
East Bay Paratransit

1720 Broadway, 3rd Floor
Oakland, CA 94612

Introduction to the ADA Paratransit Eligibility Application

You have requested an application for ADA paratransit eligibility. Please read the following introduction information carefully before filling out the attached application. If you have questions, call (510) 287-5000.

AC TRANSIT AND BART SERVICE

East Bay Paratransit is a paratransit service operated by AC Transit and BART to comply with the Americans with Disabilities Act. **By law, it is only available to people who are unable to use AC Transit's or BART's regular service due to a disability.** The application process will determine whether you are able to use AC Transit's or BART's buses or trains.

The regular buses and trains have been improved over the years to be very convenient and accessible for people with disabilities. We would like you to be aware of the following features and benefits of using the regular buses or trains before you apply for paratransit.

Features:

- All AC Transit buses have lifts or ramps for wheelchairs and for people who can't climb stairs.
- Many AC Transit stops have shelters or benches.
- Seats near the door on both buses and trains are marked for seniors and people with disabilities.
- Bus and train operators announce stops.
- BART stations have audio and visual announcements of all train arrivals and departures.
- All BART stations have elevators, which can be used by people in wheelchairs or others who can't climb stairs.
- All BART stations have escalators.
- All buses and trains have specific locations to accommodate wheelchairs.
- BART stations have tactile warning tiles marking the platform edge.
- All BART stations have disabled parking near the entrance.

Benefits:

If you can use regular buses or trains for all or some of your travel, you will find there are considerable benefits:

- The fare for people with disabilities and seniors is very low: 85 cents for a one-way trip on AC Transit and about 30% of the regular adult fare on BART.
- No need to make advanced reservations – you can ride anytime you want.
- Service is conveniently scheduled.
- Trip planning services are available by phone (dial 511), or on the web from AC Transit (actransit.org), or BART (BART.gov).
- Personal care attendants travel with you at a reduced rate.
- There is generally a bus stop or BART station near where you want to go.

EAST BAY PARATRANSIT SERVICE

If your disability prevents you from using the regular AC Transit or BART service, then you are probably eligible for paratransit. ADA paratransit provides many travel opportunities for people with disabilities. It meets the needs of many, but it has limitations. It is important that you understand the following characteristics of East Bay Paratransit before you apply.

- Service is curb to curb. The driver cannot enter homes or businesses.
- The fare is twice the regular adult fare of the fixed route service. East Bay Paratransit fares start at \$3.00.
- Companions, including children pay full fare. Qualified attendants travel free.
- Advanced reservations are necessary for all trips—riders must call at least the day before.
- There are no same day reservations.
- Drivers do not provide custodial care—if the rider needs substantial assistance or supervision, they need to bring an attendant.
- The rider will share the vehicle with others going to other destinations—so travel time may be considerably longer than taking a taxi or driving.
- The pick-up request time may be unavailable. Paratransit may need to schedule the pick-up as much as one hour from the time requested.
- The reservation will be confirmed for a pick-up within a 30-minute “window”. The rider must be ready and waiting during the 30 minutes.
- If the combined weight of you and your wheelchair or scooter is more than 600 pounds, East Bay Paratransit may not be able to provide you transportation.

OTHER PARATRANSIT SERVICES

In addition to East Bay Paratransit, most cities in the East Bay also provide some type of paratransit services.

Contact your city's paratransit program to see what services they can provide to you.

CITY PARATRANSIT PROGRAMS

City	Phone (510) area code
Albany	524-9122
Alameda	747-7500
Berkeley	981-7269
Emeryville	596-3730
Oakland & Piedmont	238-3036
San Leandro	577-3462
Hayward, San Lorenzo & Castro Valley	583-4230
Newark	791-7879
Union City	476-1500
Fremont	574-2053
El Cerrito	215-4340
Richmond	307-8028
San Pablo	215-3095
Pleasanton/Sunol/Dublin	925-931-5376

APPLYING FOR EAST BAY PARATRANSIT SERVICE

After reading this information do you think you qualify for East Bay Paratransit? If so, please complete the attached application.

If you have any questions about the application, if you need help filling it out, or if you need a copy in an accessible format (Braille, audio tape, diskette), please call the East Bay Paratransit Certification Office at (510) 287-5000 or TTY (510) 287-5065.

If you are found to be capable of using AC Transit and/or BART for all trips, without the help of another person, you will not be eligible for paratransit. If you are able to use AC Transit and/or BART for some trips, you will receive limited eligibility.

To apply for eligibility you must fully complete the attached application form. Return all the pages (1 through 8) to:

East Bay Paratransit
1720 Broadway, 3rd Floor
Oakland, CA 94612

After studying your application, we may:

- Contact you by phone to get more information.
- Require you to come in and meet with East Bay Paratransit staff in person.
- Consult with your doctor, health professional, or other specialist about your condition and abilities.

We are required to make a decision on your eligibility within 21 days. If we do not make a decision within 21 days, we will provide paratransit to you on a temporary basis until we do make a decision. This does not apply if we are unable to complete the processing of your application because you do not supply complete information.

You will receive notice of your eligibility determination 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 you have not received a written response from us about your eligibility within 21 days, call us at 510-287-5000 to check on the status of your application.

