



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 # _____

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

Email Address: _____

Do you Have Medi-Cal? (Circle One) YES NO

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 _____

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?

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

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)

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

(If No or Sometimes, please explain why)

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)

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)

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

Yes **No** **Sometimes**

(If No or Sometimes, please explain why)

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

(If No or sometimes, please explain why)

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:

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 | |
| | <input type="checkbox"/> Case Worker |

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.)

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).

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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:

