

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

To: East Bay Paratransit Rider
Subject: Personal Information Update

It has been three years since you were certified to use East Bay Paratransit's services. In order to ensure we have current information, you must complete and return the attached Information Update form no later than _____ to avoid any interruption in your paratransit service.

AC TRANSIT AND BART SERVICE

AC Transit and BART operate East Bay Paratransit to comply with the Americans with Disabilities Act (ADA). **Under the ADA, service is only available to people who are unable to independently use AC Transit's or BART's regular service due to a disability or disabling health conditions.**

Complete the attached Information Update form. Make sure you fill it out completely and all your contact information is current. If you have questions, need help completing the application, or want to request this form in an accessible format, call the East Bay Paratransit Certification Department at (510) 287-5000, press # 5 when you hear the recorded message or TTY (510) 287-5065.

1. PRINT OR TYPE full responses to all of the questions. If the form is incomplete, it will be returned.
2. Sign and if possible make a copy for your records.
3. Return pages 1 and 2 to:

East Bay Paratransit
Certification Department
1750 Broadway
Oakland, CA 94612

Please return by _____

East Bay Paratransit

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Within 21 days, East Bay Paratransit is required to review your updated information and make a determination on whether your eligibility status has changed. You will receive a letter notifying you of your eligibility status by mail within 21 days. If we do not make a determination within 21 days, contact the Certification Department at (510) 287-5000, press # 5 to check your status. East Bay Paratransit will provide you with paratransit service on temporary basis until a determination has been made. However, you will not receive temporary paratransit service if we are unable to complete the processing of your application because you submit incomplete information or do not arrange and attend an in-person assessment interview if requested.

If you do not agree with East Bay Paratransit's decision, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. Appeals must be submitted within 60 days after receiving your eligibility notice in the mail.

All wheelchair accessible vehicles are equipped with passenger lifts or ramps that meet ADA specifications. All lifts will accommodate mobility devices such as wheelchairs and three-wheeled scooters up to 48" by 30" (measured 2 inches above the ground), with a combined weight of up to 800 pounds including the passenger. East Bay Paratransit may not be able to transport you if you exceed these standards.

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East Bay Paratransit Rider Information Update

Name _____		
Last	First	Middle
Cell Phone (____) _____	Alternative Phone (____) _____	
Email _____	Date of Birth ____/____/____	
Gender: Male____ Female____		
Home Address _____		
Number	Street	Apt. #
City _____	Zip Code _____	
Mailing Address (if different than above)-C/O _____		

Number	Street	or PO BOX
City _____	State _____	Zip Code _____

Emergency contact	
Name _____	Relationship _____

Cell Phone (____) _____	Alternate phone(____)

Email Address _____	

List the most disabling health condition preventing you from using AC Transit or BART:	Has the condition improved, worsened, or remained the same since you were last certified by East Bay Paratransit?
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1. _____	_____
2. _____	_____
3. _____	_____

Is there anything else you want to tell us about your disabling health condition(s)?

Please attach any additional information you would like to consider.

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Check any of the following mobility aides that you currently use.

- | | | |
|--|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> White Cane | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Other Aid _____ |
| <input type="checkbox"/> Segway | | |

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, etc). An attendant does not always have to be the same person. Do you travel with a personal care attendant? ____ Yes ____ No ____ Sometimes

I **certify** that all information provided is true and correct. I understand that knowingly falsifying any 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.

Further, I also understand that it may be necessary for East Bay Paratransit:

- **to contact me with questions they have;**
- **to consult a professional familiar with my functional abilities to use AC Transit or BART;**
- **to require that I visit the office for an in-person interview.**

Applicant's Signature _____ Date _____

Printed Name _____

Relationship (if person other than applicant is signing) _____

Did someone help you with filling out this form? Yes

No

Can we contact this person for additional information? Yes

No

If the person who helped you fill out this form did not sign above, please provide the following information:

Name _____ Phone number (____) _____

Relationship _____