

**For all applicants for Americans with Disabilities Act (ADA) paratransit service.  
Please read carefully.**

1. The Americans with Disabilities Act (ADA) paratransit service is federally mandated safety-net service for people with disabilities that prevent the use of accessible public transit fixed-route vehicles - "regular" buses. The application process for ADA paratransit is designed to help RCTA understand your disabilities or conditions that affect your use of public transit in Del Norte County.
2. The ADA application process may involve some or all of the following: the completion of this application form, a telephone interview with an RCTA eligibility specialist, an in-person transit skills assessment, and information from a healthcare provider who is familiar with your condition.
3. Many people with disabilities use public transit every day. Not all physical, cognitive or psychiatric conditions rise to the level of a disability that prevents use of fixed route buses. For example, you may have allergies that bother you from time to time but do not affect your ability to ride the bus. You do not need to report these types of conditions.
4. Once all the information needed to determine your eligibility is received, you will be sent a letter notifying you of the ADA eligibility decision within 21 days. If you do not receive this letter within 21 days, you are eligible for presumptive service until a determination is made.

**Applicant Profile**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**Home Address**

Street \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address**

Street \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_

**Mobility Aids (check all that are used)**

Cane                       Walker                       Manual Wheelchair  
 Scooter                     Seated Walker             Power Wheelchair  
 Service Animal         Other

**Section 1: For All Applicants**

**Have you been diagnosed with a disability that would prevent you from...**

**1. Getting on or off an accessible bus?                    \_\_\_NO            \_\_\_Yes**

IF YES, indicate the nature of your disability:

\_\_\_Physical \_\_\_Psych \_\_\_Visual \_\_\_Hearing \_\_\_Cognitive \_\_\_Seizure

Is this condition

\_\_\_Temporary (will likely resolve within 12 months) \_\_\_Improving \_\_\_Stable \_\_\_Declining

**2. Riding an accessible bus?                    \_\_\_NO            \_\_\_Yes**

IF YES, indicate the nature of your disability:

\_\_\_Physical \_\_\_Psych \_\_\_Visual \_\_\_Hearing \_\_\_Cognitive \_\_\_Seizure

Is this condition

\_\_\_Temporary (will likely resolve within 12 months) \_\_\_Improving \_\_\_Stable \_\_\_Declining

**3. Understanding/navigating the public transit system?                    \_\_\_NO            \_\_\_Yes**

IF YES, indicate the nature of your disability:

\_\_\_Physical \_\_\_Psych \_\_\_Visual \_\_\_Hearing \_\_\_Cognitive \_\_\_Seizure

Is this condition

\_\_\_Temporary (will likely resolve within 12 months) \_\_\_Improving \_\_\_Stable \_\_\_Declining

**4. Getting to or from a bus stop?                    \_\_\_NO            \_\_\_Yes**

IF YES, indicate the nature of your disability:

\_\_\_Physical \_\_\_Psych \_\_\_Visual \_\_\_Hearing \_\_\_Cognitive \_\_\_Seizure

Is this condition

\_\_\_Temporary (will likely resolve within 12 months) \_\_\_Improving \_\_\_Stable \_\_\_Declining

**5. Understanding that for everyone some days are better than others, does your condition change from one day to another to the degree that you are limited in your daily activities?                    \_\_\_NO            \_\_\_Yes**

**6. For any disabilities indicated in Section 1, what is your specific diagnosis and when were you diagnosed?**

Diagnosis:

When diagnosed:

7. Are you currently receiving treatment for any conditions?  NO  Yes

If yes, please describe:

Are you currently taking prescription medications?

8. Which of the following types of transportation do you use now?

Drive myself  RTCA  Paratransit  Family/Friends  Walk/Propel  Other

**Do you have the ability to do the following by yourself?**

9. Maintain your balance in crowds (keeping in mind that everyone can be jostled in a crowd.)  NO  Yes

10. Grip small objects like money, credit cards, or handrails.  NO  Yes

11. Cross busy streets with signals.  NO  Yes

12. Cross busy streets without signals.  NO  Yes

13. Walk or maneuver up and down curbs or curb cuts.  NO  Yes

14. Walk or maneuver over uneven surfaces like grass, dirt, or gravel.  NO  Yes

15. Go up and down a gradual hill (keeping in mind that for most people going uphill is more difficult than going on flat ground.)  NO  Yes

