

# Alameda County City-Based Paratransit Services Application Form

Please use this application if you are a resident of: *Alameda, Albany, Berkeley, Castro Valley, Emeryville, Fremont, Hayward, Newark, Oakland, Piedmont, Pleasanton, San Lorenzo, San Leandro or Sunol*. Upon receipt of this form, the program may contact you to submit additional information. ADA paratransit service operators (East Bay Paratransit, Union City Paratransit & Wheels Dial-A-Ride) require a separate application process. Please return this application to the paratransit program to which you are applying. For more information about specific programs, please refer to the Access Alameda brochure, [www.AccessAlameda.org](http://www.AccessAlameda.org), or call the program directly.

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_\_ **TDD/TTY:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Address Apt. # City Zip Code

**Name of Housing Facility** (if applicable): \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Male**  **Female**   
Month Day Year

**Do you manage your own affairs and deal with your own mail?** Yes  No   
**If "No", to whom should important correspondence be directed?**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Daytime phone:** (\_\_\_\_) \_\_\_\_\_ **Cell or Evening phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different from above) Street Address or PO Box Apt. # City State Zip Code

**1. How do you currently travel to your most frequent destinations?** (Check all that apply)  
 ADA Paratransit (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)  
 Drive myself  Someone drives me  Buses/BART  Taxi  
 Other: \_\_\_\_\_

**2. Have you been certified as eligible for rides with an ADA paratransit service?**  
**(i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)**  
 Fully eligible  Conditionally eligible **Rider Identification #:** \_\_\_\_\_  
 Not eligible/Denied  Have not applied  Don't know

**3. Do you use any of the following mobility aids or equipment?** (Check all that apply)  
 Cane  White Cane  Walker  
 Manual Wheelchair  Power Wheelchair  Power Scooter  
 Service Animal  Portable Oxygen Tank  Other: \_\_\_\_\_

**4. Do you need a wheelchair lift to get in and out of a vehicle?**  Yes  No  Don't know

**5. Do you typically travel with assistance from another person** (other than driver)?  Yes  No

6. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the above condition you describe:  Permanent  Temporary until: \_\_\_\_\_

8. Emergency Contact Person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

9. Are you on any of the following forms of income/benefit assistance? (check all that apply)

- Supplemental Security Income (SSI)       Cash Assistance Program for Immigrants (CAPI)
- Medi-Cal; if yes, #: \_\_\_\_\_       CalWorks       General Assistance (GA)

10. Gross Individual Monthly Income: \_\_\_\_\_

11. Gross Household Monthly Income: \_\_\_\_\_ # of people in household: \_\_\_\_\_

12. What is your living arrangement?  Live alone       Live w/ spouse/partner
- Live with adult children       Live in a skilled nursing facility/nursing home
- Live in assisted living/residential care home       Other: \_\_\_\_\_

13. What is your race/ethnicity?  African American       Asian/Pacific Islander
- Caucasian       Hispanic/Latino       Native American
- Other: \_\_\_\_\_

14. What language(s) do you speak? Preferred Language: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

15. If you need future information provided to you in an accessible format, please check which format you prefer:  Large Print  Audiotape  Braille  CD/Electronic File

*I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person who assisted you with application/Phone #: \_\_\_\_\_