

Sacramento



**Regional
Transit**

Accessible Services

1221 R Street

Sacramento, CA 95811

PHONE: (916) 321-2877, Option 2, then

Option 1 or

7 11 for hearing impaired only

FAX: 916-455-3924

Email: paratransit@sacrt.com

This packet includes information and forms you need to apply for Americans with Disabilities Act (ADA) paratransit service in Sacramento County. ADA paratransit service is mandated by all public transportation systems, designed as a safety net for people who cannot use regular bus or light rail by themselves, some or all of the time, due to a health related condition(s).

Many individuals with disabling conditions use the regular Sacramento Regional Transit (SacRT) buses and light rail trains. All applicants for SacRT ADA paratransit service must meet the federal requirements of the Americans with Disabilities Act (ADA). An applicant's functional ability to use accessible buses and light rail trains is the determining factor. The cost for ADA paratransit is **\$5.00** per trip (or \$10 round trip) *subject to change*. All ADA eligible clients are required to pay fare; there are no SacRT ADA paratransit discounts based on income.

To be eligible for SacRT GO ADA paratransit services, one or more of the following statements must be true:

- You are prevented by a disability from independently getting to/from a bus stop.
- You are prevented by a disability from independently boarding, riding and exiting a fixed route bus (SacRT).
- You are prevented by a disability from independently recognizing the correct bus stops and key landmarks.

The Steps in the Eligibility Process

1. Read the Eligibility Brochure.
2. Complete all questions on the ADA paratransit application that follows this page.
3. Submit your application to your physician, or other professional, to complete the professional verification section.

4. Mail your signed and completed application and professional verification form to:

***Sacramento Regional Transit District, Accessible Services
PO Box 2110
Sacramento, CA 95812-2110***

***The application can also be faxed to 916-455-3924 or dropped off at
1221 R St., Sacramento, CA 95811***

5. **You may be asked to attend an in-person interview. Your eligibility will be determined within 21 days from the date you complete your interview and possible functional assessment. You will be notified by letter as to your eligibility status.**
6. If you do not receive written notice of SacRT's decision within 21 days from the completion of the process (which may require an in person interview), you may request ADA paratransit services until a decision has been made by calling (916) 321-2877, Option 2, then Option 1 or 711 for hearing impaired.

An incomplete application will be returned and will delay processing.

EVERY QUESTION MUST BE ANSWERED AND LEGIBLE.

Remove this page prior to mailing.

Application for ADA Paratransit Eligibility

Please complete **ALL** sections of this form. **An incomplete application will be returned.** The information you provide will help determine what type of transportation service is the right service for you. All information will remain confidential. Please use black or blue pen only. Additional postage maybe required.

APPLICANT INFORMATION (PLEASE PRINT)

First Name _____ Middle Initial _____

Last Name _____

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____ County _____

Phone (home) _____ (cell) _____

TTY for hearing impaired _____
(if applicable)

Home Address _____
(if different from mailing address)

City _____ State _____ Zip _____ Cross Street _____

Name of Facility/Apartments _____ Gate Code: _____
(if applicable) (if applicable)

Email address (if available) _____

Date of Birth ____/____/____
Month Day Year

Sex: Male Female

New Application or **Recertification**

Please send me written information in an alternate format.

Large Print Audio Tape Braille CD Other: _____

Español(Spanish) 中文(Chinese) Русский(Russian) tiếng Việt(Vietnamese)

Hmoob(Hmong)

Please provide the name of a LOCAL relative/friend in case of an emergency:

Name _____ Relationship _____

Phone (home) _____ (cell) _____

The Sacramento Regional Transit District's Service Area

SacRT GO ADA paratransit service area is designed to be “comparable” to SacRT’s fixed-route bus and light rail service, providing service to locations within a ¾ mile radius of SacRT’s bus routes or light rail stations during regular service hours. This includes areas within Antelope, Elverta, Carmichael, Citrus Heights, Fair Oaks, Folsom, North Highlands, Orangevale, Rancho Cordova, Rio Linda, Sacramento and unincorporated areas of Sacramento County. SacRT E-van paratransit service goes to Elk Grove. SacRT GO paratransit service does not go to West Sacramento or Roseville with the following exceptions:

Roseville: SacRT GO is able to transport passengers who live in Citrus Heights to the Kaiser Permanente Roseville facilities located at Riverside and at Eureka, and to the Sutter Roseville Medical facilities if you are unable to transfer to a Roseville ADA paratransit vehicle.

There are also transfer points, which can connect passengers to other ADA paratransit services provided in adjacent jurisdictions. Reservationists will provide assistance in arranging your trip to connect at a transfer point, if needed. Reservationists will provide assistance in arranging your trip to connect at a transfer point, if needed.

1. How did you hear about ADA paratransit?

2. Why are you applying for ADA paratransit service?

3. What is the main disability or health condition that prevents you from being able to use SacRT’s regular bus or light rail trains? Please be specific (for example: stroke, visual impairment, cognitive impairment, emphysema, schizophrenia, etc.).

