



## ADA Paratransit Eligibility Application

El Dorado Transit provides two types of paratransit service, ADA Paratransit and Dial-a-Ride. The following explains the two services and the required applications:

**ADA Complementary Paratransit** provides curb-to-curb transportation service in accordance with the Americans with Disabilities Act of 1990 (ADA). This service is provided to individuals who, because of a physical or mental disability, are unable to use regular, fixed route bus service in El Dorado County. This application provides you an opportunity to describe how your disability prevents you from riding the fixed route bus system, in order for El Dorado Transit to determine eligibility for ADA Complementary Paratransit services. Age or inability to drive are factors which are not taken into consideration in making an eligibility determination.

**Dial-a-Ride** service available to seniors age 60+, people with disabilities that do not necessarily prevent them from utilizing the fixed route bus system and the general public. Seniors and those with disabilities will be given priority when scheduling trips on Dial-a-Ride. If you are interested in applying for Dial-a-Ride without ADA certification, a one page Dial-a-Ride application can be obtained from the El Dorado Transit office or on our website at [www.eldoradotransit.com](http://www.eldoradotransit.com).

If you are interested in receiving free travel training to learn how to use our regular fixed route buses, please call 530-642-5383 for information.

Each application will be reviewed for eligibility. The more complete and accurate your application information, the better El Dorado Transit staff will understand your abilities and travel challenges. ***In order to be eligible for ADA Paratransit service you must submit the complete ADA Paratransit eligibility application including the Healthcare/Social Service verification portion.*** After we receive both completed parts, you may be required to participate in an interview with El Dorado Transit staff.

**ATTN: HEALTHCARE/SOCIAL SERVICE PROFESSIONALS – PLEASE SEE PAGE 7 TO COMPLETE YOUR PORTION OF THIS APPLICATION.**

In accordance with ADA regulations, a determination of eligibility will be made within 21 calendar days after receipt of your complete application.

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## Disability/Health– Related Information

Please answer the following questions in detail. Your answers will help us in determining your eligibility.

1. What is your medical condition(s)/disability and *how does it specifically prevent you from using the El Dorado Transit fixed route buses?*

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2. Date of onset/when your disability first began: \_\_\_\_\_

3. Please read the following statements and check the one that best describes your disability:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I have a temporary disability and will only need paratransit service until I recover. | <input type="checkbox"/> I have difficulty remembering all of the things I have to do to use the fixed route bus. | <input type="checkbox"/> I am able to ride the fixed route bus independently. |
| <input type="checkbox"/> I have a visual disability which prevents me from using the fixed route bus.          | <input type="checkbox"/> I have a disability that causes me to have Good Days/Bad Days.                           | <input type="checkbox"/> I can never use the fixed route bus by myself.       |
| <input type="checkbox"/> I can use the fixed route bus for some trips but not others.                          | <input type="checkbox"/> I believe I can learn to ride the fixed route bus if someone taught me.                  |   |

4. Please indicate if you use any of the following mobility aids/equipment:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I do not require any assistive devices | <input type="checkbox"/> Service Animal  | <input type="checkbox"/> Communication Board    |
| <input type="checkbox"/> Manual Wheelchair                      | <input type="checkbox"/> White Cane      | <input type="checkbox"/> Picture/Alphabet Board |
| <input type="checkbox"/> Power/Electric Wheelchair              | <input type="checkbox"/> Cane            | <input type="checkbox"/> Prosthesis             |
| <input type="checkbox"/> Sport Wheelchair                       | <input type="checkbox"/> Walker          | <input type="checkbox"/> Leg Braces             |
| <input type="checkbox"/> Scooter                                | <input type="checkbox"/> Crutches        | <input type="checkbox"/> Other (describe)       |
| <input type="checkbox"/> Segway                                 | <input type="checkbox"/> Portable Oxygen | _____   |

- I understand that if my mobility device is longer than 48” or wider than 30”, or if the combined weight of the applicant and the device is more than 600 pounds, I will not be able to ride El Dorado Transit vehicles/equipment.

## Ability to Use Fixed Route El Dorado Transit Buses

All regular fixed route buses have ramps or wheelchair lifts, handrails and will kneel (steps that lower to curb level) for ease in boarding.

