

# East Bay Paratransit

1750 Broadway  
Oakland, CA 94612

## East Bay Paratransit Rider Information Update

Name _____ Last First Middle	
Cell Phone _____	Alternative Phone (_____) _____
Email _____	Date of Birth ____/____/____
Gender: Male____ Female____	
Home Address _____ Number Street Apt. #	
City _____	Zip Code _____
Mailing Address (if different than above)-C/O _____ _____ Number Street or PO BOX	
City _____	State _____ Zip Code _____
Emergency contact	
Name _____	Relationship _____
Cell Phone (_____) _____	Alternate phone(_____) _____
Email Address _____	
List the most disabling health condition preventing you from using AC Transit or BART:	Has the condition improved, worsened, or remained the same since you were last certified by East Bay Paratransit?
1. _____	_____
2. _____	_____
3. _____	_____
Is there anything else you want to tell us about your disabling health condition(s)? _____ _____	

Phone (510) 287-5000 or Fax: (510) 287-5069

[www.eastbayparatransit.org](http://www.eastbayparatransit.org)

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**Please attach any additional information you would like to consider.**

Check any of the following mobility aides that you currently use.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches        | <input type="checkbox"/> Cane                  |
| <input type="checkbox"/> Power Wheelchair  | <input type="checkbox"/> Leg Braces      | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Power Scooter     | <input type="checkbox"/> White Cane      | <input type="checkbox"/> Service Animal        |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Other Aid _____       |
| <input type="checkbox"/> Segway            |  |  |

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, etc). An attendant does not always have to be the same person. Do you travel with a personal care attendant? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Sometimes

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

I **certify** that all information provided is true and correct. I understand that knowingly falsifying any 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.

**Further, I also understand that it may be necessary for East Bay Paratransit:**

- **to contact me with questions they have;**
- **to consult a professional familiar with my functional abilities to use AC Transit or BART;**
- **to require that I visit the office for an in-person interview.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Did someone help you with 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 \_\_\_\_\_

# 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](https://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:** \_\_\_\_\_

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