4. Do you have other physical, cognitive, visual or mental health disabilities or conditions that limit your ability to use SacRT's regular bus or light rail trains? Yes No If yes, please explain:

5. When did you first experience the conditions you described above?

- 0-1 year ago 1-5 years ago Longer than 5 years

6. Is your disability temporary?

- Yes, I expect it to last _____months.
 No, it is permanent I don't know.

7. ADA paratransit drivers are unable to perform the duties of a Personal Care Attendant (PCA). Do you need to bring someone to assist you when you travel outside your home? (For example, to push your wheelchair, carry oxygen, etc.)? *We do not provide a PCA to riders. If you need assistance beyond what the ADA paratransit driver can provide, please bring someone with you.*

- Yes; always Yes; sometimes No; never

8. How does that person help you complete the purpose of your trip?

9. Are you able to wait for a regular SacRT bus or light rail train?

- Yes No

10. If you checked no, you *must* explain in the space below, how you are prevented from waiting for a bus or light rail train.

11. How far can you walk on level ground?

- _____feet Less than 1 block 1 block 2 blocks 3 or more blocks

12. If using a mobility aid, how far are you able to go *without help from someone else*?

- _____feet Less than 1 block 1 block 2 blocks 3 or more blocks

MOBILITY AID AND/OR EQUIPMENT INFORMATION

If you use a power wheelchair, or scooter, SacRT will need to verify what you and your wheelchair weigh together. Many power wheelchairs and scooters are very heavy. (SacRT ADA paratransit vehicle lifts are designed to lift 600 to 800 pounds, depending on the ADA paratransit vehicle type.)

Which of these mobility aids do you currently use when traveling? Please check all that apply to you.

DO NOT SELECT A DEVICE THAT YOU ARE WAITING ON FOR APPROVAL OR PRESCRIPTION

- | | | |
|--|--|--|
| <input type="checkbox"/> manual wheelchair* | <input type="checkbox"/> powered wheelchair * | <input type="checkbox"/> walker |
| <input type="checkbox"/> support cane | <input type="checkbox"/> powered scooter/cart * | <input type="checkbox"/> walker with seat |
| <input type="checkbox"/> crutches | <input type="checkbox"/> portable oxygen | <input type="checkbox"/> prosthesis |
| <input type="checkbox"/> leg brace | <input type="checkbox"/> power assist wheelchair | <input type="checkbox"/> communication board |
| <input type="checkbox"/> service animal | <input type="checkbox"/> white cane (for visual impairments) | |
| <input type="checkbox"/> other (<i>please specify</i>) _____ | | |

no mobility aid (skip to page 5)

* **The ADA defines a "Wheelchair"** as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.

If you checked manual wheelchair, power wheelchair, or powered scooter/cart, please provide the following information:

Are you able to propel and /or control your wheelchair or scooter without help?

- Yes No

Do you and your wheelchair weigh more than 700 pounds combined?

- Yes No

What is the make/model of your wheelchair or scooter?

Make _____ Model _____

HOW DO YOU TRAVEL NOW?

Please check all that apply to you.

- walk drive a car ride in someone's car taxi
 bicycle ADA paratransit SacRT bus SacRT light rail train
 Other: _____

Do you use SacRT's regular buses and/or light rail trains by yourself?

- Yes No

If yes, how often? _____ Which routes do you use? _____

When did you last use SacRT on your own? _____

Have you ever had training on how to travel around the community or how to use SacRT's accessible regular buses or light rail trains?

- Yes No Never ridden bus/light rail
 I am interested in travel training Never want to ride bus/light rail

If you checked "yes", please note when and where you received this training.

FUNCTIONAL ABILITIES: USING REGULAR BUSES AND LIGHT RAIL TRAINS

What best describes your functional ability to use the regular buses and light rail trains on your own? **(CHECK ALL THAT APPLY) (REQUIRED)**

- I can get to and from bus stops/stations if the distance is not too far.
 Because of my disability or medical condition, I have difficulty understanding or remembering all the things I would have to do to use the regular buses and light rail trains.
 I can use the regular buses and light rail trains if it is some place I go all the time.

- I have a visual impairment that causes me to be unable to use the regular buses or light rail trains at times. **If checked, please explain how and when your visual impairment prevents you from using fixed route service independently:**

- I am not able to use the regular buses and light rail trains by myself for other reasons. Please explain:

- I would be able to use the regular buses or light rail trains on my own IF:

CERTIFICATION OF APPLICANT

I understand the information I provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use ADA paratransit services, or if at times I can ride the SacRT regular buses and light rail trains. I understand that falsification of information could result in a loss of ADA paratransit services as well as a penalty under the law.

I also understand that, at no expense to me the Sacramento Regional Transit District may require that I participate in an in-person functional evaluation of my travel skills and agree to such a functional evaluation, if one is necessary.

I agree to notify SacRT if my condition changes, if my mobility device has been replaced, if I have a new mobility device, or if I no longer need to use ADA paratransit service.