**5. Do you use the fixed route bus INDEPENDENTLY?**

- Yes/Sometimes       No

**6. When is the last time you independently used the fixed route bus?**

- In the past month       In the past five years       Never  
 In the past year       In the past ten years

**7. Are there certain days/times you can use the fixed route bus but not others?**

- Yes       No       Sometimes       Don't know

If you have chosen Yes/Sometimes, please explain:

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**8. Have you ever successfully completed transit related travel training?**

- Yes       No

If you have chosen Yes, please elaborate with time frames & dates:

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**9. Are you interested in receiving free travel training to learn to use the local bus (this will not impact your paratransit eligibility determination)?**       Yes       No

**10. How would you describe the terrain where you live (e.g. flat, hilly, dirt roads, lack of sidewalks, etc.)?**

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**11. How far from your home is the nearest public bus stop?**

- Less than 1 block       1-2 blocks       3-4 Blocks  
 5 or more blocks       I don't know

**12. Do you have hearing problems that would prevent you from using a fixed route bus?**

- Yes       No

If you have chosen Yes, please explain:

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**13. Do you have a breathing problem that would prevent you from using a fixed route bus?**

- Yes       No

If you have chosen Yes, please explain:

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**14. Do you have a memory problem that would prevent you from using a fixed route bus?**

Yes       No

If you have chosen Yes, please explain:

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**15. Do you have a balance problem that would prevent you from using a fixed route bus?**

Yes       No

If you have chosen Yes, please explain:

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**16. Do you have a visual problem that would prevent you from using a fixed route bus?**

Yes       No

If you have chosen Yes, please explain:

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**17. Do you have a problem independently crossing the street?**

Yes       No

If you have chosen Yes, please explain:

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**18. How far can you travel on your own or when using a mobility aid?**

- I can get to the curb in front of my home
- I can travel up to ¼ mile (3 blocks)
- I can travel up to ½ mile (6 blocks)
- I can travel up to ¾ mile (9 blocks)
- I can travel further than ¾ mile

**19. Do any of the following barriers prevent you from using the fixed route bus?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cold                                   | <input type="checkbox"/> Heat  | <input type="checkbox"/> Rain   |
| <input type="checkbox"/> Snow                                   | <input type="checkbox"/> Night Blindness                               | <input type="checkbox"/> Hills  |
| <input type="checkbox"/> Lack of Sidewalks                      | <input type="checkbox"/> Lack of curb cuts                             | <input type="checkbox"/> Bus stop not accessible                        |
| <input type="checkbox"/> Good/Bad Day                           | <input type="checkbox"/> Unable to transfer buses                      | <input type="checkbox"/> Light sensitivity (sunny, overcast, etc.)      |
| <input type="checkbox"/> Unable to walk/wheel 50 feet (1 block) | <input type="checkbox"/> Unable to walk/wheel ¼ mile (3 blocks)        | <input type="checkbox"/> Unable to walk/wheel ½ mile (6 blocks)         |
| <input type="checkbox"/> Unable to walk/wheel ¾ mile (9 blocks) | <input type="checkbox"/> Lack of strength and endurance (hyperfatigue) | <input type="checkbox"/> Uneven travel path (dirt road, potholes, etc.) |
| <input type="checkbox"/> Air Pollution (pollen – allergies)     | <input type="checkbox"/> None  |   |

**Applicant's Certification and Release of Information**

I certify that the information in this application is true and correct. I understand that knowingly falsifying any information may result in the denial of service by El Dorado Transit. I understand that 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.

**AUTHORIZATION TO RELEASE PERSONAL MEDICAL INFORMATION**

*I hereby authorize \_\_\_\_\_, my health care or social service provider, to release my personal medical information, including the information requested in Section 2, Healthcare Information, to El Dorado Transit as necessary to verify my disability or health related condition. I understand that El Dorado Transit will only use this information to determine my eligibility for ADA Paratransit services.*

By signing below, I understand that I am giving my consent for El Dorado Transit to use and disclose my protected health information only for the purposes of providing ADA Paratransit services.

I understand that El Dorado Transit may directly contact my health care/social service provider to verify information stated in my application and in Section 2, Healthcare Information, for purposes of ADA Paratransit eligibility. I understand that it is my responsibility to notify El Dorado Transit if my condition changes and that if my condition changes after I have been determined eligible, I may be asked to reapply. I understand that I may revoke this consent at any time by notifying El Dorado Transit in writing of my intent to revoke this consent form.

