Paratransit is specialized transportation service for persons who are unable to independently use regular buses, streetcars, or BART, due to a disability or health related condition some or all of the time. Paratransit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use ADA paratransit service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

This information is also available in accessible formats upon request (large print, Braille, audio tape, etc.) However, the application must be filled out in English and must be typed or printed.

1. Please answer FULLY all of the questions on the form, and return it to the transit system in your local area (see list on following page). Incomplete applications will not be processed, and will be returned to you for completion.

2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a COMPLETE application. You will receive a notice as to whether or not you are eligible. If you are determined to be capable of using regular bus and rail transit without the assistance of another person for all of your travel, YOU WILL NOT BE ELIGIBLE for paratransit.

3. The review will be based on your ability to use regular bus and rail transit. It may require additional information, such as a phone, personal interview, or assessment with you, or consultation with your doctor or therapist.

4. You may be found:
   • Eligible for all your travel needs on paratransit (full eligibility);
   • Eligible for some trips on paratransit (conditional eligibility) depending on the nature of your disability; or
   • Not eligible for paratransit.

5. Please note that if your functional abilities change, your eligibility status may also change.

6. If you are certified as eligible, you will be able to use paratransit in all of the Bay Area’s nine counties, depending on any conditional restrictions.

7. If you do not agree with the decision on your eligibility, you may appeal the decision. Information on how to file an appeal will be included with your notice of eligibility.

— Thank you
The following Bay Area fixed-route transit operators are participants in the regional ADA Paratransit Eligibility Program:

- AC Transit
- BART
- City of Benicia
- County Connection (Central Contra Costa Transit Authority)
- Cities of Fairfield/Suisun City
- Golden Gate Bridge, Highway and Transit District
- LAVTA (Livermore-Amador Valley Transit Authority)
- MCTD (Marin County Transit District)
- Muni (San Francisco Municipal Railway)
- City of Petaluma
- SamTrans (San Mateo County Transit District)
- Santa Rosa CityBus
- Solano Transportation Authority
- Sonoma County Transit
- VTA (Santa Clara Valley Transportation Authority)
- Tri Delta (Eastern Contra Costa Transit Authority)
- Union City Transit
- City of Vacaville
- Vallejo Transit
- The V.I.N.E. and Napa Valley Transit
- WestCAT (Western Contra Costa County Transit Authority)
Your answers to the following questions will help us in determining your eligibility. ALL questions must be thoroughly answered or the application will be considered incomplete. An incomplete application will be returned, and will delay the eligibility determination process. Please print or type.

**Personal/Contact Information**

**Name** (first, middle, last):

____________________________________________________________________________________________________________

**Home Address:** ____________________________________________  Apt. #: _________

City: ____________________________________________  ZIP: ____________

**Mailing Address** (if different from home):

__________________________________________________________________________________  Apt. #: _________

City: ____________________________________________  ZIP: ____________

**Daytime Phone:** ( ____ )________________  **TDD/TTY:** ( ____ )________________

**Evening Phone:** ( ____ )________________

**Birth Date:** _____ / _____ / _____  □ Female  □ Male

**Primary Language** (please check):  □ English  □ Other (specify)________________________

**Do you need any future written information provided to you in an accessible format? (please check):**

□ Yes  □ No  

If yes, what format do you prefer?

□ Diskette  □ Audio tape  □ Braille  □ Large Print  □ Other ____________________________

**Did someone help you in filling out this form?**  □ Yes  □ No

**Should this person be contacted if additional information is needed? (please check):**

□ Yes  □ No

If yes, Name: ____________________________  Phone: ( ____ )________________

**Relationship:** __________________________

**In case of emergency, whom should we contact?**

**Name:** ________________________________  **Day Phone:** ( ____ )________________

**Relationship:** __________________________  **Eve. Phone:** ( ____ )________________
Tell Us About Your Condition and How You Currently Travel

1a What is your **DISABILITY** or **HEALTH RELATED CONDITION** that prevents you from using public transit (BART, bus, streetcar)?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

1b Explain **HOW** this condition prevents you from independently using public transit.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

1c Are the conditions you described:

☐ Permanent  ☐ Temporary  ☐ Don’t Know

*If temporary, how long do you expect this to continue?*

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

1d Do the conditions you described change from day to day in a way that affects your ability to use public transit?

☐ Yes, good on some days, bad on others.  ☐ No, doesn’t change.

☐ Don’t know.

