



11400 American Legion Drive, Jackson, CA 95642

Phone: 209-267-9395

Fax: 209-267-1462

Website: www.AmadorTransit.com

## ADA Paratransit Certification Application & Professional Verification Forms

**Instructions:** Applicant complete pages 1-5. Pages 6-8 must be completed by a professional listed at the top of page six.

*The information obtained in this certification process will be used only by Amador Transit for the provision of transportation services and will not be provided to any other person or agency without prior written approval of the applicant.*

**New Application** or  **Recertification**

### APPLICANT INFORMATION (Please print or type)

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Apt # \_\_\_\_\_

Cross St. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address, if different than above

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Veteran Yes  No

Last four digits of your Social Security Number \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please provide the name and phone number of a LOCAL friend or relative to contact in the event of an emergency:**

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**1. Do you use any of the following aids for mobility? (Check all that apply)**

- Manual Wheelchair
- Electric Wheelchair
- Power Scooter
- Cane
- Crutches
- Walker
- Oxygen Tank
- Service Animal
- Other \_\_\_\_\_
- None

**Please Note:** A wheelchair or other mobility device must meet the definition of a “common wheelchair” as specified in the ADA regulations, i.e., “not more than 30” wide and 48” long when measured 2” above the floor, and must weigh less than 600 pounds when occupied.” (Amador Transit vehicles can accommodate up to 800 pounds.)

**2. Is your mobility device oversized?  Yes  No**

- a. If yes, please explain: \_\_\_\_\_
- b. Does your mobility device weigh less than 600 pounds when occupied?  
 Yes  No If no, does it weigh less than 800 pounds?  Yes  No

**3. Is your condition temporary?  Yes  No**

If yes, expected duration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**4. Does your condition change from time to time due to medications, medical treatments, other?  Yes  No**

If yes, please explain \_\_\_\_\_

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**Type of disability:**

**5. I have a:**  Visual  Physical  Mental Impairment

**6. What is your disability that prevents you from using the fixed route service?**

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**7. How does your disability make it *impossible* for you to use the fixed route service?**

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**8. How far can you continuously walk OR advance your manual wheelchair without the help of another person? (i.e., number of blocks or feet)**

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Could you travel further if you stopped to rest?  **Yes**  **No**  **Sometimes**

(If No or Sometimes, please explain why)

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**9. Have you ever used any Amador Transit services?**

Fixed Route  Deviated Route  Sacramento  None

**10. How many blocks from your residence is the nearest accessible bus stop?**

Less than 1 Block  2 to 4 Blocks  4 or more  don't know

**11. Can you independently get on and off a lift-equipped bus?**

**Yes**  **No**  **Sometimes**  **don't know**

(If No or Sometimes, please explain why)

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**12. Is your ability to use public transit affected by weather or environmental/architectural barriers that block your path of travel? (E.g. temperature extremes, no sidewalks, steep hills, lack of signal lights at a busy intersection, etc.)**

**Yes**  **No**  **Sometimes** (If Yes or Sometimes, please explain why)

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**13. Can you ask for, understand, and follow directions?**

**Yes**  **No**  **Sometimes**

(If No or Sometimes, please explain why)

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**14. Can you cross a busy intersection?**      Yes    No    Sometimes

(If No or sometimes, please explain why)

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**ADDITIONAL SERVICES PROVIDED BY DIAL-A-RIDE DRIVERS**

An Amador Transit driver will escort you to and from the main door of your pick-up and drop-off locations as needed. If you are unable to negotiate the bus entry steps without difficulty, they will utilize the wheelchair lift for your boarding and off-loading. Drivers can help carry and stow packages (under 20 pounds), but cannot cross the threshold to your home or make “multiple” trips to and from the bus. Drivers will push your manual wheelchair, give you directions and lend you an arm to assist you.

**CERTIFICATION FOR PERSONAL CARE ATTENDANT**

**What is a PCA?**

A PCA (Personal Care Attendant) is the “arms and legs” of the rider and provides passenger assistance above and beyond what a Dial-A-Ride driver already offers. A PCA is only for an individual that would not be able to utilize this service without someone with them. It is generally NOT a family member or relative, but, usually an individual paid to care for the person for daily life activities (eating, dressing, personal hygiene, finding your way, etc.)

A PCA rides Dial-A-Ride for free, as their responsibility is focused on the care of the person they are with, not riding as a companion, spouse or friend on the same outing.

