

REQUEST FOR ADA PARATRANSIT ELIGIBILITY FOR VISITORS

The information obtained in this certification process will only be used by the Butler Transit Authority for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. Please return this form to 130 Hollywood Drive, Suite 101, Butler, PA 16001.

1. Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number (home): _____ (work): _____

4. Date of Birth: ____/____/____

5. What is the disability which prevents you from using the Butler Transit Authority's fixed route services?

6. How does this disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if needed.

7. Please provide one of the following with this form:

____ Documentation of eligibility from another transit provider

____ Documentation of disability (a letter from a medical professional or eligibility for other services based on a determination of disability)

8. Name and telephone number of person to contact in an emergency

Name: _____ Telephone: _____

Applicant Verification:

I hereby certify that the information provided in this document is correct to the best of my knowledge.

Applicant Signature: _____ **Date** ____/____/____

Application Status: ____ Approved ____ Disapproved - Reason: _____

Executive Director Signature: _____ Date: _____