
East Bay Paratransit

1750 Broadway
Oakland, CA 94612

Information Materials and Application Instructions for East Bay Paratransit

Thank you for your interest in East Bay Paratransit. Please read the information materials carefully, following the steps below. These materials explain transportation requirements of the Americans with Disabilities Act (ADA) and will help you assess if you may qualify for East Bay Paratransit.

- Step 1 Read carefully "East Bay Paratransit Service" starting on the next page.
- Step 2 After completing Step 1 if you think East Bay Paratransit might be appropriate for you and you are interested in applying, please complete the Application form.
- Step 3 Once the application is complete, **call to set up an in-person interview at (510) 287-5000, Option #5 or TTY (510) 287-5065 (8:00 a.m. – 5:00 p.m., Monday – Friday). Do not mail or fax your application. Bring completed application with you to the interview.** All persons seeking eligibility for East Bay Paratransit must set up an in-person interview. During the interview, we will review the application with you and help complete it if necessary. We will also discuss your assessment of your own travel abilities and limitations in more detail. Please bring your primary mobility aid or aids you would use when traveling in the community to the in-person assessment. Transportation to and from the interview will be provided if necessary at no cost to you. This process will take approximately 30minutes. If you need help filling out the application, tell the receptionist when you schedule your interview. A little more time will be set up for your interview, so the Certification Analyst can assist you to complete your application.
- Step 4 Your application will be reviewed and an eligibility determination will be made within 21 days of receipt of a complete application and in-person assessment interview. 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.

Phone: (510) 287-5000 or Fax: (510) 287-5069

www.eastbayparatransit.org

EAST BAY PARATRANSIT 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.

ADA paratransit provides various travel opportunities for people with disabilities, but there are service limitations. It is important that you understand the following characteristics of East Bay Paratransit before you apply.

- Advance reservations are required for each trip. There are no same day reservations.
- The requested pick-up time may be unavailable, and trips may be offered as much as one hour from the time requested.
- There is a 30 minute pick-up window for each reservation. Your vehicle may arrive at any time during that half-hour.
- It is a shared ride service. Others may be in the vehicle. Travel time may be considerably longer than taking a taxi or driving.
- Fares vary, depending on distance. When you make a reservation, your Customer Services Representative will tell you the fare.
- Companions, including children, pay full fare. Qualified attendants travel free. Drivers do not act as attendants.
- Drivers cannot enter a rider's residence or go past the lobby of a public building.
- Drivers can assist riders to and from the street door of their origin or destination, if necessary.
- 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.

Application Process

East Bay Paratransit service provides specialized transportation for persons who are unable to independently use AC Transit's or BART's regular service due to a disability or disabling health condition. East Bay Paratransit is provided by AC Transit and BART as part of the requirements of the Americans with Disabilities Act (ADA).

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

If you have questions, need assistance or want the application materials in an accessible format, call the East Bay Paratransit's Certification Office at (510) 287-5000 and push 5 after you have been connected, or use TTY (510) 287-5065.

1. You may fill out this application yourself, or you may get help from anyone familiar with you and your condition. If you need help filling out the application, tell the receptionist when you schedule your interview. A little more time will be set up for your interview, so the Certification Analyst can assist you to complete your application. When completing this application, please keep in mind, the more detailed information you provide enables East Bay Paratransit to make the most appropriate determination regarding your transportation needs.
2. Once the application is complete **call to set up an in-person interview at (510) 287-5000, Option #5 (8:00 a.m. – 5:00 p.m., Monday – Friday). Do not mail or fax your application. Bring completed application with you to the in-person assessment interview.** All persons seeking eligibility for East Bay Paratransit must set up an in-person interview. During the interview, we will review the application with you. We will also discuss your assessment of your own travel abilities and limitations in more detail. You must bring your primary mobility aid or aids you would use when traveling in the community. Transportation to and from the interview will be provided if necessary at no cost to the applicant. This process will take approximately 30 minutes.

3. Your application will be reviewed and an eligibility determination will be made within 21 days of receipt of a **complete** application and in-person assessment interview. You will receive a notice as to whether or not you are eligible. This review will be based on your ability to use regular AC Transit and BART's regular service. The reviewer may request additional information from you or your health care professional. Please note that verification from a licensed health care professional **does not** automatically qualify you for East Bay Paratransit service.

We are required to make a decision on your eligibility within 21 days after receipt of a complete, signed application and completion of your interview. If we do not make a decision within 21 days, we will provide paratransit to you on a temporary basis until we do make a decision.

You will not receive temporary paratransit if we are unable to complete the processing of your application because you do not supply complete information or do not arrange an interview.

4. You may be found:
 - Eligible for all your travel needs within the service area on East Bay Paratransit, (full eligibility);
 - Eligible for some trips on East Bay Paratransit (conditional eligibility) depending on the nature of your disability; or
 - Not eligible for East Bay Paratransit.
5. If you are found ineligible for East Bay Paratransit services and you disagree with the determination, you may appeal the decision. Information on the appeals process will be sent to you with your eligibility determination letter.

Many individuals coming to our offices have allergies and/or breathing issues. PLEASE refrain from wearing scented products to your interview.

