



ADA Eligibility Application

Thank you for your interest regarding eligibility to use Calaveras Transit's transportation program for persons with disabilities. Calaveras Transit provides deviated fixed route services for persons with disabilities and for persons 65 years and older who cannot access regular fixed route. Calaveras Transit can deviate three-fourths of a mile from the regular fixed route.

If you are not currently a customer of Calaveras Transit, you may find it interesting that a majority of seniors and persons with disabilities use Calaveras Transit's regular bus service because the service is safe and convenient. Calaveras Transit's fixed routes feature fully accessible buses providing many trips for seniors and people with disabilities without deviating from the fixed route. This helps to promote independent travel in the community. Calaveras Transit's operation is contracted to Paratransit Services.

In the information that follows, you will learn more about Calaveras Transit's bus service. If you are still uncertain whether you can use these services, information is available on the website about program services that support and assist people to better understand their transportation options. Click on www.calaverastransit.com.

The application must be complete before it is processed, so we encourage you to carefully review the instructions. Once the application is complete, an eligibility determination will be made within 21 days and you will receive notification by letter.

Calaveras Transit, a function of Calaveras County Public Works, is operated by Paratransit Services. Paratransit Services is responsible for implementing the ADA eligibility certification. Please call the Calaveras Transit ADA Coordinator at 209-754-4450 if you have questions or need assistance concerning an eligibility application. If you wish to appeal the determination of your eligibility, contact the Public Works Analyst/Transit Manager at 209-754-6401.

Thank you.

Calaveras Transit Service

1. Your First Choice - Use regular non-deviated fixed route bus if possible.

All Calaveras Transit's fixed route buses are accessible, with lifts or ramps that accommodate persons who cannot use steps including persons who use wheelchairs and scooters. The fixed route bus is the preferred way to get around for many seniors and people with disabilities.

2. Your Second Choice - If your disability prevents use of non-deviated fixed route, then complete an ADA paratransit eligibility application for Calaveras Transit's ADA service.

The ADA sets forth two requirements for ADA paratransit eligibility:

1. You must have a disability, and
2. Your disability must prevent you from using regular bus services on your own, either some or all of the time.

The basis for the eligibility decision is each person's ability to use Calaveras Transit's regular bus services.

ADA paratransit eligibility is **not** based on:

- Age alone
- A disability or medical diagnosis by itself
- A lack of Calaveras Transit's bus service in an area
- An inability to drive

ADA paratransit eligibility may be granted upon the following basis:

- Unconditional (the person may use deviated fixed route for all trips)
- Conditional (the person may use deviated fixed route under some conditions for some trips)
- Temporary (the person may have conditional/unconditional eligibility for a defined period of time because limitations are expected to change)

Questions and Answers about Calaveras Transit and Eligibility

What is Calaveras Transit's ADA paratransit service?

The Calaveras Transit's ADA service provides ADA paratransit transportation to persons who are certified as eligible under the standards of the Americans with Disabilities Act (ADA). The ADA is a federal law that requires paratransit transportation be provided for persons when their disability prevents them from using non-deviated regular fixed route public transportation. Calaveras Transit deviates three-fourths mile from the regular route to pick up and drop off those that qualify.

How does the ADA service operate?

For pick up/drop off locations between regularly scheduled stops, just ask your bus driver or customer service representative. If you are elderly (65+) or disabled you may also request deviations up to three-fourths mile from the route at no extra charge. Please call at least one hour in advance. Deviation requests are accepted up to one week in advance. Be ready five minutes early and call ahead to cancel if necessary.

What is a disability?

The ADA law defines disability as "a physical or mental impairment that substantially limits one or more major life activities." Impairments may be due to a health condition. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. A disability may be permanent or temporary.

I am able to use non-deviated regular fixed route bus service sometimes, but not other times. Is ADA eligibility possible under these circumstances?

Yes, a person may be eligible for route deviations if their disability prevents them from using fixed route bus service some of the time or to go to some destinations. Eligibility is based on the most limiting conditions presented by the person's disability and the environment. Persons who are eligible for route deviations are strongly encouraged to choose regular non-deviated fixed route bus service for trips when possible.

Calaveras Transit ADA Eligibility Application Instructions

- STEP 1 Read the introductory information about the Calaveras Transit included with the application.
- STEP 2 Complete (or have a representative complete) the application if you feel you qualify for the Calaveras Transit route deviated service.
- STEP 3 Answer all questions completely.
- STEP 4 Sign the application in Part I on Page 10 and complete and sign the attached Medical Release form. If a representative has completed the application for you, their signature is required in Part I. **Incomplete and/or unsigned applications will be returned to the applicant.**
- STEP 5 Return the completed application in the enclosed self-addressed envelope or mail to:
- Calaveras Transit/Paratransit Services
P.O. Box 1385
San Andreas, CA 95249
- STEP 6 After we have reviewed your application, we may need to gather more information. You may be:
- contacted by phone to discuss your application
 - asked to participate in an in-person interview
- Your health professional may also be contacted to provide more information about your disability.