*If yes, explain how the change affects your ability to use public transit.*

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
2a How do you currently travel to your most frequent destinations? (Check all that apply):

- [ ] Buses
- [ ] Paratransit
- [ ] Drive myself
- [ ] BART
- [ ] Taxi
- [ ] Ferry
- [ ] Streetcar
- [ ] Someone drives me
- [ ] Other

2b If you checked paratransit, what is the name of the program you use?

_____________________________________________________________

3 Do you travel with the assistance of another person:

- [ ] Always
- [ ] Sometimes
- [ ] Never

If you travel with the assistance of another person always or sometimes, what type of assistance do they provide?

_____________________________________________________________

4 Do you use any of the following mobility aids or specialized equipment? (Check all that apply):

- [ ] Cane
- [ ] Power Chair
- [ ] Communication Board
- [ ] White Cane
- [ ] Large Power Chair
- [ ] Service Animal
- [ ] Walker
- [ ] Power Scooter
- [ ] Crutches
- [ ] Manual Chair
- [ ] Leg Braces
- [ ] Speech Devices
- [ ] 3 or 4 wheeler
- [ ] Other Aid
- [ ] Portable oxygen tank

5 Are you able to understand and remember directions well enough to complete a public transit trip? (This doesn’t refer to being unaccustomed to the English language.) □ Yes □ No □ Sometimes

If no or sometimes, explain why:

_____________________________________________________________

For questions 5 through 16, please indicate whether you are independently able to perform the following functions. ALL “no” or “sometimes” answers must be accompanied by an explanation or the application will be considered incomplete.
6. Are you able to identify the correct public transit stops?
   □ Yes  □ No  □ Sometimes  If no or sometimes, explain why:
   ________________________________________________________________

7. Are you able to identify the correct bus or train to board?
   □ Yes  □ No  □ Sometimes  If no or sometimes, explain why:
   If no or sometimes, explain why: ______________________________________

8. Are you able to get to and from the public transit stop nearest your home?
   □ Yes  □ No  □ Sometimes  If no or sometimes, explain why:
   ________________________________________________________________

9. How many city blocks can you walk, or travel with a mobility aid, without
   the help of another person? ____________________________________________

10a. Are you able to wait 15 minutes at a public transit stop?
    □ Yes  □ No  □ Sometimes  If no or sometimes, explain why:
    ________________________________________________________________

10b. Are you able to wait longer than 15 minutes?
    □ Yes  □ No  □ Sometimes  If so, how long? _______ (minutes)

10c. Could you wait if there were a seat or bus shelter?
    □ Yes  □ No  □ Sometimes

11. Are you able to get on or off a public transit bus if it has either a lift or a
    kneeler that lowers the front of the bus?
    □ Yes  □ No  □ Sometimes  □ Don’t know, never tried it
    If no or sometimes, explain why:
    ________________________________________________________________

12. Are you able to grasp handles or railings, coins or tickets while boarding or
    exiting the transit vehicle?
    □ Yes  □ No  □ Sometimes  □ Don’t know, never tried it
    If no or sometimes, explain why:
    ________________________________________________________________
13 Are you able to maintain balance and tolerate movement of a public transit vehicle when seated?
☐ Yes  ☐ No  ☐ Sometimes  ☐ Don’t know, never tried it
If no or sometimes is selected, explain why:
_______________________________________________________________________
_______________________________________________________________________

14 Have you ever had any training or instruction (travel training) to learn how to use public transit?
☐ Yes  ☐ No  If yes is selected, where and when did you receive this training?
_______________________________________________________________________
_______________________________________________________________________

15 Is the public transit you need accessible (for example, equipped with a lift, ramp or kneeler)?
☐ Yes  ☐ No  ☐ Sometimes  ☐ Don’t know, never tried it
If no or sometimes is selected, explain in what way is it not accessible:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

16 Are there specific places you would like to go to that you are unable to get to using public transit?
☐ Yes  ☐ No  If yes is selected, explain why you cannot use public transit to get to those destinations:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Have you answered all the questions and provided explanations where required?
INCOMPLETE APPLICATIONS WILL BE RETURNED.
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.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:
Applicant’s signature _______________________________ Date ______________

Authorization to Release Medical Information
(to be completed by applicant)

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 my local public transit agency. 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: ___________________________________________________________

Medical Record or ID #, if known: _____________________________________

Sign here:
Applicant’s signature _______________________________ Date _____________