

Application for ADA Paratransit Service

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for WHEELS Dial-A-Ride paratransit eligibility. As part of the requirements of the Americans with Disabilities Act (ADA), paratransit service is provided by all public transportation systems. 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. All WHEELS fixed route buses have lifts or ramps for wheelchairs and for people who cannot climb stairs.

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 and rail 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 form.

We will review your ability to use accessible public transportation. After studying your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities

For:

- Braille,
- Large Print,
- Audio Tape

Call 925-455-7555

Pleasanton residents 70 years old and older should also sign up with Pleasanton Rides as their primary service provider for trips within Pleasanton. Please call 925-398-1045 for more information.

Mail/Return the completed application to:

WHEELS

1362 Rutan Court, Suite 100

Livermore, CA. 94551

Fax 925-443-1375

Email ADAFORM@lavta.org

Your application will be processed within 21 days after it has been received. The application must be properly completed and you must make yourself available for a second level assessment if requested. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview. The in-person interview may include a functional test to determine your ability to take a public transit trip, such as being capable of walking to a bus stop, reading signs etc.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel throughout the nine-county Bay Area. 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 eligibility 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.

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. Be sure to **respond to ALL questions or your application will be considered incomplete**. Incomplete applications will be returned.
2. You are not required to attach additional pages or 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:**
 - Certification for Personal Care Attendant ONLY if you answer “yes” or “sometimes” (Page 10)
 - Applicant Certification (Page 11)
4. In addition, if you need the assistance of a Personal Care Attendant, you must complete and return page 10.

- For help with the application process or to check on the status of your application, call **925-455-7555**.

Thank you

KEEP THIS PAGE FOR YOUR RECORDS

Please Print

Personal/Contact Information

Name (*first, middle, last*):

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (*if different from home*):

_____ Apt. #: _____

City: _____ Zip: _____

Pleasanton residents 70+ years old, are you already signed up with Pleasanton Rides? ☐ Yes ☐ No

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

Evening Phone: (____) _____ Cell Phone: (____) _____

Birth Date: ____/____/____ ☐ Female ☐ Male

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

In case of emergency, contact:

1. Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

2. Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

Responses to the following questions are optional. Your answers will not impact your eligibility determination. The information is collected and analyzed to better serve our passengers.

Self-identify your race/ethnicity (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other _____
- ☐ Decline to state

Please check your annual household income group.

- ☐ \$0 - \$29,750
- ☐ \$29,751-\$49,600
- ☐ \$49,601-\$59,520
- ☐ \$59,521-\$78,850
- ☐ \$> \$78,851 +
- ☐ Decline to state

Tell Us About Your Disability / Health Related Condition

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

1. Which **disability or health related conditions** **PREVENT** you from using regular public transit (i.e. BART, bus, streetcar) without the help of another person?

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

3. When did you first experience the conditions you described above?
☐ 0-1 year ago ☐ 1 – 5 years ago ☐ More than 5 years ago
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.
5. Are the conditions you described:
☐ Permanent ☐ Temporary until _____

☐ Don't Know

Tell Us About Your Capabilities and Usual Activities

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

- | | | |
|--|--|--|
| ☐ None | ☐ Arm Crutches | ☐ Respirator |
| ☐ Cane | ☐ Power Wheelchair | ☐ Communication Devices |
| ☐ White Cane for Blind | | ☐ Service Animal |
| ☐ Walker (with or without seat) | | |
| ☐ Power Scooter | ☐ Crutches | ☐ Manual Wheelchair |
| ☐ Leg Braces | ☐ Portable Oxygen Tank or E-tank (small or large) | |
| ☐ Large Wheelchair | ☐ Other Aid _____ | |

The next question relates to the size & weight of your mobility device. **WHEELS Dial-A-Ride (paratransit) vehicles are designed to accommodate mobility devices up to 30" wide and 48" long when measured 2" from the floor and weigh less than 600 lbs when occupied (mobility device and rider combined). WHEELS Dial-A-Ride may not be able to carry oversized mobility aids. This is for your own safety. If you think your mobility device is larger or heavier, we recommend you come in for an evaluation to determine if you can be accommodated on our vehicles.**

7. Based on the above description, is your mobility device oversized?
☐ Yes ☐ No ☐ I don't know – Please contact Wheels for an in-person assessment at 925-455-7555.