**15. Do you require the assistance of a personal care attendant? A medical professional will need to verify.**

Yes      No

Explain how your attendant helps you:

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**16. Are you interested in travel training to learn how to use the fixed route bus system?**      Yes      No

**Certification of Applicant**

I understand that the purpose of this application is to determine if I am eligible to use ADA Dial-A-Ride. I hereby certify that, to the best of my knowledge, the information I have given in this application is correct and the application will be returned if it is not complete.

I understand that the results of the review will be based on my ability to use the Amador Transit fixed route system. Verification of my disability by my physician or health care professional does not guarantee my eligibility for Amador Transit ADA certification of paratransit service. I understand that falsification of information could result in a loss of ADA Dial-A-Ride as well as a penalty under the law. I agree to notify Amador Transit if I no longer need to use ADA Dial-A-Ride

**Signature of Applicant** \_\_\_\_\_

Date \_\_\_\_\_

**If someone other than the applicant completed this application,  
the following information must be provided.**

Name of person completing the application \_\_\_\_\_

Relation to the applicant \_\_\_\_\_

Daytime phone # \_\_\_\_\_

## Americans with Disabilities Act (ADA) Professional Verification Form

### To the Applicant:

Please have this portion of the application packet completed by one of the professionals listed below before returning your application to AMADOR TRANSIT. Any one of the professionals listed below may sign this application. Please submit this form with the rest of your packet. If this portion is not completed and signed by a professional listed below, the application will be returned to you and delay the processing of your application.

### **What is your professional verification qualification? (Please check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Physician                           | <input type="checkbox"/> Physical Therapist                       |
| <input type="checkbox"/> Physician Assistant                 | <input type="checkbox"/> Occupational Therapist                   |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner | <input type="checkbox"/> Vocational Rehabilitation Counselor      |
| <input type="checkbox"/> Psychiatrist                        | <input type="checkbox"/> Special Education Teacher                |
| <input type="checkbox"/> Psychologist                        | <input type="checkbox"/> Recreation Therapist at medical facility |
| <input type="checkbox"/> Chiropractor                        | <input type="checkbox"/> Optometrist                              |
| <input type="checkbox"/> Orientation & Mobility Specialist   |   |

### **ADA PROFESSIONAL VERIFICATION FORM**

To process this application, Amador Transit needs information about the effects of the applicant's disability on his/her functional capability to ride the regular fixed route bus service. This information is necessary to determine whether he/she is eligible for paratransit service under the regulations of the Americans with Disabilities Act (ADA).

The information you provide in this form will aid Amador Transit in making an ADA eligibility determination. For the benefit of the applicant, please answer the questions as fully and accurately as possible. All information will be kept confidential.

**The individual's condition must prevent travel on an Amador Transit fixed route, either all of the time, temporarily, or only under certain circumstances. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for paratransit service. Inconvenience, decreased comfort, and/or pain are not a basis for qualification.**

**(Please type or print clearly. Do NOT use ICD-9 or DSM codes.)**

Applicant's Name \_\_\_\_\_

Capacity in which you know the applicant \_\_\_\_\_

Medical diagnosis \_\_\_\_\_

\_\_\_\_\_ Date of Onset \_\_\_\_\_

Prognosis \_\_\_\_\_

1. Does the applicant use any of the following aids for mobility? (Check all that apply).

- Manual Wheelchair
- Electric Wheelchair
- Power Scooter
- Cane
- Crutches
- Walker
- Personal Care Attendant
- Service Animal
- Other \_\_\_\_\_
- None

2. What category is the applicant's disability?

- Visual
- Physical
- Mental Impairment

3. Applicant's Height \_\_\_\_\_ Weight \_\_\_\_\_

4. Is the applicant's condition temporary?

If Yes, expected duration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Can the applicant wait outside without assistance for 15 minutes?  Yes  No

6. How far can the applicant travel with or without a mobility aid?

- Less than 1 block
- Less than 3 blocks
- Less than 6 blocks

7. Can the applicant cross the street without assistance?  Yes  No

If No, why:

\_\_\_\_\_  
\_\_\_\_\_

8. Can the applicant comprehend written or spoken instructions?  Yes  No

9. Can the applicant recognize a destination or landmark?  Yes  No

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A PCA rides Dial-A-Ride for free, as their responsibility is focused on the care of the person they are with, not riding as a companion, spouse or friend on the same outing.

**10. Does the applicant require a personal care attendant \*(PCA)?** \_\_\_\_ Yes \_\_\_\_ No

**I hereby affirm under penalties of perjury that the statements made herein are true and correct.**

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

**Please print your name and title:**

\_\_\_\_\_  
License #: \_\_\_\_\_ Phone \_\_\_\_\_

Agency:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_