

Application for ADA Paratransit Service

Paratransit is specialized transportation service for persons who are unable to independently use regular buses, streetcars, or BART, due to a disability or health related condition some or all of the time. Paratransit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).






















In order to use ADA paratransit service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

This information is also available in accessible formats upon request (large print, Braille, audio tape, etc.) However, the application must be filled out in English and must be typed or printed.

- ① Please answer **FULLY** all of the questions on the form, and return it to the transit system in your local area (see list on following page). Incomplete applications will not be processed, and will be returned to you for completion.
- ② Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a notice as to whether or not you are eligible. If you are determined to be capable of using regular bus and rail transit without the assistance of another person for all of your travel, **YOU WILL NOT BE ELIGIBLE** for paratransit.
- ③ The review will be based on your ability to use regular bus and rail transit. It may require additional information, such as a phone, personal interview, or assessment with you, or consultation with your doctor or therapist.
- ④ You may be found:
 - Eligible for all your travel needs on paratransit (full eligibility);
 - Eligible for some trips on paratransit (conditional eligibility) depending on the nature of your disability; or
 - Not eligible for paratransit.
- ⑤ Please note that if your functional abilities change, your eligibility status may also change.
- ⑥ If you are certified as eligible, you will be able to use paratransit in all of the Bay Area's nine counties, depending on any conditional restrictions.
- ⑦ If you do not agree with the decision on your eligibility, you may appeal the decision. Information on how to file an appeal will be included with your notice of eligibility.

— *Thank you*

The following Bay Area fixed-route transit operators are participants in the regional ADA Paratransit Eligibility Program:

	AC Transit
	BART
	City of Benicia
	County Connection (Central Contra Costa Transit Authority)
	Cities of Fairfield/Suisun City
	Golden Gate Bridge, Highway and Transit District
	LAVTA (Livermore-Amador Valley Transit Authority)
	MCTD (Marin County Transit District)
	Muni (San Francisco Municipal Railway)
	City of Petaluma
	SamTrans (San Mateo County Transit District)
	Santa Rosa CityBus
	Solano Transportation Authority
	Sonoma County Transit
	VTA (Santa Clara Valley Transportation Authority)
	Tri Delta (Eastern Contra Costa Transit Authority)
	Union City Transit
	City of Vacaville
	Vallejo Transit
	The V.I.N.E. and Napa Valley Transit
	WestCAT (Western Contra Costa County Transit Authority)

Your answers to the following questions will help us in determining your eligibility. ALL questions must be thoroughly answered or the application will be considered incomplete. An incomplete application will be returned, and will delay the eligibility determination process. Please print or type.

Personal/Contact Information

Name (*first, middle, last*): _____

Home Address: _____ Apt. #: _____

City: _____ ZIP: _____

Mailing Address (*if different from home*): _____

_____ Apt. #: _____

City: _____ ZIP: _____

Daytime Phone: (_____) _____ TDD/TTY: (_____) _____

Evening Phone: (_____) _____

Birth Date: _____ / _____ / _____ Female Male

Primary Language (*please check*): English Other (*specify*) _____

Do you need any future written information provided to you in an accessible format? (*please check*):

- Yes No If yes, what format do you prefer?
 Diskette Audio tape Braille Large Print
 Other _____

Did someone help you in filling out this form? Yes No

Should this person be contacted if additional information is needed? (*please check*): Yes No

If yes, Name: _____ Phone: (_____) _____

Relationship: _____

In case of emergency, whom should we contact?

Name: _____ Day Phone: (_____) _____

Relationship: _____ Eve. Phone: (_____) _____

Please answer the following questions in detail — your specific answers to the questions will help us in determining your eligibility.

Tell Us About Your Condition and How You Currently Travel

- 1a What is your **DISABILITY** or **HEALTH RELATED CONDITION** that prevents you from using public transit (BART, bus, streetcar)?

- 1b Explain **HOW** this condition prevents you from independently using public transit.

- 1c Are the conditions you described:

Permanent Temporary Don't Know

If temporary, how long do you expect this to continue?

- 1d Do the conditions you described change from day to day in a way that affects your ability to use public transit?

Yes, good on some days, bad on others. No, doesn't change.

Don't know.

If yes, explain how the change affects your ability to use public transit.

2a How do you currently travel to your most frequent destinations?

(Check all that apply):

- Buses Paratransit Drive myself BART
 Taxi Ferry Streetcar Someone drives me
 Other _____

2b If you checked paratransit, what is the name of the program you use?

3 Do you travel with the assistance of another person:

- Always Sometimes Never

If you travel with the assistance of another person always or sometimes, what type of assistance do they provide? _____

4 Do you use any of the following mobility aids or specialized equipment?

(Check all that apply):

- Cane Power Chair Communication Board
 White Cane Large Power Chair Service Animal
 Walker Power Scooter Crutches
(3 or 4 wheeler)
 Manual Chair Leg Braces Speech Devices
 Respirator Portable oxygen tank
 Other Aid _____

For questions 5 through 16, please indicate whether you are independently able to perform the following functions. ALL "no" or "sometimes" answers must be accompanied by an explanation or the application will be considered incomplete.

Tell Us About Your Capabilities

5 Are you able to understand and remember directions well enough to complete a public transit trip? (This doesn't refer to being unaccustomed to the English language.) Yes No Sometimes

If no or sometimes, explain why: _____

- 6** Are you able to identify the correct public transit stops?
 Yes No Sometimes *If no or sometimes, explain why:*

- 7** Are you able to identify the correct bus or train to board?
 Yes No Sometimes *If no or sometimes, explain why:*
If no or sometimes, explain why: _____

- 8** Are you able to get to and from the public transit stop nearest your home?
 Yes No Sometimes *If no or sometimes, explain why:*

- 9** How many city blocks can you walk, or travel with a mobility aid, without the help of another person? _____
- 10a** Are you able to wait 15 minutes at a public transit stop?
 Yes No Sometimes *If no or sometimes, explain why:*

- 10b** Are you able to wait longer than 15 minutes?
 Yes No Sometimes *If so, how long?* _____ (minutes)
- 10c** Could you wait if there were a seat or bus shelter?
 Yes No Sometimes
- 11** Are you able to get on or off a public transit bus if it has either a lift or a kneeler that lowers the front of the bus?
 Yes No Sometimes Don't know, never tried it
If no or sometimes, explain why:

- 12** Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?
 Yes No Sometimes Don't know, never tried it
If no or sometimes, explain why:

13 Are you able to maintain balance and tolerate movement of a public transit vehicle when seated?

Yes No Sometimes Don't know, never tried it

If no or sometimes is selected, explain why:

14 Have you ever had any training or instruction (travel training) to learn how to use public transit?

Yes No *If yes is selected, where and when did you receive this training?*

this training?

15 Is the public transit you need accessible (for example, equipped with a lift, ramp or kneeler)?

Yes No Sometimes Don't know, never tried it

If no or sometimes is selected, explain in what way is it not accessible:

16 Are there specific places you would like to go to that you are unable to get to using public transit?

Yes No *If yes is selected, explain why you cannot use public transit to get to those destinations:*

to get to those destinations:

**Have you answered all the questions and provided explanations where required?
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

I certify that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.



Sign here:

Applicant's signature _____ Date _____

Authorization to Release Medical Information

(to be completed by applicant)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information:

Address: _____

Medical Record or ID #, if known: _____



Sign here:

Applicant's signature _____ Date _____