Braille 

Other \_\_\_\_\_

Are you certified for ADA paratransit services by  
another service provider or transit agency?Yes No 

If, yes:

Name of  
Service  
Provider:

State:

ID #:  
(if  
applicable)

## H. Information About Your Disability

Please list by name what disabilities or health related conditions prevent you from using the public bus service:

Explain how your disabilities or health related conditions prevent you from independently using the public bus service?

Do you use any of the following when you travel?

|   |   |
|---|---|
| <input type="checkbox"/> Manual Wheelchair *                      | <input type="checkbox"/> Scooter *            |
| <input type="checkbox"/> Powered Wheelchair *                     | <input type="checkbox"/> Cane                 |
| <input type="checkbox"/> Walker                                   | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Oxygen If yes:                           | <input type="checkbox"/> Crutches             |
| <input type="checkbox"/> Tank <input type="checkbox"/> Compressor | <input type="checkbox"/> Service Animal       |
| <input type="checkbox"/> Respirator                               | <input type="checkbox"/> Medical Equipment    |
| <input type="checkbox"/> Other, explain:                          |   |

\*The term wheelchair refers to any three or more wheeled device utilized which is usable indoors. We will be able to accommodate a wheelchair if (1) the lift and vehicle can physically accommodate it and (2) if it is consistent with legitimate safety requirements. Legitimate safety requirements include but are not limited to such circumstances as a wheelchair of such size that it would block an aisle, or would interfere with the safe evacuation of passengers in an emergency.



## H. Information About Your Disability (continued)

Is the disability or health related condition you describe:

Permanent

Temporary

Unsure

Expected to last \_\_\_\_\_ Months

Does your health condition or disability change from day to day in a way that affects your ability to use the public bus service?

Yes

No

Sometimes

If "Yes",  
Please explain:

Are there times when someone accompanies you when you travel?

Yes

No

Sometimes

## I. Public Bus Service Experience

Do you ride the public bus? Have you ever ridden the public bus?

Yes

If yes, how often and to what locations?

No

If no, why don't you currently ride the public bus?

Travel training is a free service that teaches people how to use the public bus. Would you like more information about this service?

Yes

No

## J. Functional Ability

Can you find your way to a public bus stop if someone shows you once?

Yes

No

Sometimes

How far can you walk (using a mobility aid if necessary)?

Can you walk up/down a gradual hill?

Yes

No

Sometimes

Can you see/detect curbs, ramps and other drop off areas?

Yes

No

Sometimes

How long can you stand and wait at a public bus stop?

Can you get on and off a public bus?

Yes

No

Sometimes

If "no" please  
explain:

Can you ask for, understand, and follow travel directions.

Yes

No

Sometimes

## K. Barriers

What barriers in the environment would make it difficult for you to use the public bus service?

Lack of curb cuts

Steep Hills

Busy street I must cross

No crosswalk light

No sidewalks

Sidewalks in poor condition

Other, describe:

Explain why the conditions you indicated make it difficult to use the public bus service



## Household Certification Form

|   |   |
|---|---|
| Homeowner/Applicant Name:                       | [ ] Male [ ] Female                         |
| Co-Homeowner/Applicant Name:                    | [ ] Male [ ] Female                         |
| Number of Person(s) in the Household: [ ]       | Number of Children under the Age of 18: [ ] |
| Number of Persons 62 years of Age or Older: [ ] | Household with Disabled Person: [ ]         |

**Please Provide Household Race/Ethnicity (Check one per household).**

- |  |   |
|--|---|
| <input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian White<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Hispanic, White<br><input type="checkbox"/> Hispanic, Black<br><input type="checkbox"/> American Indian/Alaskan Native & Black/African American<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
|--|---|

**Household Income**

Please provide name and the annual adjusted gross income (AGI) of each household member *over the age of 18*. Further income verification from household members over the age of 18 may be required. (If more space is needed please use back of this form)

| Household Member Name                 | Relationship | Annual Income(AGI) | Student Status |
|---------------------------------------|--------------|--------------------|----------------|
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
|                                       |              | \$                 | F/T__ or P/T__ |
| <b>Household Income (Office Only)</b> |              | <b>\$</b>          |                |

**CERTIFICATION:**

I/We hereby certify that the information on this form is complete and correct to the best of my knowledge.

Homeowner/ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Homeowner/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is required to receive Federal funds to assist this organization to continue to offer this program or activity. The information on this form is confidential and will not be shared with an agency other than the Grantor, the Department of Community Development, which regulates use of Community Development Block Grant funds for the City of Milford. This information is used to determine program eligibility and the statistical information of the participant to ensure that CDBG funds assist low and moderate-income individuals and families.

## **ATTACHMENT A**

### **Connecticut ADA Service Providers**

Locate your local ADA paratransit service provider below by selecting the region in which you will travel most often. The towns served in each region are listed below the region name. If you are seeking service in a town not listed, please use the contact labeled “all other locations” at the end of the list.

