



## TRANSPORTATION ASSESSMENT FOR ADA PARATRANSIT ELIGIBILITY

The information that you provide will be used to determine your eligibility for the paratransit service Access Link. Once a determination has been made, you will receive it in writing. Information about NJ TRANSIT's accessible services, including Access Link is available at [www.njtransit.com](http://www.njtransit.com).

When submitting your answers, please print legibly and do not use abbreviations. If you require assistance call 973-491-4224 and select option #1.

### WAYS TO SUBMIT YOUR TRANSPORTATION ASSESSMENT:

**Email:** [ADACERT@NJTRANSIT.COM](mailto:ADACERT@NJTRANSIT.COM)

**Fax:** 973-863-4522

**Mail:** Access Link Certification Group 1 Penn Plaza East 7<sup>th</sup> flr Newark NJ 07105

Do you have a legal guardian? Yes      No

If yes, your legal guardian must provide consent for you to participate in this process and you should call 973-491-4224 and select option #1 for additional guidance. If no, please proceed.

Guardian's Name

Guardian's Phone

## CUSTOMER INFORMATION

Title              First Name                      Middle Name                      Last Name

**Date of Birth:**                      **Gender:**                      **Preferred Language:**

Date(mm/dd/yyyy)

**Home Address:**

Street Address

Apartment/Unit #

City                      State                      Zip Code

*Note: If your Mailing Address is the same as your Home Address, skip.*

**Mailing Address:**

Street Address

Apartment/Unit #

City                      State                      Zip Code

**Contact Info:**

Cell Phone                      Home Phone                      Email Address

Emergency Contact Name

Emergency Contact Number

1. What is your disability?

1a. How long have you had a disability?

Since birth

Less than 1 year

More than 1 year

1b. If your disability is temporary, how long do you think will it last?

1-3 months

6-9 months

9-12 months

2. Which of the following are impacted by your disability? (*check all that apply and provide details in the spaces provided*)

2a. Vision Loss

Left eye

Right eye

2b. Hearing Loss

Left ear

Right ear

Hearing aid

2c. Cognitive Ability

Memory

Problem  
Solving

2d. Is breathing a concern? Yes      No      If yes, when is it a concern?

2e. Is walking distances or your endurance a concern? Yes      No      If yes, when is it a concern?

2f. Is balance a concern? Yes      No      If yes, when is it a concern?

2g. Do changes in weather conditions or temperatures affect your disability? Yes      No  
If yes, please describe which type of weather or what temperatures.

3. Are you receiving any of the following as a result of your disability? (*check all that apply*)

Physical  
Therapy

Dialysis

Chemotherapy/  
Radiation

Cognitive  
Therapy

Behavioral  
Therapy

4. How are the conditions and limitations related to your disability preventing you from using the local fixed-route system to travel to and/or from your intended destinations? Please explain in the space provided below.

5. Which of the following do you use while traveling?

Cane	Motorized Wheelchair	Oxygen	Manual Wheelchair
Scooter	Prosthetics	White Cane	Braces / Crutches
Walker	Service Animal	Emotional Support Animal	

6. We require the measurements and approximate weight of your Manual Wheelchair, Scooter and/or Motorized Mobility Device (*while occupied*). Please provide the measurements of any **Wheelchair / Scooter / Motorized Mobility Device** that you use.

Width:                      in                      Total Length:                      in

Combined weight of the  
customer and the Mobility Device:                      lbs

Mobility devices exceeding 30"X 48" or more than 600 lbs may not fit in our vehicle lifts

7. Do you require the assistance of another person (besides the trained driver) while traveling? Yes No If yes, what assistance will this person provide for you while you are traveling?

8. How do you currently travel? Select all that apply.

Drive

Train

Rideshare like Uber or Lyft

Light Rail

Local Bus

Logisticare

Do not currently travel

County

Paratransit

9. Provide the complete street addresses for places you need to travel, including pick-up and drop-off comments that will help our drivers find the correct location. You will need to provide a reason related to your disability, for why you are unable to travel to or from each address that you list.

**EXAMPLE:**

Street Address

Apartment/Unit #

City

State

Zip Code

Pick-up and Drop-off Comment:

Reason:

**Address 1:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 2:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 3:**

Street Address:

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 4:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 5:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 6:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 7:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 8:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**

**Address 9:**

Street Address

Apartment/Unit #

City

State

Zip Code

**Pick-up and Drop-off Comment:**

**Reason:**



10. Are you interested in receiving guidance on how to travel on NJ TRANSIT's Bus, Rail or Light Rail? We can refer you to a virtual travel instruction that will be done from the safety of your home. Virtual travel instruction is free and could help you enhance your ability to travel independently. In addition, if you use the Bus, Rail, or Light Rail to travel, you can save money by using reduced fare. A decision to participate in virtual travel instruction would have no impact on your eligibility determination for Access Link. Yes No

11. Do you need assistance with registering to vote? Yes No If yes, please visit <https://www.state.nj.us/state/elections/voter-registration.shtml> for more information.

12. Do you need assistance with obtaining a non-driver ID card? Yes No If yes, please visit <https://www.state.nj.us/mvc/license/nondriverid.htm> for more information.

13. Do you need assistance with replacing a social security card? Yes No If yes, please visit <https://www.ssa.gov/myaccount/replacement-card.html> for more information.

Thank you for filling out the Transportation Assessment. A team trained in making comprehensive paratransit eligibility determinations will review all provided information. If you have additional information, that will help this team understand when and how your disability prevents you from traveling to and or from NJ TRANSIT's accessible local fixed route (independently), you are encouraged to provide the details in the space provided below.

*Note: All NJ TRANSIT local fixed route buses are designed with accessibility features to assist customers with disabilities with traveling.*

A physician **MUST VERIFY** your present medical condition and disability. Under the Americans with Disabilities Act (ADA), your presenting disability or disabilities must be impacting a major life function and preventing you from using NJ TRANSIT's accessible local fixed-route bus system to travel.

**WAYS TO SUBMIT YOUR MEDICAL VERIFICATION:**

**Email:** [ADACERT@NJTRANSIT.COM](mailto:ADACERT@NJTRANSIT.COM)

**Fax:** 973-863-4522

**Mail:** Access Link Certification Group 1 Penn Plaza East 7<sup>th</sup> flr Newark NJ 07105

The verification must:

- include your full name and date of birth
- be dated within the past 12 months
- verify the medical conditions described in this application
- be on the healthcare professionals' letterhead
- be signed by the healthcare professional
- include any other relevant information about how your disability will prevent you from using the local fixed-route system to travel

**To the best of my knowledge, the information provided is accurate and complete.**

Customer's Signature

Date(mm/dd/yyyy)

Parent/Legal Guardian's  
Signature

Date(mm/dd/yyyy)

Other

Date(mm/dd/yyyy)

You can call 973-491-4224 and select option #1 or email us at [ADACERT@NJTRANSIT.COM](mailto:ADACERT@NJTRANSIT.COM) to check on your Transportation Assessment status.