

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

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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 _____

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