If you have any questions, please call the Calaveras Transit office at 209-754-4450 8 a.m. to 5 p.m. Monday through Friday. These materials are available in large print and other alternative formats. Assistance for non-English speaking applicants is also available.

Application for Calaveras Transit ADA service

General Information: Please read carefully. All questions must be answered. Incomplete or unsigned applications will be returned.

PART A. Personal Information

Name: Last _____ First _____ Middle _____

Home address: _____ Apt. No: _____ Name of facility or apartment building: _____ City: _____

State: _____ ZIP: _____

Mailing address if different: _____ Apt. No: _____

City: _____ State: _____ ZIP: _____

Telephone Number(s): Home: _____ - _____ - _____ Other: _____ - _____ - _____

Date of birth: _____ Male Female

PART B. Contact Person

Emergency Contact Person _____

Relationship to Applicant: _____

Emergency Number(s): Primary: _____ Other: _____

You may list additional emergency contacts on an additional sheet.

PART C: Tell us about your use of Calaveras Transit's regular non-deviated fixed route bus service.

1. Have you used regular non-deviated fixed route buses?
 Yes No
2. Are you aware that all Calaveras Transit fixed route buses are fully accessible to accommodate persons who use wheelchairs and scooters, or persons who are unable to climb the bus steps?
 Yes No
3. Are you able to reach the fixed route bus stop nearest your home?
 Yes No Sometimes. If your answer is no or sometimes, please explain:

4. What best describes your ability to use the regular fixed route bus service?

- I can use regular bus service for most of my transportation needs.
- I have never attempted to use the regular bus service.
- I could use regular bus service, but it would be difficult because:

I can use the regular bus service only for specific routes/ destinations because:

-
- I cannot use the regular bus service without the help of a personal care attendant.
 - I cannot use the regular bus service at all because:
-

PART D. Your travel abilities and needs

5. I can get to and from a regular bus stop nearest my home, either by walking or using my mobility device.

- Yes Not sure Sometimes/No (Please explain why.)
-

6. I can wait for up to 15 minutes at a bus stop.

- Yes Yes, but only with a seat and shelter Not sure
 - Sometimes/No (Please explain why.)
-

7. I can get on and off a regular fixed route bus. (All regular buses have a lift or ramp. Lifts and ramps can be used by anyone, including persons who cannot climb steps and/or who use wheelchairs or scooters.)

- Yes Not sure Sometimes/No (Please explain why.)
-

8. I can get to a seat or a wheelchair/scooter position once I've boarded the bus, assuming a seat or space is available.

- Yes Not sure Sometimes/No (Please explain why.)
-

9. I can follow written or oral instructions about how to use the bus, identify the proper bus, and identify when it is time to get on and off.

- Yes Not sure Sometimes/No (Please explain why.)
-

10. Are there any other reasons why you cannot board or ride regular fixed route buses?

- Yes No other reasons No, but prefer not to. If you answered yes, please explain:
-

PART E: Information about your disability or health condition

11. What is the primary disability or health condition that limits your ability to use regular bus service? Please be specific (for example: stroke, emphysema, schizophrenia, etc.).

Date of diagnosis or onset: _____

12. Do you have other physical, mental, or emotional disabilities or conditions that limit your ability to use the regular fixed route bus service?

Yes No

If yes, please explain: _____

13. Do the effects of your disability or condition vary from day to day?

Yes No

If yes, please explain: _____

14. Is your disability or condition:

Permanent Temporary How long: ____ Month(s) ____ Year(s)

If you answered temporary, please explain: _____

PART F: Mobility equipment, aids or personal assistance required for travel

15. Mark any and all mobility equipment and aids that you expect to use when you travel.

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Extended footrests | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Chest restraint | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Prosthetic device | <input type="checkbox"/> Lift mechanism (to board and leave the bus) | |
| <input type="checkbox"/> Other (Please describe.) _____ | | |

16. If you use a wheelchair or scooter, would you be able to transfer to a seat in a vehicle?

Yes No

17. If you use a wheelchair or scooter: Is it more than 30 inches wide, and/or more than 48 inches long?

Yes No Not sure

18. Is the total combined weight of you and your wheelchair more than 600 pounds?

Yes No Not sure

19. Calaveras Transit operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use Calaveras Transit?

- Always Sometimes Never

If always or sometimes, how does a PCA or other person assist you?

- All activities of daily living
 To help me get to the vehicle when it arrives.
 By pushing my manual wheelchair.
 To help me get to my destination from the vehicle.
 Other (Please describe below.)
-

20. Some persons cannot be left alone at their residence or other destination. For example; persons with dementia or Alzheimer’s disease. Does someone always need to meet you when you arrive at a destination?

- Yes No

If you answered yes, there must be someone to meet you on all trips you would take on Calaveras Transit. If no one is available at your destination, Calaveras Transit would call the contact person listed in Part B.

PART G. Please provide the following information about your functional capabilities.

21. How far are you able to travel on a flat surface, either on your own or by using your regular mobility aid, and without the help of another person?

