

ADA Paratransit Eligibility Application Instructions

Americans with Disabilities Act (ADA) paratransit service is specialized transportation service for persons who are unable to independently use fixed route bus service, due to a disability or health related condition some or all of the time. Paratransit service is provided by public transportation systems as part of the requirements of ADA.

In order to use ADA paratransit services, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Please answer **FULLY** all of the questions on the form, and return it to Placer County Transit (PCT) or Tahoe Truckee Area Regional Transit (TART). Incomplete applications will not be processed, and will be returned to you for completion.
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a notice as to the terms of your eligibility. If you are determined to be capable of using fixed route bus service, **YOU WILL NOT BE ELIGIBLE** for ADA paratransit services.
3. The review will be based on your ability to use fixed route bus service. It may require additional information, such as a phone call, personal interview, or assessment with you, or consultation with your doctor or therapist.
4. You may be found:
 - Eligible for all of your travel needs on ADA paratransit service (full eligibility);
 - Eligible for some trips on ADA paratransit service (conditional eligibility) depending on the nature of your disability; or
 - Not eligible for ADA paratransit service.
5. Please note that if your functional abilities change, your eligibility status may also change.
6. If you are certified as eligible, you will be able to use ADA paratransit services or local fixed routes, depending on any conditional restrictions.
7. If you do not agree with the decision on your eligibility, you may appeal. Information on how to file an appeal will be included with your notice of eligibility.

Tahoe Truckee Area Regional Transit Email:

(530) 550-1212

Email: tart@placer.ca.gov

Website: www.placer.ca.gov/tart

Placer County
Request for Certification of Americans with Disability Act
Paratransit Eligibility

Revised October, 2018



The information obtained in this certification process will only be used by the County of Placer (TART) or (PCT) for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

1) Name _____

2) Address: _____

Mailing Address if Different than above

3) Phone: _____

4) Date of Birth: _____ / _____ / _____
Month Day Year

5) What is the disability which prevents you from using our fixed route bus service?

Is this condition temporary? **YES** **NO**

If yes, when is the condition expected to subside? _____/_____/_____
Mo Day Year

6) How does this disability prevent you from using fixed route bus services? Use an additional sheet if necessary.

7) Are there any other effects of your disability that we need to be aware of?

8) Do you use any of the following mobility aids?

_____ Manual Wheelchair _____ Battery Powered Wheelchair
_____ Powered Scooter _____ Cane _____ Crutches

_____ Guide Dog _____ Other Service Animal

If you use a wheelchair or a scooter, what is it's:

Length _____ inches

Width _____ inches

Does the total weight of your wheelchair or scooter and yourself exceed 800 pounds?

YES

NO

Please note that we may not be able to accommodate wheelchairs or scooters that exceed these specifications when occupied: 48 inches in length, 32 inches in width, 800 pounds (including the individual).

9) Do you require the assistance of a Personal Service Attendant on your rides?

YES

NO

10) What is the maximum distance you can travel without the assistance of another person?

_____ Yards

11) Does your disability prevent you from travelling this distance in snow, ice or over certain terrain? (Explain)

12) Can you climb up and down three 12-inch steps to get on and off a bus?

YES

NO

Sometimes

13) What is the maximum period of time you can wait outside without support?

14) Is this time period affected by extremes of hot or cold weather?

YES

NO

If Yes, please describe: _____

15) Do you currently use and transit or paratransit service in the region?

YES

NO

If yes, what transit or paratransit service do you currently use?

16) I hereby certify that the information given above is correct.

Signed _____

Dated _____ / _____ / _____

17) If this application has been completed by someone other than the person requesting certification, that person must also complete the following:

Name _____

Address _____

Phone _____

Signed _____

Dated _____ / _____ / _____

Return completed applications to either TART or PCT:

Tahoe Truckee Area Regional
P.O. Box 1909
Tahoe City, CA 96145
Email: tart@placer.ca.gov
530-550-1212

Authorization to release personal information
(To be completed by applicant. A doctor's statement is not required)

I hereby authorize the release of information to the Placer County Department of Public Works and Facilities about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA paratransit service.

Name of professional* _____

Agency/Organization _____

Phone Number _____

I understand that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

Name of Applicant (Please Print)

Signature of Applicant

Date

*Verifying professional may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities

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