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

ADA Eligibility Application

Personal /Contact Information – Please Print

Name

Last

First

Middle

Daytime Phone (____) _____ Cell Phone (____) _____

Evening Phone (____) _____ TDD/TTY (____) _____

Birth Date ____/____/____ Female Male

Primary Language (*please check*) English Other (*specify*) _____

Home Address _____

Number

Street

Apt. #

City _____ Zip Code _____

Mailing Address if different than above

C/O: _____

Number

Street

APT. #

or

PO Box

City _____ State _____ Zip Code _____

Emergency contact

Name _____ Relationship _____

Daytime Phone (____) _____ Evening phone (____) _____

Cell Phone (____) _____ Email Address _____

Phone: (510) 287-5000 or Fax: (510) 287-5069

www.eastbayparatransit.org

East Bay Paratransit ADA Eligibility Application

Tell Us About Your Disability / Health Related Condition

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. What disability or disabling health condition PREVENTS you from using AC Transit and/or BART without the help of another person?

2. Explain HOW the disability or disabling health conditions you described above prevent you from using AC Transit and/or BART without the help of another person.

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

Less than 1 year 1 – 5 years ago Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use AC Transit and/or BART?

Yes, Could use transit on some days. On other days couldn't.
 No, doesn't change.
 Don't know.

5. Are the conditions you described:

Permanent Temporary Don't Know

If temporary, how long do you expect this to continue? _____ months.

East Bay Paratransit ADA Eligibility Application

Tell Us About Your Capabilities and Usual Activities

6. Do you use any of the following mobility aids or specialized equipment?
(Check all that apply):
- | | | |
|----------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Portable Oxygen Tank | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Segway | <input type="checkbox"/> Other Aid _____ | |
7. How much do you weigh? _____
8. Please check the box that best describes your current living situation:
- Live independently (without the assistance of another person)
 - 24 hour care or Skilled Nursing Facility
 - Live with family members who help me
 - Assisted Living Facility
 - Receive assistance from someone that comes to my home to help with daily living activities
9. How many city blocks can you travel using your usual mobility aid and without the help of another person?
- | | |
|-------------------------|------------------------|
| Less than 1 Block _____ | 3 to 6 Blocks _____ |
| Up to 2 Blocks _____ | 7 or more Blocks _____ |
10. Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response):
- I could wait by myself for ten to fifteen minutes.
 - I could wait by myself for ten to fifteen minutes only if I had a seat and shelter.
 - I would need someone to wait with me because _____
-
11. Which of the following statements best describes you?
(Check only one response):
- I have never used AC Transit and/or BART.
 - I have used AC Transit and/or BART but not since the onset of my disability / health condition.
 - I have used AC Transit and/or BART within the last six months.

East Bay Paratransit ADA Eligibility Application

Tell Us About Your Travel Needs

12. How do you currently travel to your frequent destinations? Check all that apply.

- Buses AC Transit or Program bus (circle the one you use).
How many times per month? _____
- BART How many times per month? _____
- Paratransit East Bay, City or other program (circle the one you use).
How many times per month? _____
- Taxi Scrip Program or full fare (circle the one you use).
How many times per month? _____
- Drive myself How many times per month? _____
- Someone drives me How many times per month? _____

13. Can you get to and from the AC Transit stop nearest your house by yourself?

- Yes No Sometimes Don't know where the stop is

If no or sometimes, check why:

- Hills Curbs No Sidewalks Weather
 Distance to the stop Street Crossings Other _____

14. Can you grasp handles, railings, coins, and tickets?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

15. Can you stand and maintain balance on a moving AC Transit Bus or BART Train when holding onto a pole or railing?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

East Bay Paratransit ADA Eligibility Application

16. Please provide the address of the places you travel to most often.
(i.e. Medical, Physical Therapist, Stores, and other places)

Place	Address	City	Telephone Number (if known)

17. Please add any other information that you would like us to know about your abilities or disabilities.

18. East Bay Paratransit provides material in alternative forms to people whose disability prevents them from reading printed materials. If you qualify, check which format you prefer:

- Email Print email address: _____
 Braille
 CD text file
 Audio tape

19. Do you receive Medi-Cal? Yes No
If yes, please provide your Medi-Cal number: _____

20. How did you hear about East Bay Paratransit?

- EBPT staff EBPT rider Newspaper Health Faire
 Health Professional RCEB Other: _____

Certification for Personal Care Attendant

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, personal hygiene, finding your way, etc.). An attendant does not always have to be the same person.

East Bay Paratransit drivers are not personal care attendants, nor does East Bay Paratransit provide attendants.

Do you travel with a personal care attendant? Yes No Sometimes

If yes or sometimes, complete the all of the information below and sign. **East Bay Paratransit reserves the right to contact your health care professional to verify your need for an attendant.**

Please Print

Applicant's Name _____

Explain how your attendant assists you _____

Verification

I certify that due to my disability, I require the services of a personal care attendant to assist me on a regular basis and travel with me on East Bay Paratransit. **I understand fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service.**

Signature _____ Date _____

Authorization to Release Information

(to be completed by applicant)

I understand it may be necessary to contact a professional familiar with my functional abilities to use AC Transit or BART in order to assist in the determination of eligibility.

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 East Bay Paratransit. 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 _____
Street City Zip Code

Medical Record or ID #, if known _____

Phone number (_____) _____

Fax number (_____) _____

Applicant's signature _____ Date _____

Applicant's name _____
Print

Applicant Certification

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.

Applicant's signature _____ Date: _____

Printed Name _____

Did someone help you with filling out this form? Yes No

Can we contact this person for additional information? Yes No

Signature of person helping Applicant fill out the form _____

Date _____

Printed Name _____

Name _____ Phone number (____) _____

Relationship _____

Please contact the Certification Department at (510) 287-5000, press # 5 when you hear the recorded message to set up your in-person interview assessment. Bring your completed and signed ADA application to your interview.

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