#### **Hartford Area**

*Avon, Bloomfield, Cromwell, East Hartford, Ellington, Farmington, Glastonbury, Hartford, Manchester, Middletown, Newington, Rocky Hill, South Windsor, Vernon/Rockville, West Hartford, Wethersfield, Windsor, Windsor Locks*

Greater Hartford Transit District  
One Union Place  
Hartford, CT 06103  
Email: [ADA-App@ghtd.org](mailto:ADA-App@ghtd.org)  
Phone: (860) 247-5329 Ext. 3005

#### **New Haven Area**

*Branford, East Haven, Guilford, Hamden, Madison, New Haven, North Branford, North Haven, Orange, West Haven, Woodbridge*

Greater New Haven Transit District  
840 Sherman Avenue  
Hamden, CT 06514  
Email: [ADA-App@gnhtd.org](mailto:ADA-App@gnhtd.org)  
Phone: (203) 288-6282 Ext. 2525

#### **Central Connecticut**

*Berlin, Bristol, New Britain, Plainville*

Central Connecticut Regional Planning Agency  
225 North Main Street, Suite 304  
Bristol, CT 06010  
Email: [apply@busoncall.com](mailto:apply@busoncall.com)  
Phone: (860) 589-6950

#### **Windham Area**

*Windham/Willimantic, Mansfield/Storrs*

Windham Region Transit District  
115 Ash Street  
Willimantic, CT 06226  
Email: [ada-app@wrtd.net](mailto:ada-app@wrtd.net)  
Phone: (860) 456-2223  
TTY: (800) 833-8134

#### **South East Region**

*Griswold, Groton, Ledyard, Montville, New London, North Stonington, Norwich, Preston, Stonington, Waterford*

Southeast Area Transit District  
21 Route 12  
Preston, CT 06365  
Email: [ADAapp@seatransit.org](mailto:ADAapp@seatransit.org)  
Phone: (860) 886-2631

#### **Valley Region**

*Ansonia, Derby, Seymour, Shelton*

Valley Transit District  
41 Main Street  
Derby, CT 06418  
Email: [VTD-ADA-APP@valleytransit.org](mailto:VTD-ADA-APP@valleytransit.org)  
Phone: (203) 735-6824

#### **Middletown Area**

*Cromwell, East Hampton, Middletown, Portland*

Middletown Transit District  
340 Main Street  
Middletown, CT 06457  
Email: [ADA-App@mtddct.org](mailto:ADA-App@mtddct.org)  
Phone: (860) 347-3313  
TTY: (860) 346-9233



**Greater Bridgeport Area**

*Bridgeport, Fairfield, Monroe, Stratford, Trumbull*

Greater Bridgeport Transit Authority  
One Cross Street  
Bridgeport, CT 06610  
Email: [ADA-App@gogbt.com](mailto:ADA-App@gogbt.com)  
Phone: (203) 366-7070 Ext 131  
TTY: (203) 330-0668

**Meriden/Wallingford Area**

*Meriden, Wallingford*

North-East Transportation Company  
1717 Thomaston Avenue  
Waterbury, CT 06704  
Email: [ADA-Appnetco@northeastbus.com](mailto:ADA-Appnetco@northeastbus.com)  
Phone: Meriden: 1-800-441-8901  
Wallingford: 1-800-704-3113

**Milford Area**

*Milford*

**Milford Transit District**

259 Research Drive  
Milford, CT 06460  
Email: [ADA-App@milfordtransit.com](mailto:ADA-App@milfordtransit.com)  
Phone: (203) 874-4507  
TTY: (203) 882-0954

**Waterbury Region**

*Cheshire, Middlebury, Naugatuck, Prospect, Southbury, Thomaston, Waterbury, Watertown, and Wolcott*

North-East Transportation Company  
1717 Thomaston Avenue  
Waterbury, CT 06704  
Email: [ADA-Appnetco@northeastbus.com](mailto:ADA-Appnetco@northeastbus.com)  
Phone: (203) 756-5550

**Danbury Area**

*Bethel, Brookfield, Danbury, New Milford, Ridgefield*

Housatonic Area Regional Transit District  
62 Federal Road  
Danbury, CT 06810  
Email: [info@hartransit.com](mailto:info@hartransit.com)  
Phone: (203) 744-4070

**Southwestern Region**

*Darien, Greenwich, Norwalk, Stamford, Westport*

Norwalk Transit District  
275 Wilson Avenue  
Norwalk, CT 06854  
Email: [ADA-App@norwalktransit.com](mailto:ADA-App@norwalktransit.com)  
Phone: (203) 299-5160

**All Other Locations**

The Kennedy Center  
2440 Reservoir Avenue  
Trumbull, CT 06611  
Email: [ada@kennedyctr.org](mailto:ada@kennedyctr.org)  
Phone: (203) 365-8522

**DO NOT SIGN THIS PAGE NOW OR SUBMIT WITH YOUR APPLICATION.**

**THIS PAGE MUST BE SIGNED IN PERSON AT THE INTERVIEW.**

I understand that the purpose of this application is to determine if there are times when I cannot use the public bus service and must therefore use ADA paratransit services. I certify that to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in a reevaluation of my eligibility.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or Guardian                      Date

**PLEASE NOTE:**

After receiving the completed application you will be contacted by the transit agency to schedule a face-to-face interview.

The service provider has 21 days in which to make an eligibility determination after all necessary documentation is received, which includes face to face interviews. It also may include information requested from an appropriate medical or rehabilitative professional familiar with your disability.