16. Wait for about 10 minutes at a bus stop without a bench or shelter (keeping in mind that most people find it easier to sit than to stand.  NO  Yes

17. Use a cell, smart or regular phone to get information or assistance.  NO  Yes

18. Travel to less familiar or unfamiliar places (keeping in mind that most people are nervous going someplace they have not been before.)  NO  Yes

19. Understand and remember how to get to a bus stop or destination after being shown.  NO  Yes

20. Find and understand bus schedules after being shown how.  NO  Yes

21. Understand and tell time.  NO  Yes

22. Read and understand signs in the community (not understanding signs because English is not the primary language does not qualify for ADA paratransit.)  NO  Yes

**Section 2: Only for Applicants with Visual Impairment**

23. Many people use glasses or contacts to help them see better. Have you been diagnosed with a visual impairment that limits your ability to travel by yourself?  
NO Yes Description:

24. Have you been diagnosed as Legally blind NO Yes  
Totally blind NO Yes

**Section 3: Only for Applicants with Hearing Impairment**

25. Have you been diagnosed with a hearing impairment that affects your ability to travel by yourself in the community? NO Yes

**Section 4: Only for Applicants with Mental Health Condition**

26. Have you been diagnosed with a mental health condition that affects your ability to travel by yourself in the community? NO Yes

**Section 5: Only for Applicants with Seizure Condition**

27. Have you been diagnosed with a seizure condition? NO Yes

28. When was your last seizure?

**Section 6: For All Applicants**

29. Everyone is affected to some degree by extreme weather, whether hot or cold. Does your ability to travel in the community change significantly with the weather?  
NO Yes

30. Some people have become confused traveling to a new place for the first time. Have you ever gotten lost or disoriented going to a place that you know?  
NO Yes

31. Understanding that the ADA does not allow consideration of activities such as no longer driving or carrying packages in determining paratransit eligibility, is there anything else you would like to share today about your ability to use regular fixed route buses?  
NO Yes

Description:

**APPLICANT AGREEMENT**

I am applying for Americans with Disabilities Act (ADA) paratransit eligibility provided by RCTA in Del Norte County. I understand that:

1. ADA paratransit is a **safety-net service** for people with disabilities who are unable to use accessible fixed-route public transit. Eligibility is **not** based on age, income, or convenience.
2. I will be asked questions about my disabilities and how they affect my ability to ride accessible fixed-route buses. In addition to submitting an application form, I may be asked to participate in a telephone interview and an in-person transit skills assessments that evaluate my ability to travel independently in the community. My healthcare provider(s) may be contacted for verification of my disabilities.
3. I may have health conditions that do not constitute a "disability" for purposes of ADA paratransit eligibility.
4. I will be notified in writing within 21 days of RCTA receiving all necessary information to make an eligibility determination. If I am not notified within 21 days of the completed application process, I will be eligible for presumptive eligibility until I am notified of a determination.
5. I have the right to appeal my eligibility determination and I understand that I will be provided with information on the appeal process in my determination letter.
6. In order to facilitate visitor status or coordinate transfer service with other public transit agencies, I understand that if I am eligible for ADA Paratransit service, RCTA may be required to share information about my eligibility, including contact/profile data, with other public transit agencies.
7. I certify that the information provided during this application process is true and correct to the best of my knowledge. I understand that my information will be shared only with RCTA and its contractors or agents for purposes of facilitating ADA Paratransit Eligibility.

***Applicant or Authorized Representative must sign agreement***

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### Authorization to Disclose Protected Health Information

1. Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type: \_\_\_ PCP \_\_\_ Mental Health \_\_\_ Vision \_\_\_ Therapist \_\_\_ School  
 \_\_\_ Human Services Agency \_\_\_ Other: \_\_\_\_\_

2. Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type: \_\_\_ PCP \_\_\_ Mental Health \_\_\_ Vision \_\_\_ Therapist \_\_\_ School  
 \_\_\_ Human Services Agency \_\_\_ Other: \_\_\_\_\_

I hereby authorize the practice(s) shown above, including practice employees, to disclose my health information to Redwood Coast Transit Authority (RCTA), solely for the purpose of determining my eligibility for ADA paratransit service.

I understand that

- I have the right to refuse to sign this authorization. I will still be considered for paratransit services, but no weight will be given to disabilities that cannot be verified.
- When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.
- I have the right to revoke this authorization in writing except to the extent that RCTA has acted in reliance upon this authorization.

***Applicant or Authorized Representative must sign agreement***

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_