Solano County Application for ADA Paratransit Service

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for Paratransit eligibility in Solano County. As part of the requirements of the Americans with Disabilities Act (ADA), Paratransit service is provided by all public transportation systems that operate a fixed route system. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

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 the regular bus and rail transit for all trips, without the help of another person, you will not be eligible for Paratransit service.

To apply for eligibility you must fully complete the attached application form.
We will review the information to determine your eligibility to use Paratransit services.

ELIGIBILITY DETERMINATION

Complete attached application, keeping in mind the following:

- Every question must be answered. If any question has not been answered, the application will be returned to the applicant for completion.
- Every question must be legible. If any question cannot be read, the application will be returned to the applicant for clarification.
- Accessible formats are available. Available formats are Disk/CD, Audio Tape, Braille, Large Print, or you may specify a format you can use.

Applications are reviewed weekly. You will receive the determination of your eligibility by mail. If you do not agree with the 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 days, you may be given temporary use of the Paratransit system until a final decision about your eligibility is made. This does not apply if we are unable to complete the processing of your application through inactions on your part.

INSTRUCTIONS FOR APPLICANTS

1. Please **PRINT OR TYPE full responses to all of the questions** on the application form. Your detailed responses and explanations will help us make an appropriate determination. Incomplete applications will be returned.

2. You are not required to attach additional pages of information. However, you may want to send other documents that you think will help us understand your limitations. **All information that you supply will be kept strictly confidential.**

3. **You must provide SIGNATURES in two places to complete the application:**

   - Applicant Certification (Page 8)
   - Authorization to Release Medical Information (Page 9)

4. Return the completed application with the Verification of Disability to:
   (Transit Agency):_____
   (Street Address):_____
   (City, State, ZIP):_____

Complete application to be submitted to specific agency closest to where applicant resides (see Page 13 for a list of agencies). To check on the status of your application, you may call the agency where you have submitted the complete application.

REMEMBER! WE MUST HAVE THE ORIGINAL APPLICATION WITH ORIGINAL SIGNATURES IN ORDER TO COMPLETE THE EVALUATION PROCESS.

Thank you

Solano County Application for ADA Paratransit Service

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: (_____) _____ Cell Phone: (_____) _____

Birth Date: _____/_____/_____ EMAIL: _____

Gender: ☐ Female ☐ Male Primary Language: ☐ English

☐ Other Language (please specify)_____

If you need written information provided to you in an accessible format, please check which format you prefer:

☐ Diskette/CDR ☐ Audio tape ☐ Braille ☐ Large Print

☐ Other_____

In case of emergency, whom should we contact?

Name:_____

Relationship:_____

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

Cell Phone: (_____) _____ EMAIL: _____

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.

1. Which **disability or health related conditions <u>PREVENT</u>** you from independently using regular public transit (i.e. BART, bus, streetcar)?

_____

_____

_____

_____

2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.

_____

_____

_____

_____

3. Are the conditions you described:

☐ Permanent ☐ Temporary ☐ Don't Know

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

_____

4. 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" or "Don't Know" is selected, explain how the change affects your ability to use public transit:

_____

_____

Tell Us About Your Capabilities and Usual Activities

6. Are you able to independently identify the correct public transit stop and transit vehicle? ☐ Yes ☐ No ☐ Sometimes. If "No" or "Sometimes" please explain:

_____

7. Are you able to independently get to and from the nearest public transit stop?
☐ Yes ☐ No ☐ Sometimes. If "No" or "Sometimes" please explain:

_____

8. How many city blocks would you need to travel to get to the nearest accessible public transit stop? ☐ Less than 1 ☐ 2 to 4 ☐ 5 or more ☐ Don't know

9. Would you be able to independently get on or off a public transit bus if it has a lift, a ramp, 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:

_____

10. How long could you wait by yourself at a public transit stop IF

It has a seat/shelter? _____ It does NOT have a seat/shelter?_____

11. Would you be able to independently grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

☐ Yes ☐ No ☐ Sometimes ☐ Don't know, never tried it

If "No" or "Sometimes", explain why:

_____

12. Would you be 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", explain why:

_____

13. Are you able to get on and off the following public transit vehicles without assistance?

Public Bus	**BART**	**Light Rail (Street Car)**	**TAXI**
☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No	☐ No
☐ Sometimes	☐ Sometimes	☐ Sometimes	☐ Sometimes

14. Please check the box that best describes your current living situation:

☐ 24 hour care or Skilled Nursing Facility
☐ Assisted Living Facility
☐ I receive assistance from someone that comes to my home to help with my daily living activities
☐ I live with family members or others who help me
☐ I live independently (without the assistance of another person)

15. Do you regularly use any of the following mobility aids or specialized equipment? *(Check all that apply):*

☐ None	☐ Leg Braces	☐ Portable Oxygen Tank
☐ Cane	☐ Power Wheelchair*	☐ Walker
☐ White Cane	☐ Service Animal	☐ Manual Wheelchair*
☐ Power Scooter*	☐ Crutches	☐ Communication Devices

