STAR Application

CDTA STAR REQUEST FOR PARATRANSIT ELIGIBILITY

STAR (ADA paratransit services) is a special service of the Capital District Transportation Authority (CDTA). The service is for individuals who are determined to be paratransit-eligible under the American with Disabilities Act.

The Americans with Disabilities Act (ADA) requires that paratransit service be provided only to those individuals whose disability/impairment prevents them using the accessible fixed-route system.

STAR service is provided by use of a vehicle that is generally smaller than a regular bus and is more direct in its delivery when transporting you to a given destination. This service is considered a safety net, complimentary to a regular bus service, and therefore requires a determination of eligibility for this service. For the paratransit provider to make a complete and accurate decision of your eligibility for service, detailed information about your travel capabilities is needed.

If you need assistance completing this form or have additional questions, please call CDTA at (518) 482-2022 option 4.

Completed application can be return via mail to:
STAR Intake Unit, 110 Watervliet Avenue Albany, NY 12206
Faxed to: 518-437-8391 (fax)
Hand delivered to: 110 Watervliet Ave Albany NY.

Date: _____

Application

If you require future written information to be given to you in a different format, please let us know your preference:

☐ Large Print ☐ Audio ☐ Braille ☐ Other _____

☐ New Application ☐ Recertification

Personal Information

Last Name: _____

First Name: _____ M.I.: ____

Birth Date: _____/_____/_____ ☐ Male ☐ Female

Primary Language:

☐ English ☐ Other (specify): _____

Contact Information

Home Phone: (_____) _____

TTD/TTY: (_____) _____

Work Phone: (_____) _____

Cell Phone (_____) _____

(Optional) Email Address: _____

Home Address

Address: _____ Apt #: _____

City: _____ ZIP: _____

Is this a: ☐ House ☐ Apartment ☐ Condominium ☐ Duplex

If an apartment, condo or residential housing please give the location name: _____

Closest road or intersection:

_____

Mailing Address: (if different from home):

Last Name: _____

First Name: _____ M.I.: ____

Address: _____ Apt #: _____

City: _____ ZIP: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Application Assistance

Did someone assist you in filling out this form?

☐ Yes ☐ No

Name of person completing form: _____

Relation to applicant: _____

Daytime Telephone: (_____) _____

Should this person be contacted if additional information is needed?

☐ Yes ☐ No

Travel Abilities and Habits

A. Do you know how to use public transportation?

☐ Yes ☐ No

Explain_____

_____

B. How do you currently travel? (Check all that apply).

☐ Drive myself ☐ Someone else drives

☐ Van or car service ☐ Taxi

☐ Regular Bus (CDTA) ☐ STAR

☐ Other: _____

C. How far can you travel on your own?

☐ I cannot travel outside my house or apartment.

☐ I can get to the curb in front of my house/apartment.

☐ I can travel up to 300 feet.

☐ I can travel up to ¼ mile.

☐ I can travel up to ½ mile.

☐ I can travel up to ¾ mile.

☐ I cannot if there are no curb cuts.

☐ I cannot if the street or sidewalk is too steep.

☐ I cannot cross busy streets or intersections.

☐ I cannot find my way because of a vision problem.
☐ I get confused and cannot find my way.
☐ I feel unsafe traveling alone.
☐ I cannot travel outside when it is:
☐ Too Hot ☐ Too Cold ☐ Snow and Ice

D. Why are you applying for STAR? Based on your functional ability what makes it impossible to use the regular CDTA accessible bus service? This can be related to any physical, visual, cognitive or psychological problems:

Explain fully:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

E. Do you currently travel with an escort or personal care attendant (PCA)?
☐ Yes ☐ No

F. Can you travel only if another person accompanies you?
☐ Yes ☐ No
Explain_____
_____

G. If you travel with the assistance of a PCA, what type of assistance do they provide?
Explain_____
_____

H. Do you use any of the following when you travel?
(Check all that apply):
☐ Cane ☐ White Cane ☐ Walker
☐ Wheeled Walker ☐ Rollator ☐ Leg Braces
☐ Crutches ☐ Cast (circle) leg or arm
☐ Immobilizer (circle) leg or arm ☐ Roll-A-Bout Scooter
☐ Respirator ☐ Portable Oxygen Tank ☐ Service Animal
☐ Other: _____

Do you use any of the following devices?
☐ Manual Wheelchair
☐ Electric Wheelchair
☐ Scooter
Make/Model of chair_____
Weight of Wheelchair _____
Combined Weight _____ (you and your chair together)

PLEASE NOTE: CDTA meets the ADA regulations regarding lift equipment for their paratransit vehicles. Due to vehicle constraints, we may not be able to accommodate a customer if the wheelchair or scooter is longer than 48” or wider than 32” or if the combined weight of the customer and wheelchair is more than 800 pounds. If you have any questions, please refer them to the STAR Intake department at 518-482-2022 option 4.

I. Which of the following are you able to do?
(Check all that apply)
☐ Ask for or follow written or oral information such as schedules.
☐ Calculate the correct fare.
☐ Use the fare box.
☐ Recognize your destination while on the bus.
☐ Cross the street when you get off the bus.
☐ Reach your destination once off the bus.
☐ Follow instructions in an emergency.

J. Have you ever received Travel/ Mobility Training for bus use?
Yes ☐ No ☐

K. Who did the training
Name of Person or Agency _____
Phone Number of Person or Agency _____

Was the training successfully completed?
Yes ☐ No ☐

May we contact this person or agency to discuss your training?
Yes ☐ No ☐

L. Could you independently ride in a sedan, minivan or a step van if one were provided? (Note: must be able to communicate with driver, get into the back seat of a sedan, and climb up into a step van or Minivan)
☐ Yes ☐ No

Explain: _____
_____
_____

M. Are there any other restrictions we should know about that would hamper you using any type of vehicle?
☐ Yes ☐ No

Explain: _____
_____
_____

N. Could you independently get on and off a lift-equipped bus?
☐ Yes ☐ No

O. Could you maintain balance while seated on a moving vehicle?
☐ Yes ☐ No

P. Can you climb three (3) 11” steps?
☐ Yes ☐ No

Q. Can you find a seat by yourself without assistance of another person?
☐ Yes ☐ No

CDTA offers FREE travel training to anyone interested in learning how to ride CDTA buses. Would you be interested in getting information about this service?
☐ Yes ☐ No

CERTIFICATION

I hereby certify that, to the best of my knowledge, information given in this form is correct. I understand that this form will be returned if it is not complete. I further understand that part of this review will be based on my functional ability to use regular (CDTA) bus transportation. It may also require additional information from my health services' professional.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the following licensed professional who can verify my disability or health related condition, to release this information to CDTA and other parties under contract with CDTA/STAR. This information will be used only to verify my eligibility for paratransit services.

Name of Professional who may release my medical information:

_____

Address: _____

Phone Number: _____

Applicant's Signature: _____

Date: _____

This authorization expires 6 months from the above date.