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## East Bay Paratransit

1722 Broadway  
Oakland, CA 94612

### APPLYING FOR EAST BAY PARATRANSIT SERVICE

Carefully read the following information below, about East Bay Paratransit. If you believe you qualify for service, call (510) 287-5000 and push 5 after you have been connected, to arrange an interview. **Make your interview appointment first.**

Complete and sign the attached application. Bring it with you to your interview.

**DO NOT MAIL IN YOUR APPLICATION.**

If you have questions, need assistance or want the application materials in an accessible format, call the East Bay Paratransit's Certification Office at (510) 287-5000 and push 5 after you have been connected, or use TTY (510) 287-5065.

### EAST BAY PARATRANSIT SERVICE

East Bay Paratransit is a special transportation service operated by AC Transit and BART to comply with the Americans with Disabilities Act (the ADA). By law, it is only available to people who are **prevented** from independently using AC Transit's or BART's regular service due to disabilities or disabling health conditions.

ADA paratransit provides many travel opportunities for people with disabilities, but it has limitations. It is important that you understand the following characteristics of East Bay Paratransit before you apply.

- Advance reservations are required for each trip. There are no same day reservations.
- The requested pick-up time may be unavailable, and trips may be offered as much as one hour from the time requested.
- There is a 30 minute pick-up window for each reservation. Your vehicle may arrive at any time during that half-hour.
- It is a shared ride service. Others may be in the vehicle. Travel time may be considerably longer than taking a taxi or driving.
- Fares vary, depending on distance. When you make a reservation, your Customer Services Representative will tell you the fare.

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Phone: (510) 287-5000  
[www.eastbayparatransit.org](http://www.eastbayparatransit.org)

- Companions, including children, pay full fare. Qualified attendants travel free. Drivers do not act as attendants.
- Drivers cannot enter a rider's residence or go past the lobby of a public building.
- Drivers can assist riders to and from the street door of their origin or destination, if necessary.
- All wheelchair accessible vehicles are equipped with passenger lifts or ramps that meet ADA specifications. All lifts will accommodate mobility devices such as wheelchairs and three-wheeled scooters up to 48" by 30" (measured 2 inches above the ground), with a combined weight of up to 600 pounds including the passenger. East Bay Paratransit may not be able to transport you if your mobility device exceeds these standards.

## **EAST BAY PARATRANSIT'S ELIGIBILITY APPLICATION PROCESS**

East Bay Paratransit's decision about your eligibility will be based on whether you are able to use AC Transit's or BART's buses or trains.

The application process consists of two parts.

1. **YOU MUST SIGN UP FOR A REQUIRED IN-PERSON INTERVIEW.**  
Call our offices at (510) 287-5000 and press 5 when you are connected.
2. You must complete and sign the written application form.

### Transportation to the interview

If you need paratransit transportation to the interview, tell the receptionist when you call for an interview. A trip will be arranged for you at no cost.

## **ELIGIBILITY DETERMINATION PROCESS**

If you are found to be capable of using AC Transit buses and/or BART trains independently all the time, 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. If you are never able to use AC Transit or BART, you will receive unconditional unlimited eligibility.

We are required to make a decision on your eligibility within 21 days after receipt of a complete, signed application and completion of your interview. 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.

You will not receive temporary paratransit if we are unable to complete the processing of your application because you do not supply complete information or do not arrange an interview.

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 of your interview, call us at (510) 287-5000 to check on the status of your application.

**Because many individuals coming to our offices have allergies and/or breathing issues, please refrain from wearing scented products to your interview.**



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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 (\_\_\_\_) \_\_\_\_\_

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EBP ADA Application-Interview process-August 2010

East Bay Paratransit ADA Eligibility Application

**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?

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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.

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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.*

East Bay Paratransit ADA Eligibility Application

**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):
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None            | <input type="checkbox"/> Power Wheelchair     | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Cane            | <input type="checkbox"/> Service Animal       | <input type="checkbox"/> Walker                |
| <input type="checkbox"/> White Cane      | <input type="checkbox"/> Crutches             | <input type="checkbox"/> Manual Wheelchair     |
| <input type="checkbox"/> Power Scooter   | <input type="checkbox"/> Portable Oxygen Tank | <input type="checkbox"/> Leg Braces            |
| <input type="checkbox"/> 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 _____ | 3 to 6 Blocks _____    |
| Up to 2 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.

East Bay Paratransit ADA Eligibility Application

**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:

- Email Print email address: \_\_\_\_\_
- Braille
- CD audio recording
- CD text file
- Audio tape

19. Do you receive Medi-Cal?  Yes  No  
If yes, please provide your Medi-Cal number: \_\_\_\_\_

## Certification for Personal Care Attendant

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, personal hygiene, 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.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship (if person other than applicant ) \_\_\_\_\_

Did someone help you in filling out this form?       Yes       No  
Can we contact this person for additional information?       Yes       No

If the person who helped you fill out this form did not sign above, please provide the following information:

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.

**Now, please pick up the phone and call 510 287-5000 to set up your interview. Press 5 when you hear the recorded message. Bring your completed and signed ADA application to your interview.**