



ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

IMPORTANT INFORMATION & INSTRUCTIONS FOR APPLICANTS

Thank you for inquiring about eligibility for ADA Paratransit Service offered by Petaluma Transit. This packet includes information and forms you need to apply for paratransit eligibility. Paratransit Service is a shared ride transportation service offered as part of the requirements of the Americans with Disabilities Act (ADA). Use of Paratransit Service is limited to persons who are unable to independently use fixed route public transit, some or all of the time, due to a disability or health related condition. Petaluma Paratransit Service primarily serves origins and destinations within ¾ of a mile from regular Petaluma Transit bus routes and/or within City limits.

In order to use ADA Paratransit Service, you must be certified as eligible. 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 public transportation.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using regular bus transit for all trips, without the help of another person, you will not be eligible for paratransit.

To apply for eligibility, you must fully complete the attached Application for ADA Paratransit Eligibility form and have the Professional Verification form completed and signed by a licensed professional.

Once a completed application is received, we will review your ability to use accessible public transportation and process your application 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.

Please note that if we need more information or have questions, we may need to contact you or consult with your health specialist regarding your abilities.

If you do not agree with your eligibility determination, you have the right to appeal this determination. 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 your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

Return the completed application to

By Mail

Petaluma Transit
Attn: Paratransit Eligibility Department
555 N McDowell Blvd
Petaluma CA 94954

By Email

Subject: Eligibility
petpara@cityofpetaluma.org

Please print legibly and be sure to fill out each section completely, incomplete applications will be returned. Need assistance? Call the Paratransit Eligibility Department at 707-778-4460



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For a copy of this application in other accessible formats, call 707-778-4460.

APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

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)

New Application Recertification (Existing Rider ID #: _____)

First Name: _____ Last Name: _____

Date of Birth: _____ Sex: Female Male

Primary Language: English Spanish Other (please specify): _____

Service Address: _____

Apt/Unit: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Apt/Unit: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Phone (evening): _____

Cell: _____ TTY (if applicable): _____

Email address (if available): _____

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

Large Print Audio Tape Braille USB drive Other:

Please provide the name of a LOCAL relative/friend in case of an emergency:

Name: _____ Relationship: _____

Phone (daytime): _____ Phone (evening): _____

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TELL US ABOUT YOUR DISABILITY / HEALTH RELATED CONDITION

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

Do you have a cognitive or physical disability that, some or all of the time, causes you to be unable to get on, ride, or get off fixed-route buses by yourself, without the help of another person?

- No
- Yes (please explain below)

What types of disabilities cause you to be unable to use Petaluma Transit’s buses?

- Physical disability
- Visual impairment/blindness
- Developmental disability
- Mental illness
- Recent surgery
- Other: _____

When was your disability diagnosed? (month/year): _____

Is your disability considered stable (unchanging)? Yes No

Is your disability considered progressive? Yes No

Is your disability considered temporary? Yes, I expect it to last ____ months No I do not know

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?

- Yes
- No

Are you able to wait for regular Petaluma Transit fixed route buses?

- Yes
- Only if there is a bench or shelter
- No more than 15 minutes
- No

Can you maintain balance while seated on a moving vehicle? Yes No

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How far can you walk on level ground?

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

How do you travel now? (Check all that apply):

- Bus Paratransit Drive Myself Taxi Ferry
 Someone Drives Me Bicycle Other: _____

CURRENT USE OF PETALUMA TRANSIT'S FIXED ROUTE BUS

Do you currently use Petaluma Transit's fixed route bus service by yourself? Yes No

If yes, how often? _____ Which route(s) do you use? _____

When was the last time you used Petaluma Transit's fixed-route service by yourself? _____

Have you ever had training on how to travel around the community or how to use Petaluma Transit's accessible fixed-route buses?

- Yes No I have never ridden fixed route service

Are you interested in receiving travel training? Yes No

Would you be interested in receiving a free pass that would allow you to ride PT's fixed-route service for free? Yes No

FUNCTIONAL ABILITIES: USING FIXED-ROUTE BUSES

What best describes your functional ability to use the fixed-route bus system on your own? Check all that apply.

- I can get to and from bus stops/stations if the distance is not too far.
- 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.
- I have a disability or health condition which causes me to be unable to ride fixed-route buses if the weather is extremely hot.
- I have a disability or health condition which causes me to be unable to ride fixed-route buses if the weather is extremely cold.
- I am unable to travel on fixed-route buses when there is rain and wind due to my disability or health condition.
- I cannot climb stairs to get on and off the fixed-route buses and need the lift/ramp lowered.
- 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 the fixed-route buses if it is a place I go to all the time.

