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 ______________
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.
# East Bay Paratransit Rider Information Update

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**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 ____________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street or PO BOX</th>
</tr>
</thead>
</table>

**City** __________________________  
**State** ______________  
**Zip Code** _______

**Emergency contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

**Cell Phone** (___) ___________  
**Alternate phone** (___) ___________

**Email Address** ______________________

**List the most disabling health condition preventing you from using AC Transit or BART:**

| 1. |
| 2. |
| 3. |

**Has the condition improved, worsened, or remained the same since you were last certified by East Bay Paratransit?**

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

- Manual Wheelchair
- Power Wheelchair
- Power Scooter
- Walker
- Segway

- Crutches
- Leg Braces
- White Cane
- Portable Oxygen

- Cane
- Communication Devices
- Service Animal
- Other Aid____________

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________________________