

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)

3. Understanding/Navigating the system? No Yes

- Physical Psych Visual Hearing
 Cognitive Seizure

4. Getting to/from a bus stop? No Yes

- Physical Psych Visual Hearing
 Cognitive Seizure

5. Understanding that for everyone some days are better than other, does your condition change from one day to another to the degree that you are limited in your daily activities? No Yes

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

Diagnosis:

When diagnosed:

7. Are you currently receiving treatment? No Yes

What prescription medication do you take?

8. Which one of the following statements best describes how you are feeling today?

- Can do anything Ok now but will be tired later Tired/Weak Have general pain
Have a specific pain

9. Which of the following types of transportation do you use? (Check all that apply.)
Drive myself RCTA Paratransit Family/Friends Walk/Propel Other:

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

10. Maintain your balance in crowds (keep in mind anyone can be jostled in a crowd)
 No Yes
11. Grip small object like a credit cards, coins, or handrails?
 No Yes
12. Cross busy streets with traffic signals?
 No Yes
13. Cross a busy street without traffic signals?
 No Yes
14. Maneuver up and down a curb or curb cut?
 No Yes
15. Maneuver short distances over uneven surface like grass, dirt, or gravel? No Yes
16. Go up and down a gradual hill (most people going uphill is more difficult than going on flat ground) No Yes
17. wait by yourself for about 10 min. at a bus stop without a bench or shelter (most people find it easier to sit than stand) No Yes
18. Use a phone (cell or regular) to get information or assistance?
 No Yes
19. Travel to less familiar/unfamiliar places (most people are nervous going someplace they have not been before) No Yes
20. Understand and remember how to get to a bus stop or destination after being shown the way? No Yes
21. Find and understand bus schedule information after being shown how?
 No Yes
22. Understand and tell time? No Yes
23. Read and understand signs in the community (not reading English because its not the primary language, does not qualify) No Yes

Section 2: Only for Applicants with Vision Impairments

24. 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 in the community?

No Yes

25. If you are legally blind or totally blind, does dim light, sunlight, glare or darkness affect your ability to travel by yourself in the community?

No Yes

26. With your visual impairment, how do you normally navigate in the community?

Please describe:

Section 3: Only for Applicants with Hearing Impairments

27. Have you been diagnosed with hearing impairments that affect your ability to travel by yourself in the community?

No Yes

Section 4 : Only for Applicants with Mental Health Condition

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

Section 5 : Only for Applicants with Seizure Condition

29. Have you been diagnosed with a seizure condition? No Yes

30. Are your a seizure controlled by medication or other treatment? No Yes

31. How frequently do you have seizure?

Please describe:

32. When was your last seizure?

Please describe:

33. How do you feel prior to a seizure? How much warning do you have?

Please describe:

34. How do you feel after a seizure? What are you able to do?

Please describe:

Section 6: For All Applicants

35. Everyone is affected to some degree by extreme weather, whether hot or cold. Does your ability to traveling the community change significantly with weather? No Yes

36. Some people have become confused traveling to new place for the first time. Have you ever gotten lost or disoriented going to place you know?

No Yes

37. 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 with me about your ability to use regular fixed-route buses? {I want to make sure you have told me everything about your ability to use accessible buses.} No Yes

Please describe:

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: _____