

# Yuba-Sutter Transit



## YUBA-SUTTER TRANSIT AUTHORITY ADA PARATRANSIT ELIGIBILITY APPLICATION

If you have a disability that prohibits you from riding Yuba-Sutter Transit's urban fixed route bus system, you may be eligible to receive priority paratransit service in accordance with the Americans with Disabilities Act (ADA). This application will be used to determine the extent of your disability as it relates to using public transit services.

A few items to remember as you fill out the application...

- A friend or relative may fill out this application on your behalf. If someone fills out the form for you, Part D of the application must be completed.
- It is important that you answer every question on this application form. Please give as much detail as possible. We understand that some of your answers may be personal. Any information received will not be provided to any other person or agency not directly related to the certification process.
- Evaluation of your request cannot begin until we have received the completed form including the signed Part E, Authorization to Release Personal Information.
- Upon receipt of your completed form, a decision regarding your eligibility will be made within 21 calendar days. If the determination takes longer than 21 days, you are assumed eligible and will be provided paratransit service starting on the 22<sup>nd</sup> day until such time as a written determination is issued.
- Upon approval, you will be contacted for an appointment to receive an ADA eligible photo identification card. Identification cards are valid for up to three years.
- Persons who are denied eligibility will be given written notice with specific reasons for the decision and notice of their right to appeal. For more information on the appeals process, contact Yuba-Sutter Transit at (530) 634-6880.
- Please indicate on your application if you require a personal attendant and/or service animal to travel with you or any other help needed beyond just boarding or exiting the vehicle (i.e. pushing a wheelchair, sighted guide or support walking to the door).

Mail or drop off the completed application to: Yuba-Sutter Transit, 2100 B Street, Marysville CA 95901. If you have any questions, please call the Yuba-Sutter Transit Administrative Office at (530) 634-6880.

# ADA PARATRANSIT ELIGIBILITY APPLICATION

**New Application**

**Recertification**

Please print or type and all questions must be answered.

## **PART A: APPLICATION DATA**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home telephone: (\_\_\_\_) \_\_\_\_\_ Work telephone: (\_\_\_\_) \_\_\_\_\_

4. Emergency Contact Person: \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening telephone: (\_\_\_\_) \_\_\_\_\_

5. Do you normally use any mobility aids? (Please check all that apply)

\_\_\_\_\_ No          \_\_\_\_\_ Manual Wheelchair          \_\_\_\_\_ Power Chair/Scooter

\_\_\_\_\_ Walker          \_\_\_\_\_ Cane          Other (explain) \_\_\_\_\_

6. Do you need a personal care attendant (other than the operator of the passenger lift) to assist you to board, ride, or disembark from an accessible fixed-route bus?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please explain when an attendant is needed:

\_\_\_\_\_  
\_\_\_\_\_

7. Do you need extra help (other than boarding/exiting the vehicle) to travel?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please explain: \_\_\_\_\_

### **Office Use Only:**

**Approval Date:** \_\_\_\_\_

**Attendant:** \_\_\_\_\_

**Denial Date:** \_\_\_\_\_

**Photo I.D. Date:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

## **PART B: FUNCTIONAL INFORMATION**

8. Describe your physical, sensory, and/or mental limitations that prevent you from using a regular fixed-route bus.

\_\_\_\_\_

9. Are your disabilities.... \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Variable

If temporary or variable, please explain: \_\_\_\_\_

10. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate intention to board?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you able to board and disembark from a fixed-route bus with a wheelchair/passenger lift without assistance (except from the bus driver)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_

\_\_\_\_\_

12. Are you able to handle/grasp coins (pay fare), tickets, railings, handles?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_

\_\_\_\_\_

13. Are you able to keep your balance while seated on a moving fixed-route bus in normal operation?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_

\_\_\_\_\_

13. Are you able to read, hear, and/or understand the transit information, schedules, or directions during a trip?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_

\_\_\_\_\_

14. Are you able to signal the bus driver that you want to disembark at a certain bus stop?  
(Assume the driver announces all major stops/destinations)

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

15. Are you able to find your way between familiar locations?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Are you prevented from traveling to or from a bus stop for one or more of the following reasons?  
(Check all that apply to you.)

\_\_\_\_\_ Not Applicable

\_\_\_\_\_ Extreme sensitivity to heat

\_\_\_\_\_ Allergic/environmental sensitivities

\_\_\_\_\_ Hyper-fatigue, frailty

\_\_\_\_\_ Night-blindness

\_\_\_\_\_ Other          Please Explain: \_\_\_\_\_  
\_\_\_\_\_

17. Are you able to wait outside at the bus stop without assistance or support for up to 15 minutes?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

18. Are you able to travel from the front door of your home to the nearest bus stop without help?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Sometimes

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

**PART C: APPLICANT SIGNATURE**

I hereby certify that the information given in this application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

**PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone where you can be reached: (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature of other person completing this form:

\_\_\_\_\_ Date: \_\_\_\_\_

**PART E: AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

To be completed by Applicant.

I hereby authorize the release of information to the Yuba-Sutter Transit Authority about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA Paratransit Services.

Name of Professional:\*\* \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

\_\_\_\_\_  
Name of Applicant (Print Please) Date Signed

\_\_\_\_\_  
Signature of Applicant

\*\*Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.