Does your mobility device weigh less than 600 pounds when occupied?

- ☐ Yes ☐ No ☐ I don't know – Please contact Wheels for an in-person assessment at 925-455-7555.

If your mobility device's total weight exceeds 600 pounds while occupied, would you be able to board separately from your mobility device without assistance?

- ☐ Yes ☐ No

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

- ☐ I live independently (without the assistance of another person)
☐ 24 hour care or Skilled Nursing Facility

- ☐ Assisted Living Facility
 - ☐ I receive assistance from someone that comes to my home to help with daily living activities (In-Home Supportive Services)
 - ☐ I live with family members who help me
 - ☐ Community care home/transitional housing
9. How far can you walk or travel in your wheelchair or scooter without the help of another person?
- ☐ Less than ½ Block ☐ 3-6 Blocks
☐ Up to 2 Blocks ☐ 7 or more Blocks
10. To better provide assistance, how long would it take you to go from your building's front door to a curbside parked paratransit vehicle?
-
11. Can you travel alone and be left alone on the paratransit vehicle?
- ☐ Yes ☐ No
12. Can you wait alone at your pickup or dropoff location?
- ☐ Yes ☐ No
13. Do you have a cell phone that you can contact Dial-A-Ride with while waiting?
- ☐ Yes ☐ No
14. Which of the following statements best describes you if you had to wait outside for a ride? *(Check only one response):*
- ☐ I could wait by myself for ten to fifteen minutes
- ☐ I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
- ☐ I would need someone to wait with me because
-

Tell Us About Your Travel Needs

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

16. Would you be able to get to and from the public transit stop nearest your home?

☐ Yes ☐ No ☐ Sometimes ☐ Don't know where it is

If no or sometimes, explain why:

17. Would you be able to 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:

18. 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:

19. Would you be able to 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:

20. Would you be able to sit in a vehicle for up to one hour? Trip lengths vary depending on origin/destination and number of pick-ups.

☐ Yes ☐ No For how long _____

21. Which of the following statements best describes you?

(Check only one response):

☐ I have never used regular public transit

☐ I have used regular public transit but not since the

onset of my disability

☐ I have used regular public transit within the last six months

22. WHEELS offers FREE one-on-one travel training to seniors and persons with disabilities interested in learning how to ride the WHEELS fixed route buses including learning to read bus maps and schedules, getting familiar with accessibility features on buses, and transferring. Would you be interested in having this training? (Call 925-455-7555 for appointment or more information)

☐ Yes ☐ No

23. Please add any other information that you would like us to know about your abilities or health conditions.

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

☐ Email Print Email Address : _____

☐ Audio tape ☐ Braille ☐ CD text file ☐ Large Print

☐ Other _____

Certification for Personal Care Attendant

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, personal hygiene, carrying packages, finding your way, etc.). An attendant does not always have to be the same person.

WHEELS Dial-A-Ride drivers are not personal care attendants, nor does WHEELS Dial-A-Ride provide attendants.

Do you travel with a personal care attendant?

☐ Yes ☐ No ☐ Sometimes

If yes or sometimes, complete all of the information below and sign.

WHEELS Dial-A-Ride reserves the right to contact your health care professional to verify your need for an attendant.

Please Print

Applicant's Name _____

Explain how your attendant helps you _____

Verification

I certify that due to my disability or health related condition, I require the services of a personal care attendant to assist me and travel with me when I use paratransit services. **I understand that fraudulently claiming to travel with an attendant to avoid paying for a fare for a companion may result in suspension of service.**

Signature _____ Date _____

Applicant Certification

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 _____

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

May we contact this person for additional information? ☐ 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.



**This concludes the applicant's portion of the form
Pages 12 - 14 must be completed by a Licensed Medical or
Mental Health Professional**

Licensed Medical or Mental Health Professional Verification



All regular fixed route Wheels buses are equipped with lifts or ramps for people who cannot climb stairs. In accordance with the American's with Disabilities Act of 1990, paratransit service is available only for persons who, because of a disability, are **prevented** from using the regular accessible fixed route bus system. The individual could be prevented in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus, or successfully navigate to a destination or 2) is unable to understand how to complete a bus trip. Age or the inability to drive are not qualifying factors. This application is to verify that the applicant meets the eligibility requirements for paratransit service.

This individual is applying for WHEELS Dial-A-Ride Paratransit Services.

