



Application for ADA Paratransit / Off-route Deviation Services

Paratransit / Off-route Deviation Services is specialized transportation service for persons who are unable to independently use regular bus route service, due to a disability or health related condition some or all of the time. Paratransit / Off-route Deviation Services is provided by public transportation systems as part of the requirements of Americans with Disabilities Act (ADA).

In order to use ADA paratransit / off-route deviation services, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Please answer **FULLY** all of the questions on the form, and return it to El Dorado Transit. Incomplete applications will not be processed, and will be returned to you for completion.
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a notice as to whether or not you are eligible. If you are determined to be capable of using regular bus route service, **YOU WILL NOT BE ELIGIBLE** for ADA Paratransit / Off-route Deviation Services.
3. The review will be based on your ability to use regular bus route service. It may require additional information, such as a phone call, personal interview, or assessment with you, or consultation with your doctor or therapist.
4. You may be found:
 - ☛ Eligible for all your travel needs on ADA Paratransit / Off-route Deviation Services (full eligibility);
 - ☛ Eligible for some trips on ADA Paratransit / Off-route Deviation Services(conditional eligibility) depending on the nature of your disability; or
 - ☛ Not eligible for ADA Paratransit / Off-route Deviation Services.

5. Please note that if your functional abilities change, your eligibility status may also change.
6. If you are certified as eligible, you will be able to use ADA Paratransit/ Off-route Deviation Services on local fixed routes, depending on any conditional restrictions.
7. If you do not agree with the decision on your eligibility, you may appeal. Information on how to file an appeal will be included with your notice of eligibility.

Your answers to the following questions will help us in determining your eligibility. ALL questions must be thoroughly answered or the application will be considered incomplete. An incomplete application will be returned, and will delay the eligibility determination process. Please print or type.

Personal / Contact Information

Name (*first, middle, last*): _____

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (*if different from home*): _____

City: _____ Zip: _____

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

Evening Phone: (____) _____

Birth Date: ____/____/____ Female Male

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

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

Should this person be contacted if additional information is needed?

(*please circle*): Yes No

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

Relationship: _____

In case of emergency, whom should we contact?

Name: _____ Day Phone: (____) _____

Relationship: _____ Eve. Phone: (____) _____

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

Tell Us About Your Condition and How You Currently Travel

- 1a. What is your DISABILITY or HEALTH RELATED CONDITION that prevents you from using public transit?

- 1b. Explain HOW this condition prevents you from independently using public transit.

- 1c. Are the conditions you described: *(please circle)*
Permanent Temporary Don't Know
If temporary, how long do you expect this to continue?

- 1d. 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, explain how the change affects your ability to use public transit.

- 1e. Are there any other effects of your disability which we need to be aware of?

2. How do you currently travel to your most frequent destinations?

(Circle all that apply)

Buses

Dial-A-Ride

Drive myself

Taxi

Someone drives me

Off-route Deviations

Other _____

3. Do you travel with the assistance of another person?

Always

Sometimes

Never

If you travel with the assistance of another person always or sometimes, what type of assistance do they provide?

4. Do you use any of the following mobility aids or specialized equipment?

(Circle all that apply):

Cane

Power Chair

Communication Board

White Cane

Large Power Chair

Service Animal

Walker

Leg Braces

Crutches

Manual Chair

Speech Devices

Respirator

Power Scooter
(3 or 4 wheeler)

Portable Oxygen Tank

Other Aid _____

For questions 5 through 16, please indicate whether you are independently able to perform the following functions. ALL "no" and "sometimes" answers must be accompanied by an explanation or the application will be considered incomplete.

Tell Us About Your Capabilities

5. Are you able to understand and remember directions well enough to complete a public transit trip? (This doesn't refer to being unaccustomed to the English Language.)

Yes

No

Sometimes

If no or sometimes, explain why:

6. Are you able to identify the correct public transit stops?

Yes No Sometimes

If no or sometimes, explain why:

7. Are you able to identify the correct bus to board?

Yes No Sometimes

If no or sometimes, explain why:

8. Are you able to get to and from the public transit stop nearest your home?

Yes No Sometimes

If no or sometimes, explain why:

9. How far are you able to walk, or travel with a mobility aid, without the help of another person?

10a. Are you able to wait 15 minutes at a public transit stop?

Yes No Sometimes

If no or sometimes, explain why:

10b. Are you able to wait longer than 15 minutes?

Yes No Sometimes If so, how long? _____ (minutes)

If no or sometimes, explain why:

10c. Could you wait if there were a seat or bus shelter?

Yes No Sometimes

If no or sometimes, explain why:

11. Are you able to get on or off a public transit bus if it has a lift?

Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

12. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?

Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

13. Are you 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:

14. Have you ever had any training or instruction (travel training) to learn how to use public transit?

Yes No

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

15. Is the public transit you need accessible (for example, equipped with a lift)?

Yes No Sometimes Don't know, never tried it

If no or sometimes, explain in what way is it not accessible:

16. Are there specific places you would like to go to that you are unable to get to using public transit?

Yes No If yes, explain why you cannot use public transit to get to those destinations:

Three horizontal lines for providing an explanation.

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

INCOMPLETE APPLICATION WILL BE RETURNED

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.

Applicant's signature: _____ Date: _____

Authorization to Release Medical 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 El Dorado County Transit Authority. 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: _____

Medical Record or ID#, if known: _____

Applicant's signature: _____ Date: _____

RETURN TO:

El Dorado Transit
6565 Commerce Way
Diamond Springs, CA 95619



Eligibility Processing Department Use Only

Name (first, middle, last): _____

- Approved Disapproved
- Conditional Unconditional

EDCTA ADA Coordinator

Date

Category: 1 2 3



Eligibility Appeals Process

If a person is denied eligibility he or she may appeal the denial by:

1. Filing an appeal in writing within 60 days of the denial.
2. Presenting information during a scheduled hearing.

The appeal will be heard by the Transit Director or designee. The applicant will be notified in writing of the final decision within 30 days of the hearing.