INSTRUCTIONS FOR APPLICANTS

1. Please PRINT OR TYPE full responses to all of the questions on the application form. 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 submit additional information beyond the application. All information you supply will be kept strictly confidential.
3. Sign in two places to complete the application:
 - Authorization to Release Information from a medical or rehabilitation professional (Page 7)
 - Applicant Certification (Page 8)
4. In addition, if you need the assistance of a Personal Care Attendant, you must complete page 6 and sign it.
5. Return pages 1 – 8 to:

East Bay Paratransit
1720 Broadway, 3rd Floor
Oakland, CA 94612
6. Please keep the Introduction, pages A – E, for reference.

For help with the application or to check on the status of your application
please call 510-287-5000.

East Bay Paratransit
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ADA Eligibility Application

Personal /Contact Information – Please Print

Name

Last

First

Middle

Daytime Phone (____) _____ **Cell Phone** (____) _____

Evening Phone (____) _____ **TDD/TTY** (____) _____

Birth Date ____/____/____ Female Male

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

Home Address _____

Number

Street

Apt.#

City _____ **Zip Code** _____

Mailing Address if different than above

Street Address or PO Box

Apt.#

City _____ **State** _____ **Zip Code** _____

Do you manage your own affairs and deal with your own mail? Yes No

If No, to whom should important correspondence be mailed?

Name _____ **Relationship** _____

Address _____ **City** _____

Number

Street

Apt.#

Zip Code _____ **Phone number** (____) _____

Emergency contact

Name _____ **Relationship** _____

Daytime Phone (____) _____ **Evening phone** (____) _____

Cell Phone (____) _____

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. What disability or disabling health condition PREVENTS you from using AC Transit and/or BART without the help of another person?

2. Explain HOW the disability or disabling health conditions you described above prevent you from using AC Transit and/or BART without the help of another person.

3. When did you first experience the conditions you described above?

Less than 1 year 1 – 5 years ago Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use AC Transit and/or BART?

Yes, Could use transit on some days. On other days couldn't.
 No, doesn't change.
 Don't know.

5. Are the conditions you described:

Permanent Temporary Don't Know

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

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
- Power Wheelchair
- Communication Devices
- Cane
- Service Animal
- Walker
- White Cane
- Crutches
- Manual Wheelchair
- Power Scooter
- Portable Oxygen Tank
- Leg Braces
- Other Aid _____

7. How much do you weigh? _____

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

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

9. How far can you walk or travel in your wheelchair or scooter without the help of another person?

- Less than 1 Block _____
- Up to 2 Blocks _____
- 3 to 6 Blocks _____
- 7 or more Blocks _____

10. 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 _____

11. Which of the following statements best describes you?
(Check only one response):

- I have never used AC Transit and/or BART.
- I have used AC Transit and/or BART but not since the onset of my disability / health condition.
- I have used AC Transit and/or BART within the last six months.

Tell Us About Your Travel Needs

12. How do you currently travel to your frequent destinations? Check all that apply.

- Buses AC Transit or Program bus (circle the one you use).
How many times per month? _____
- BART How many times per month? _____
- Paratransit East Bay, City or other program (circle the one you use).
How many times per month? _____
- Taxi Scrip Program or full fare (circle the one you use).
How many times per month? _____
- Drive myself How many times per month? _____
- Someone drives me How many times per month? _____

13. Can you get to and from the AC Transit stop nearest your house by yourself?

- Yes No Sometimes Don't know where the stop is

If no or sometimes, check why:

- Hills Curbs No Sidewalks Weather
- Distance to the stop Street Crossings

14. Can you grasp handles, railings, coins, and tickets?

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

If no or sometimes, explain why:

15. Can you stand and maintain balance on a moving AC Transit Bus or BART Train when holding onto a pole or railing ?

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

If no or sometimes, explain why:

East Bay Paratransit ADA Eligibility Application

16. Please provide the address of the places you travel to most often. (i.e. Medical, Physical Therapist, Stores, and other places)

Place	Address	City	Telephone Number (if known)

17. Please add any other information that you would like us to know about your abilities or disabilities.

18. East Bay Paratransit provides material in alternative forms to people whose disability prevents them from reading printed materials. If you qualify, check which format you prefer: CD Audio tape Braille

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

**East Bay Paratransit
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.

East Bay Paratransit drivers are not personal care attendants, nor does East Bay Paratransit provide attendants.

Do you travel with a personal care attendant? Yes No Sometimes

If yes or sometimes, complete the all of the information below and sign. **East Bay Paratransit reserves the right to contact your health care professional to verify your need for an attendant.**

Please Print

Your Name _____

Explain how your attendant helps you _____

Verification

I certify that due to my disability, I require the services of a personal care attendant to assist me on a regular basis and travel with me on East Bay Paratransit. **I understand that fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service.**

Signature _____

Date _____

Authorization to Release Information

(to be completed by applicant)

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 East Bay Paratransit. 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.

Name of Professional who may release my medical information:

Address _____
Street City Zip Code

Medical Record or ID #, if known _____

Phone number (____) _____

Fax number (____) _____

Sign here:

Applicant's signature _____ Date _____

Applicant's name _____
Print

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 AC Transit or BART 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
Can we contact this person for additional information? Yes No

Name _____ Phone number (____) _____

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.

Have you answered all the questions and provided explanations where required?

INCOMPLETE APPLICATIONS WILL BE RETURNED.

After completing the application, please return pages 1 – 8 to:

**East Bay Paratransit
1720 Broadway, 3rd Floor
Oakland, CA 94612**