I understand I have rights over my health information, including the right to restrict the use of my health information, to examine and obtain a copy of this application and to request corrections.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## Section 2 – Healthcare Information

### **Healthcare/Social Service Professional Verification for ADA Paratransit Eligibility – To be completed by professional who can best document applicant's abilities (a license is not required)**

Your client or patient is applying for El Dorado Transit's Americans with Disabilities Act (ADA) Paratransit service. To be eligible for this service, an individual must be unable, due to a mental or physical disability, to independently use accessible fixed route buses. Please note that all fixed route buses are equipped with ramps or lifts, thus eliminating the need to negotiate stairs. The buses offer accessibility features like priority seating for seniors and individuals with disabilities, driver assistance on and off the bus, etc. This section must be completed by a healthcare or social service professional. **Your participation is vital, as incomplete applications will not be considered and your client will not be able to use the ADA Paratransit service. Please keep in mind, the more complete information you provide regarding your client's abilities and travel challenges, the better El Dorado Transit staff can determine which travel service is appropriate for your client.**

The information shared will be protected per the Health Insurance Portability and Accountability Act requirements, and your client or patient has agreed to allow El Dorado Transit contact you to verify the information in this application. Your cooperation and assistance is greatly appreciated. If you have any questions or comments please do not hesitate to contact us at (530) 642-5383.

Please return the completed form to client or submit ENTIRE application package (including client portion) to: El Dorado Transit, 6565 Commerce Way, Diamond Springs CA 95619 marked "ADA Paratransit Application-Confidential."

**CLIENT NAME:** \_\_\_\_\_

**1. Which statement best describes your client's condition?**

- Being treated and is expected to improve       Permanent condition that is not expected to change       Disease is advanced and considered terminal

**2. Will condition interfere with independent local fixed route bus usage?**

- Yes       No       Sometimes (explain) \_\_\_\_\_

**3. If condition will improve, please provide anticipated date client can begin/resume normal travel:** \_\_\_\_\_

**4. Have you ever prescribed or are you aware of a device your client currently uses?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None           | <input type="checkbox"/> Cane                      | <input type="checkbox"/> Picture/Alphabet Board |
| <input type="checkbox"/> Crutches       | <input type="checkbox"/> Walker                    | <input type="checkbox"/> Communication Board    |
| <input type="checkbox"/> Scooter        | <input type="checkbox"/> Manual Wheelchair         | <input type="checkbox"/> Portable Oxygen        |
| <input type="checkbox"/> Leg Braces     | <input type="checkbox"/> Sport Wheelchair          | <input type="checkbox"/> Prosthesis             |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Power/Electric Wheelchair | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> White Cane     | <input type="checkbox"/> Segway                    |   |



**5. Are your client's symptoms episodic?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

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**6. Are you aware of any challenges your client has with balance or strength/endurance?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please describe how they will impact travel:

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**7. Do you think your client could independently ambulate/wheel  $\frac{3}{4}$  mile (with a mobility device and brief rest periods if needed)?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

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**8. Are you aware of any challenges your client has with memory?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please describe how it will impact travel:

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**9. Are you aware of any challenges your client has with breathing?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please describe how it will impact travel:

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**10. Are you aware of any challenges your client has with ambulating on hills?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

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**11. Do you have any safety concerns for your client/patient in using a local fixed route bus by themselves (e.g. compromised immune system, panic attacks, cognitive deficits, risk of falling, etc.)?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

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**12. Will inclement or extreme hot/cold weather have an impact on your client's abilities to use a local fixed route bus?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

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**13. Are you aware of any visual impairment that may challenge your client in using a local fixed route bus?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

\_\_\_\_\_

**14. Are you aware of any hearing impairment that may challenge your client in using a local fixed route bus?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please elaborate:

\_\_\_\_\_

**15. Are you aware of any inappropriate social behavior exhibited by your client?**

Yes       No       Sometimes

If you have chosen Yes/Sometimes, please describe how it will impact travel:

\_\_\_\_\_

**16. Do you have any additional comments that may help document your client's abilities/challenges in getting to, using, and commuting on a bus?**

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

**17. Please provide your professional contact information:**

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

Profession/Agency: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

**18. I certify that all statements made herein are true and accurate to the best of my knowledge.**

Professional Signature

Date

**Please return completed form to client or submit ENTIRE application package (including client portion) to:**

**El Dorado Transit  
6565 Commerce Way,  
Diamond Springs CA 95619**