- I am not able to travel at all without help from another person.
 I am severely restricted and can travel only at home.
 I can get to the curb in front of my home or apartment.
 I can go one city block.
 I can go two city blocks (about an eighth mile).
 I can go four city blocks (about a quarter mile).
 I can go eight city blocks (about a half mile).
 I can go twelve city blocks (about three-fourths of a mile).
 I can go any distance.

Please describe any conditions when you are unable to travel this far.

22. Please check the environmental conditions that affect your ability to get to and from a regular bus stop, or to and from a destination using the regular bus. Please explain below.

Due to the nature of my disability, in order to travel, I must:

- Avoid inclines.
 Be on a sidewalk or pathway with an even surface.

- Avoid steep hills.
- Avoid hours of darkness.

Please explain: _____

Due to the nature of my disability, all intersections in my path:

- Must have curb cuts.
- Must have a clearly marked pedestrian crosswalk.
- Must have both a pedestrian crosswalk and a traffic signal.

Please explain: _____

- Additional potential barriers (please explain):

23. Please check the specific weather conditions that because of your disability prevent you from using regular fixed route bus service.

- Snow Heat: Above ____ degrees F.
- Ice Cold: Below ____ degrees F.

Please explain how these conditions would affect your ability to get to or from a bus stop or to your destination. _____

- The weather does not affect my disability.

PART H. Professional contacts and authorization for release of medical information.

It may be necessary for Calaveras Transit / Paratransit Services to contact a health professional – a physician, case manager, therapist, or social worker – who is familiar with your disability or health condition. Please complete and sign the enclosed **Medical Release – Authorization for Use and Disclosure of Protected Health Information**. Calaveras Transit/Paratransit Services will not release to any other party, any medical information obtained with the release(s) you provide.

PART I. Please read the following and sign the application.

Applications must be signed. Unsigned applications will be returned.

For the applicant:

I understand that the purpose of this application is to determine whether I am eligible to use Calaveras Transit ADA paratransit services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for ADA paratransit, and to provide ADA services if I am determined to be eligible, unless I give other specific authorization. I understand that Calaveras Transit may review my current ADA paratransit eligibility status at any time whatsoever, where circumstances may warrant that I am no longer eligible to receive ADA paratransit transportation service.

If a legal representative signs this application:

I acknowledge that I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

Applicant or Legal Representative

Date

If this application was completed by someone other than the applicant:

If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to applicant: _____

Name: _____

Address: _____

Phone: _____ - _____ - _____ Other: _____ - _____ - _____

Organization or agency affiliation: _____

I have knowledge of the applicant’s disability or health condition. Yes No

I am aware of how the applicant’s disability or health condition limits or prevents use of regular non-deviated Calaveras Transit bus. Yes No

Representative’s signature

Date

Part J. Returning the application.

Before returning the application, please make sure that:

- You have answered all questions in Parts A through G.
- You have signed Part I and the Medical Release.
- If another person (not the applicant) completed the application, that person has completed the information in Part I and signed.

To submit your application, please use the enclosed self-addressed envelope or mail your application to:

Calaveras Transit, P.O. Box 1385, San Andreas, CA 95249

You may also fax your application to the Calaveras Transit office at 209-754-9086. If you have any questions or need assistance in completing the application, including an alternative format, call the Calaveras Transit office at 209-754-4450.

**MEDICAL RELEASE -
AUTHORIZATION FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

All sections must be completed.

I, _____ authorize:
(Print Applicant or Patient Name)

Name of professional _____

Address _____

Phone _____ FAX _____

to disclose Protected Health Information (PHI) to the Calaveras Transit ADA paratransit program, P.O. Box 1385, San Andreas, CA 95249, for the purpose of assessing whether I am eligible under the Americans with Disabilities Act for Calaveras Transit's ADA transportation service. Only those persons with disabilities whose disabilities prevent their use of regular Calaveras Transit's bus service are eligible to use deviated fixed route service.

My PHI may include medical records, diagnostic reports, physical therapy records, and any personal and medical information pertinent to my application for ADA eligibility. If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my initials in the space next to the type of information:

- _____ Chemical dependency
- _____ Sexually transmitted diseases
- _____ HIV/AIDS
- _____ Genetic information
- _____ Mental health information (excludes psychotherapy notes)
- _____ Reproductive health (including abortion)

I may cancel this authorization at any time by sending a written request to the Calaveras Transit ADA Program, P.O. Box 1385, San Andreas, CA 95249. My cancellation of this authorization will not affect any uses or disclosures made before my request is received. If I do not revoke this authorization, it will automatically expire in 120 days.

I understand that Calaveras Transit/Paratransit Services will not release any medical information obtained with this release to any other party.

I understand that I am not legally obligated to sign this authorization and that Calaveras Transit/Paratransit Services will not refuse to process my application for ADA eligibility based on my refusal to sign this authorization. I also understand that if Calaveras Transit/Paratransit Services is unable to obtain information necessary to determine my disability or health

condition and how the disability or health condition limits or prevents my use of regular bus services, my application for ADA eligibility may be denied.

I understand that by signing this statement I am authorizing Calaveras Transit/Paratransit Services to provide a copy of this statement to the above listed professional for the purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Signature of applicant or legal representative

Date

Applicant's Date of Birth _____