ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

Important information for applicants

Thank you for inquiring about eligibility for ADA Paratransit Service. Paratransit Service is reserved for persons living with a disability who are unable to independently, without the help of another person, use lift-equipped fixed-route public transit, some or all-of the time, due to a health-related condition. As part of the federal requirements of the Americans with Disabilities Act (ADA), Paratransit Service is provided by all public transportation systems. Paratransit Service is a shared ride transportation service that is not dependent on trip purpose. Paratransit Service primarily serves origins and destinations within ¾ of a mile from regular fixed-routes.

To use ADA Paratransit Service, you must apply for eligibility. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible lift-equipped fixed-route public transportation such as Sonoma County Transit, Santa Rosa CityBus, or Petaluma Transit, some or all of the time.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility.) To apply for eligibility, you must fully complete and return the attached application. Please note, if more information is necessary to make an eligibility determination, an in-person or over the phone interview, contact with your health professional, and/or request that you have a licensed professional complete the Medical Verification form (found on page 8 of this application) may be required. Although not required to apply, Medical Verification from a licensed professional may assist in determining your eligibility and may be submitted at the time of application.

Once a completed application is received, it will be reviewed within 21 calendar days. You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel on public paratransit services throughout the nine-county Bay Area.

If you do not agree with your eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 calendar days, you may be granted temporary eligibility status that allows you to use the paratransit system until a final decision about eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

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Instruction for applicants

1. Complete all of the questions on the Paratransit Application that follow this page.
2. Please print or type full responses to all of the questions. **Only complete applications will be processed.** If your application is not complete you will be notified.
3. You must provide two signatures on page 7 to complete the application:
   - Applicant Certification
   - Authorization to Release Information
4. Return the completed application to the appropriate transit agency based on your service address. Completed applications can be sent via:
   - mail
   - email
5. Please note, more information may be required to determine eligibility and you may be asked to
   - attend an in-person functional assessment or over the telephone interview
   - provide a Medical Verification form completed by a licensed professional. If you believe this form will help us determine your eligibility you may submit it with your completed application.

Return the completed application to		
Santa Rosa Residents	**Petaluma Residents**	**All other Sonoma County Residents**
By Mail **Santa Rosa CityBus** Attn: Paratransit Eligibility 45 Stony Point Rd. Santa Rosa, CA 95401	**By Mail** **Petaluma Transit** Attn: Paratransit Eligibility 555 N McDowell Blvd Petaluma, CA 94954	**By Mail** **Sonoma County Transit** Attn: Paratransit Eligibility 355 West Robles Ave. Santa Rosa, CA 95407
By Email Subject: Eligibility paratransit@srcity.org	**By Email** Subject: Eligibility petpara@cityofpetaluma.org	**By Email** Subject: Eligibility sct-paratransit@sonomacounty.gov
For assistance with this application or for a copy in another accessible format call		
707-546-1999	707-778-4540	707-565-8288

ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

Instructions for applicants

Please complete **all** sections of this form. Incomplete applications will be returned. The information provided will help determine what type of transportation service is right for you. All information will remain confidential.

Applicant Information (Please print or type)

☐ **New Application** ☐ **Recertification (Existing Rider ID #_____)**

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

Birthdate: _____ / _____ / _____ ☐ Female ☐ Male

Primary Language: ☐ English ☐ Spanish ☐ Other *(specify)* _____

Service Address: _____ Apt. #: _____

City: _____ ZIP: _____

Mailing Address *(if different):*

_____ Apt. #: _____

City: _____ ZIP: _____

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

Evening Phone: (_____) _____ **Cell Phone:**(_____) _____

Email address: _____

Please send me written information in an alternate format (select below if applicable)

☐ Large Print ☐ Audio tape ☐ Braille ☐ Digital ☐ Other_____

In case of emergency, whom should we contact (LOCAL preferred)?

Name: _____ Day Phone: (_____) _____

Relationship: _____ Eve. Phone: (_____) _____

Person completing application if not the applicant.

Printed Name: _____ Relationship to applicant: _____

Signature: _____ Date:_____

Daytime Phone: (_____) _____ Evening Phone:(_____) _____

Should this person be contacted if additional information is needed? ☐ Yes ☐ No

ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

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

Tell Us About Your Disability / Health-Related Condition

1. Do you have a disability that, some or all of the time, **prevents** you from independently using public transit (fixed-route bus)?

   - **Fixed-route** bus service is a public transit service using buses to provide transportation along a designated route that stops at bus stops following a pre-determined timetable. Fixed-route bus service in Sonoma County is operated by Santa Rosa CityBus, Petaluma Transit, and Sonoma County Transit.

   ☐ No ☐ Yes

   If yes, please describe **HOW** your condition prevents you from using a fixed-route bus (**response required**).

   _____

   _____

   _____

   _____

2. What types of disabilities cause you to be unable to use fixed-route buses some or all of the time?

   ☐ Physical disability ☐ Developmental disability ☐ Mental illness
   ☐ Recent surgery ☐ Visual impairment ☐ Other:_____

3. Are the conditions you described:

   ☐ Permanent ☐ Temporary ☐ Don't know

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

   _____

   _____

4. Paratransit operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use paratransit?

   ☐ Always ☐ Sometimes ☐ Never

Using fixed-route buses

5. Do you currently use fixed-route bus service? ☐ Yes ☐ No ☐ Sometimes

6. When was the last time you used fixed-route bus service by yourself? _____

   ☐ I have never ridden fixed-route bus service.

