

ADA* Paratransit Eligibility Application

Davis Community Transit

23 Russell Blvd.

Davis, CA 95616

530-747-8240

Fax: 530-297-5410

Office use only	Office use only	Office use only
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The information in this application will be used by Davis Community Transit for the provision of paratransit transportation services.

Section 1: Personal Information

Please complete all requested information; incomplete applications will be returned and delay eligibility determination

Name _____ Sex _____
Last First M.I.

Address _____
Street (apt #) City State Zip

Mailing _____
Street (apt #) City State Zip

Date of Birth _____ Email _____

Telephone _____
Daytime Evening Mobile

Personal Contact: *Please provide a personal contact familiar with your condition*

Name _____ Relationship _____

Address _____
Street (apt #) City State Zip

Telephone _____
Daytime Evening Mobile

New Application or Recertification

*this information is required under the Americans with Disabilities Act

Section 2: ADA Paratransit Eligibility

Your Eligibility is not based on your health condition alone. The eligibility determination process is designed to appropriately understand the nature of your disability/condition and how it affects your ability to use fixed-route public transportation (Unitrans/Yolobus). Please complete the following questions as thoroughly as possible (use additional sheets if necessary).

1. What is your health-related condition that affects your ability to use fixed route public transit (Unitrans/Yolobus)?

2. Explain HOW these conditions affect your ability to independently use fixed-route public transit?

3. Are the conditions you described: Permanent Temporary Unknown
If unknown or temporary, please describe expected duration and any dates of expected change:

4. Mobility Aids:

Which of the following mobility aids would you use (check all that apply)

Manual Wheelchair	Cane	Personal Attendant
Electric Wheelchair	White cane	Service Animal
Scooter	Crutches	Other: _____
Walker	Portable Oxygen	None

5. Is the total combined weight of you and your mobility device more than 800 lbs?

Yes No Not Applicable

6. To board a bus, would you: use stairs, or use the lift

7. How far can you continuously travel with your mobility aid unassisted?

Distance: _____ Length of time: _____

8. How long could you wait unassisted at a bus stop without a bench?

Not at all 1-10 min. 10-20 min. over 20 min.

Section 4: Professional Verification

Please specify a professional health care provider familiar with your condition:

Name of provider

Telephone

Office Address

Suite #

City

State

Zip

I, _____, give permission to the medical provider listed above to disclose any protected health information so Davis Community Transit may verify my eligibility for paratransit service. This authorization expires 30 days from the date of signature.

Signature of applicant

Date

The Professional Verification section is to be completed by a health care provider familiar with the applicant's condition for needing paratransit

Please Review the complete application. In your professional opinion and based on your knowledge of the applicant's condition, are the answers correct?

Yes

No

If any of the applicant's answers are inaccurate, or if you can provide any additional information you think we should know, please describe below:

I hereby certify that I am familiar with this applicant's functional abilities. I have reviewed the application and agree that the individual has conditions that affect his or her functional ability to use fixed-route public transit.

Signature

Date

Print your name and Title _____

Professional License, Registration, or Cert. No. _____ State _____