Applicant's Name: _____

Applicant's Date of Birth: _____

You are a...(Please Check one)

- ☐ Medical Doctor (MD or DO) ☐ Optometrist ☐ Psychologist (Ph.D)
- ☐ Physician Assistant ☐ Chiropractor ☐ Clinical Social Worker
- ☐ Nurse Practitioner ☐ Certified Orientation & Mobility Specialist
- ☐ Recreational, Physical, or Occupational Therapist
- ☐ MDS Nurse (Skilled Nursing Facility Only)

Instructions:

1. Please review the information contained on the application as provided by the Applicant or Applicant's representative.
2. For the benefit of the Applicant, answer the following questions as fully and accurately as possible. Please be specific when answering the questions. Incomplete answers will result in the application being returned to the applicant.
3. Please fax to Wheels at 925-443-1375 or return to the Applicant for their submittal.

All healthcare information will be kept confidential. Please call (925) 455-7555 if you have any questions. Thank you for your time and cooperation.

Wheels Dial-A-Ride Application-
Medical Verification Section

1. Based on your knowledge of the Applicant's condition, is the information accurate?
(Check one)

☐ Yes ☐ No ☐ Somewhat

If you checked "no" or "somewhat", please explain:

2. Please explain how the Applicant's disability prevents them from using the regular ADA accessible bus system. What specific conditions contribute to the Applicant's mobility and/or cognitive limitations? Please define the degree of impairment.
(Reminder: Age and inability to drive are not qualifying factors)

3. The disability that prevents the Applicant from accessing the regular bus system is:
(Check one)

☐ Permanent ☐ Temporary - _____
(Expected Date of Recovery)

4. If the Applicant does not use a mobility device, please skip to the next question.

The combined weight of the Applicant and mobility device is less than 600 lbs.

☐ Yes ☐ No. If no, provide best estimate _____

5. Does the Applicant require a Personal Care Attendant (PCA) when traveling?

Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip.

☐ Yes

☐ No

☐ Sometimes

If sometimes, please explain:

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the information provided on the Professional Verification portion for this application is true and correct.

Licensed Professional Signature

License number

Date

Printed Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Thank you for your assistance in completing this form.

Wheels, in accordance with the American's with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.

To submit this application

Via Mail or In person:

Wheels

1362 Rutan Court, Suite 100

Livermore, CA 94551

Via Fax:

925-443-1375

OPT-IN FORM

Regional Transit Connection (RTC) card



The RTC card provides discount fares for people with qualifying disabilities on **fixed route only**, such as the train, ferry or bus in the San Francisco Bay Area. **This discount card is not for paratransit services.** If approved for ADA-paratransit, you will be eligible for the RTC card. The RTC card is for eligible riders under 65 years old, unless your disability requires an attendant, which allows riders to stay in RTC past 65.

You may complete this Optional form with your application for ADA-paratransit services or you can choose to apply for the RTC card at a later date through the RTC Basic Eligibility Application available at <https://511.org/transit/rtc-card>. The RTC card also requires a photo of the rider to print on the card. RTC staff will reach out to you requesting a photo if one is not submitted with the application form.

Applicant Information

Full Name (required): _____

Birthdate (M/D/Y) (required): _____ / _____ / _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Preferred communication method (required): US Mail ☐ Braille (Mailed) ☐ Email ☐

Preferred Written Language: English ☐ Spanish ☐ Tagalog ☐ Chinese ☐ Other: _____

Preferred Phone Number: ☐ Home ☐ Cell _____ Additional: _____

I would like my card mailed to (required): my address above ☐ a transit agency for pickup ☐
(transit agency name) _____

Attendant Card needed?: Yes ☐ No ☐

Name of Transit Agency where ADA-paratransit eligibility was established:

I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Program. I also agree to provide additional information that may be requested and/or allow RTC to contact the above agency as part of this process. I understand that by applying to the RTC program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy. These are available at 511.org under [RTC](#), [ClipperCard.com](#) and are provided with your card if your application is approved. If an attendant card is provided, I certify that I will permit my attendant to use this card only when they are serving as my travel attendant, and I am using my RTC Card to pay my fare. I understand that any misuse of the Attendant card and its benefits will result in permanent loss of the Attendant card privilege. I further understand that unauthorized use of this card may constitute fare evasion and result in a citation and fine to the attendant.

Signature (required): _____ **Date:** _____