



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 22nd 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:

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

_____Yes _____No _____Sometimes

Please Explain:

15. 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:

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

_____Yes _____No _____Sometimes

Please Explain:

17. 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: _____

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

_____ Yes _____ No _____ Sometimes

Please Explain:

19. 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

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.