

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

East Bay Paratransit Rider Information Update - If you are unable to fill out the form yourself, you can call us at (510) 287-5000 for assistance.

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

5-ShortFormApp-Nov2013

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

Clipper Access Card



The Clipper Access card provides discount fares for people with qualifying disabilities on **fixed route transit 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 Clipper Access card. The Clipper Access card is for eligible riders under 65 years old, unless your disability requires an attendant, which allows riders to stay in Clipper Access past 65.

You may complete this Optional form with your application for ADA-paratransit services or you can choose to apply for the Clipper Access card at a later date through the Clipper Access Basic Eligibility Application available at the Clipper Access 511.org page. The Clipper Access card also requires a photo of the rider to print on the card. Clipper Access staff will reach out to you requesting a photo if one is not submitted with the application form.

Applicant Information

Full Name (required): _____

Birthdate (MM/DD/YYYY) (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 Clipper Access Program. I also agree to provide additional information that may be requested and/or allow Clipper Access to contact the above agency as part of this process. I understand that by applying to the Clipper Access program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy. These are available at the Clipper Access 511.org page, 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 Clipper Access 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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