_____ Date _____
(Signature of Applicant - REQUIRED)

Person Completing Application *If Not* the Applicant (REQUIRED):

Printed Name _____ Relationship to Applicant _____

Signature _____ Date _____

Daytime Phone # _____ Evening Phone # _____

Agency Name (if applicable) _____

(May require additional postage to mail.)



Please go back and make sure you have answered every question on this application. May require additional postage. Incomplete applications will be returned which will delay processing.

Sacramento Regional Transit (SacRT) will contact you by mail within 21 days of the receipt of your completed application.

This concludes the applicant's portion of the application. The following page **MUST be completed by a Professional.**

DO NOT SEPARATE THE APPLICATION FROM THE PROFESSIONAL VERIFICATION.

BOTH SECTIONS MUST BE MAILED TOGETHER.
If received separately they will be returned.

PROFESSIONAL VERIFICATION (REQUIRED)

To The Applicant - Please have this page completed by a professional before mailing your application to SacRT. Any one of the professionals listed below may sign the application. If this page is not completed and signed by one of the professionals listed below, the application will be returned to you and processing will be delayed.

➔ MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT ➔

To the Professional - Please check your professional title:

- | | | |
|--|--|--|
| <input type="checkbox"/> physician | <input type="checkbox"/> physician's assistant | <input type="checkbox"/> registered nurse/nurse practitioner |
| <input type="checkbox"/> psychiatrist | <input type="checkbox"/> psychologist | <input type="checkbox"/> social worker |
| <input type="checkbox"/> chiropractor | <input type="checkbox"/> physical therapist | <input type="checkbox"/> occupational therapist |
| <input type="checkbox"/> certified orientation & mobility specialist | <input type="checkbox"/> speech-language pathologist | |

Eligibility criteria for the Americans with Disabilities Act (ADA) paratransit service is established by the ADA and is based upon an applicant's functional ability (not difficulty or inconvenience) to independently use SacRT's fully accessible bus and/or light rail system, some or all of the time. Factors not considered are the person's lack of knowledge of, or distance from transit, ability to drive, language or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for ADA paratransit service.

Name of Applicant: _____ **DOB** _____

SPECIFIC DETAILS ON EACH DIAGNOSIS MUST BE PROVIDED OR APPLICATION WILL BE RETURNED:

Please list each medical diagnosis which prevents the applicant from independently using a lift-equipped bus or light rail train some, or all of the time.

Please explain how the applicant's disability prevents them from using the regular bus and/or light rail system.

Is this condition temporary? No Yes; for: _____ months

This person is is not **able to self-supervise daily activities**

I certify under penalty of perjury under the laws of the State of California that the information contained in this professional verification form is true and correct.

Signature _____ **Date** _____ / _____ / _____ *

Printed Name _____ **Phone** _____

Clinic/Agency _____ **Address** _____

City _____ **State** _____ **ZIP** _____

Professional License/Registration/Certification# _____ **State** _____

**This form expires 90 days from the signature date.*

PROFESSIONAL VERIFICATION (REQUIRED)

To The Applicant - Please have this page completed by a professional before mailing your application to SacRT. Any one of the professionals listed below may sign the application. If this page is not completed and signed by one of the professionals listed below, the application will be returned to you and processing will be delayed.

→ MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT ←

To the Professional - Please check your professional title:

- physician physician's assistant registered nurse/nurse practitioner
psychiatrist psychologist social worker
chiropractor physical therapist occupational therapist
certified orientation & mobility specialist speech-language pathologist

Eligibility criteria for the Americans with Disabilities Act (ADA) paratransit service is established by the ADA and is based upon an applicant's functional ability (not difficulty or inconvenience) to independently use SacRT's fully accessible bus and/or light rail system, some or all of the time. Factors not considered are the person's lack of knowledge of, or distance from transit, ability to drive, language or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for ADA paratransit service.

Name of Applicant: Jane Doe DOB 11/04/1946

SPECIFIC DETAILS ON EACH DIAGNOSIS MUST BE PROVIDED OR APPLICATION WILL BE RETURNED:

Please list each medical diagnosis which prevents the applicant from independently using a lift-equipped bus or light rail train some, or all of the time.

Gout, diabetes, stroke with right sided weakness, bipolar disorder, mild intellectual disability

Please explain how the applicants disability prevents them from using the regular bus and/or light rail system.

Limited walking distance, imbalance when walking, manic episodes impair judgement, unable to learn routes due to intellectual disability

Is this condition temporary? No Yes; for: _____ months

This person is is not able to self-supervise daily activities

I certify under penalty of perjury under the laws of the State of California that the information contained in this professional verification form is true and correct.

Signature _____ Date 04 / 10 / 13 *

Printed Name Dr. William Smith Phone (916) 555-1234

Clinic/Agency ABC Clinic Address 1234 7th Avenue

City Sacramento State CA ZIP 95814

Professional License/Registration/Certification# A77777 State CA

**This form expires 90 days from the signature date.*