

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

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 _____

City _____ Number _____ Street _____ Apt. # _____
Zip Code _____

Mailing Address if different than above

C/O: _____

Number Street APT. # or PO Box

City _____ State _____ Zip Code _____

Emergency contact

Name _____ Relationship _____

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

Cell Phone (____) _____ Email Address _____

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

www.eastbayparatransit.org

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?

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.

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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"/> Segway | <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 many city blocks can you travel using your usual mobility aid and 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.

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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 Other _____

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:

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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 text file
 Audio tape

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

20. How did you hear about East Bay Paratransit?

- EBPT staff EBPT rider Newspaper Health Faire
 Health Professional RCEB Other: _____

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

Applicant's Name _____

Explain how your attendant assists 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 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 understand 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.

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 (_____) _____

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.

Applicant's signature _____ Date: _____

Printed Name _____

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

Can we contact this person for additional information? Yes No

Signature of person helping Applicant fill out the form _____

Date _____

Printed Name _____

Name _____ Phone number (____) _____

Relationship _____

Please contact the Certification Department at (510) 287-5000, press # 5 when you hear the recorded message to set up your in-person interview assessment. Bring your completed and signed ADA application to your interview.

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