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- I am unable to travel on the fixed-route buses during periods of darkness due to my disability or health condition.
- I use fixed route service for some trips, but sometimes I am unable to due to high air pollution (smog).
- I can never ride fixed-route buses by myself.
- I'm not really sure if I can use the fixed-route buses by myself.
- I'm not able to use the fixed-route buses by myself for other reasons. Please explain:

MOBILITY AID AND/OR EQUIPMENT INFORMATION

If you use a power wheelchair or scooter, Petaluma Paratransit will need to verify what you and your wheelchair weigh together as many power wheelchairs and scooters are very heavy. Our vehicle's lifts are designed to lift 600-1000 pounds depending on the vehicle type.

Which of these mobility aids do you currently use when traveling? Please check all that apply to you. Do not select a device that you are waiting on for approval or prescription.

*"Wheelchair" means a three or more wheeled mobility device.

- | | | |
|--|--|---|
| <input type="checkbox"/> No Mobility Aid | <input type="checkbox"/> Powered Wheelchair* | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> Powered Scooter/cart | <input type="checkbox"/> Walker with Seat |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Leg Brace | <input type="checkbox"/> Power Assist Wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Other (please specify): _____ | | |

If you checked manual wheelchair, power wheelchair, or powered scooter/cart, please provide the following information:

- | | | |
|--|------------------------------|-----------------------------|
| Does your mobility device measure more than 48 inches x 30 inches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your mobility device weight more than 600 pounds when occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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APPLICANT CERTIFICATION

I understand the information I provided on 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, or if at times I can ride the Petaluma Transit fixed-route buses. I understand that falsification of information could result in a loss of Paratransit services as well as a penalty under the law.

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

I agree to notify Petaluma Transit if my condition changes, if my mobility device has been replaced, if I have a new mobility device, or if I no longer need to use the paratransit service.

Signature of Applicant or Guardian if Applicable

Date

PERSON COMPLETING APPLICATION IF NOT THE APPLICANT

Printed name: _____

Relationship to applicant: _____

Signature: _____

Date: _____

Daytime phone: _____

Evening phone: _____

THIS CONCLUDES THE APPLICANT'S PORTION OF THE APPLICATION. THE FOLLOWING PAGE MUST BE COMPLETED BY A PROFESSIONAL. BOTH SECTIONS MUST BE MAILED TOGETHER.

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ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

PROFESSIONAL VERIFICATION (REQUIRED)

To the Applicant: please have this page completed by a professional before mailing your application to Petaluma Transit. Any one of the professionals listed below may sign the application. **If this page is not completed and signed by one of the professionals listed below, the application will be returned to you and processing will be delayed.**

MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT

To the Professional

Please check your professional title:

- Physician
- Psychiatrist
- Chiropractor
- Social worker
- Physician's assistant
- Psychologist
- Physical therapist
- Certified orientation & mobility specialist
- Registered nurse/nurse practitioner
- Case/resource manager
- Occupational therapist

The ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. ADA paratransit eligibility is not based on the 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.

Name of Applicant: _____ DOB: _____

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

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Is this condition temporary?

- No Yes; for: 4 mos 6 mos 9 mos 12 mos

This person ___ is ___ is not (check one) able to self-supervise daily activities.

Last date of face-to-face contact with this applicant was ___/___/___*

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: _____ Date: _____

Printed name: _____ Phone: _____

Clinic/Agency: _____ Address: _____

City: _____ State: _____ Zip: _____

Professional License/Registration/Certification #: _____ State: _____

*This form expires 90 days from the signature date.

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To the Applicant: please have this page completed by a professional before mailing your application to Petaluma Transit. Any one of the professionals listed below may sign the application. **If this page is not completed and signed by one of the professionals listed below, the application will be returned to you and processing will be delayed.**

MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT

To the Professional

Please check your professional title:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Physician | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Registered Nurse/Nurse Practitioner |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Case/Resource Manager |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Certified orientation & mobility specialist | |

The ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. ADA paratransit eligibility is not based on the 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.

Name of Applicant: *Jane Doe*

DOB: *1/2/1933*

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

Patient seen by me one time on 3/31/13, 78 years old with below the knee amputation, LLE gangrene, OA

spine/neuropathy/RLE/Edema /Severe difficulty with ambulation.

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Is this condition temporary?

- No Yes, for: 4 mos 6 mos 9 mos 12 mos

This Is ___ Is not (check one) able to self-supervise daily activities.
person

Last date of face-to-face contact with this applicant was 3 / 31 / 13 *

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: *William Smith*

Date: *4/10/13**

Printed Name: *Dr William Smith*

Phone: *916-555-1234*

Clinic/Agency: *ABC Clinic*

Address: *1234 7th Ave*

City: *Petaluma*

State: *CA*

Zip: *94954*

Professional License/Registration/Certification #: *A7777*

State: *CA*

*This form expires 90 days from the signature date.