☐ Other Aid _____

*Please Note: A wheelchair or other mobility device must be able to fit onto our bus/paratransit lifts. This means it must be no more than 30" wide and 48" long when measured 2" from the floor, and must weigh less than 600 pounds when occupied. **If you use a mobility device**:

a. Is your mobility device oversized? ☐ Yes ☐ No

If yes, explain_____

b. Does your mobility device weigh more than 600 pounds when occupied?
☐ Yes ☐ No

c. Can you transfer from your mobility device into a passenger seat?
☐ Yes ☐ No

Tell Us About Your Travel Needs

1. Which of the following statements best describes you?
   (Check only one response)
   - ☐ I currently use regular public transportation
   - ☐ I have never used regular public transportation
   - ☐ I have used regular public transit but not since the onset of my disability
   - ☐ I use regular public transit whenever my health condition allows

2. How do you currently travel to your frequent destinations?
   (Check all that apply):
   - ☐ Buses ☐ BART ☐ Drive myself ☐ Someone drives me
   - ☐ Taxi ☐ Ferry ☐ Streetcar ☐ Paratransit
   - ☐ Other_____

3. Do you have someone assist you when you travel outside your home?
   (For example, to push your wheelchair, carry oxygen, etc.)?
   ☐ Always ☐ Sometimes ☐ Never

   If "always" or "sometimes", what type of assistance do they provide?

   _____

Mobility Training

NOTE: Travel or mobility training is a personal (one-on-one) instruction that teaches an individual how to use the public transit bus system.

1. Have you ever had any training or instruction to learn how to use public transit?
   ☐ Yes ☐ No

   If "yes" is selected, where and when did you receive this training?

   _____

2. Did you complete the instruction or training? ☐ Yes ☐ No

3. Free instruction is available through (Agency Name) to anyone interested in learning how to ride the fixed route buses. Would you like to have someone contact you to discuss training? ☐ Yes ☐ No

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

Application Certification for
Solano County ADA Services

I **certify** that the information in this Application for Paratransit Services is **true** and **correct.** I understand that knowingly falsifying the information will result in denial of service. I understand that all information will be kept confidential, and only the information required to provide 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: _____

Did someone help you fill out this form? ☐ Yes ☐ No

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

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible, or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

(To be completed and signed by applicant)

I hereby authorize the following licensed medical professional 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 the authorization, and that I may revoke it at any time.

Name of the Medical Professional who may release my medical information:

_____

Address: _____

_____

Medical record or ID# if known: _____

Print or Type Applicant's Full Name: _____

Applicant's signature: _____

Date: _____

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Dear Applicant:

On the reverse side is a “Verification of Disability” to be completed by your doctor or licensed medical professional who is familiar with your condition(s). This Verification must be completed by your doctor or licensed medical professional in order to process your application for Paratransit service. Failure to submit a complete Verification will cause delays in determining your eligibility for Paratransit.

If an incomplete or blank Verification of Disability is sent, it will be returned to the applicant.

It is the applicant’s responsibility to provide the Verification of Disability directly to the doctor or licensed medical professional for completion.

THE APPLICATION FOR PARATRANSIT SERVICES WILL NOT BE PROCESSED WITHOUT A COMPLETED VERIFICATION OF DISABILITY

Thank You.

Solano County
Department of Resource Management
Public Works Engineering
675 Texas Street, Suite 5500
Fairfield, California 94533
Phone: 707-784-3096
Fax: 707-784-2894

VERIFICATION OF DISABILITY

TO BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL
MUST BE PRINTED OR TYPED.

Please help us in determining Paratransit eligibility for: _____
(Applicant's Name)

Complete and return this form to: (AGENCY NAME):_____
(Street Address):_____
(City, State ZIP):_____
Phone/Fax: (Agency):_____

Please note that having a disability alone is not a qualifying factor. An applicant's disability **must prevent independent use** of accessible public transit fixed-route services;

For example: *Independently getting to a transit stop (1/4 mile or further), waiting at the stop, identifying the correct transit vehicle, boarding or disembarking, riding, grasping coins or tickets, etc.*

The key phrase is "A DISABILITY THAT PREVENTS," not "a disability that makes it difficult or inconvenient". It is imperative that services be utilized only by those who cannot access public transit services.

Please note: Any falsification of a condition or any part of a condition will be reported to the Federal Transportation Administration for prosecution to the full extent of the law.

Explain the applicant's condition(s):
_____
_____
_____

How does this condition prevent his/her ability to use fixed-route public transit?
_____
_____
_____

Applicant's condition is (please check one) ☐ PERMANENT ☐ TEMPORARY

If temporary, I expect applicant's condition will continue for _____ months.

Name:_____

Professional Title_____

License Number:_____ Telephone:_____

Address:_____ City:_____ Zip:_____

Signature:_____ Date:_____

*List of agencies:

Fairfield-Suisun Transit
2000 Cadenasso Drive
Fairfield, CA. 94533
Tel: 707-434-3809
Fax: 707-426-3298

City of Dixon
Recreation and Community Services
Attn.: Dixon Reddi Ride
600 East A Street
Dixon, CA. 95620
Tel.: 707-678-7442
Fax: Please call agency for number

Transit & Airport Coordinator
City of Rio Vista
Public Works and Community Development Department
Attn.: John Andoh, CCTM
1 Main Street
Rio Vista, CA 94571
Tel: 707-374-5337
Fax: 707-374-5319

City of Vacaville
Public Works/ Transit
650 Merchant Street
Vacaville, CA. 95688
Tel.: 707-449-5170
Fax: 707-449-5346

Vallejo/Benicia
SolTrans
1850 Broadway Street
Vallejo, CA 94590
Tel: 707-648-4668
Fax: Please call agency for number.