7. Have you ever had training on how to use fixed-route bus service?

   ☐ Yes ☐ No

8. Are you interested in receiving travel training? ☐ Yes ☐ No

9. Are you able to wait at a bus stop for a fixed-route bus?

   ☐ Yes ☐ Only if there is a bench or shelter
   ☐ No more than 15 minutes ☐ No
   ☐ Sometimes. **Description required**: _____

10. How far can you travel independently to a bus stop?

    ☐ Less than 1 block ☐ 1 block ☐ 2 blocks
    ☐ 3 or more blocks

11. Can you maintain balance, while seated, on a moving fixed-route bus?

    ☐ Yes ☐ No ☐ Sometimes

12. How do you travel now? *(Please check all that apply):*

    ☐ Buses ☐ Paratransit ☐ Drive myself ☐ Rail/Train
    ☐ Taxi ☐ Uber/Lyft ☐ Bicycle ☐ Someone drives me
    ☐ Other:_____

13. Please add any other information you would like us to know about your abilities:

    _____

    _____

    _____

14. What best describes your ability to use the fixed-route bus system independently?

Check all that apply.

☐ The severity of my disability or health condition can change from day to day. I can ride fixed-route buses when I am feeling well, but not at other times.

Description required_____

☐ I am unable to travel on the fixed-route buses during periods of darkness due to my disability or health condition.

☐ I can get to and from bus stops only if there are curb-cuts and level sidewalks.

☐ I have difficulty understanding or remembering all the things I would have to do to use the fixed-route buses.

☐ I can use fixed-route buses if it is a place I go to all of the time.

☐ I am not really sure if I can use fixed-route buses by myself.

☐ I am not able to use fixed-route buses by myself for other reasons:

Description required_____

_____

_____

_____

_____

_____

_____

Mobility aid and/or equipment information

15. Which of these mobility aids do you currently use while traveling? **Please check all that apply to you.**

☐ No mobility aid	☐ Powered Wheelchair	☐ Walker
☐ Support Cane	☐ Powered Scooter/cart	☐ Walker with Seat
☐ White Cane	☐ Manual Wheelchair	☐ Portable Oxygen
☐ Leg Brace	☐ Power Assist Wheelchair	☐ Prosthesis
☐ Service Animal	☐ Communication Board	☐ Crutches
☐ Speech Device	☐ Other (please specify):_____	

Applicant Certification & Authorization to Release Medical Information

I certify that the information in this application is **true and correct** to the best of my knowledge.

The purpose of this application is to determine if I am eligible to use Paratransit Services. I understand that knowingly falsifying the information could result in loss of Paratransit Services or denial of Paratransit Services as well as penalty under the law. I understand all information will be kept confidential, and only information required to provide the services I request will be disclosed to those who perform the services.

I also understand that, at no expense to me, I may be required to participate in an in-person functional evaluation of my travel skills and agree to such a functional evaluation if one is necessary.

I understand it may be necessary to contact a professional familiar with my functional abilities to use public transit to assist in the determination of eligibility or have them complete a Medical Verification form.

I agree to notify my Paratransit Service provider if my condition changes, my mobility device has changed, or if I no longer need Paratransit Services.

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

Professional who may release my medical information:

Name:_____

Service they provide: _____

Address:_____

Medical Record or ID#, if known: _____

Telephone: _____ **Fax:** _____

_____ _____

Signature of Applicant or Guardian if Applicable **Date**

Medical Verification Form

To the applicant: A Medical Verification Form is not required to apply for eligibility. However, we may request you submit Medical Verification after reviewing your completed application if more information is needed. Applicants may submit the Medical Verification form with their completed application to aid in determining eligibility.

MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT

To the Professional:

The ADA regulations state that persons are eligible for Paratransit Service if, because of a disability or medical condition, they are, sometimes or all of the time, physically or cognitively unable to (not discomforted by or find difficult) independently use accessible lift-equipped public transit service. ADA paratransit eligibility is not based on a person's lack of knowledge of bus service, distance from bus service, ability to drive, language ability, or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for Paratransit Service.

Please check your professional title:

☐ Physician	☐ Physician's Assistant	☐ Registered Nurse
☐ Nurse Practitioner	☐ Psychiatrist	☐ Psychologist
☐ Chiropractor	☐ Physical Therapist	☐ Occupational Therapist
☐ Social Worker	☐ Case Manager	☐ Resource Manager
☐ Certified orientation & mobility specialist		

Name of Applicant*:* _____ **Birthdate:** _____ / _____ / _____

1. Please describe the medical diagnosis, physical, or cognitive disability which causes the applicant to be unable to independently use a lift-equipped fixed-route bus some, or all of the time. **You must provide specific details or the application will be returned:**

_____

_____

_____

_____

_____

_____

2. Are the conditions you described:

☐ Permanent ☐ Temporary ☐ Don't know

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

_____

_____

3. Is this person able to self-supervise daily activities?

☐ Yes ☐ No

Last date of contact with this applicant: _____ /_____ /_____

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature of Professional: _____Date: ____/____/____

Printed name: _____

Clinic/Agency: _____

Address: _____Suite #: _____

City: _____State: _____ZIP: _____

Professional License /Registration/Certification #: _____State: _____

*This form expires 90 days from the signature date.