Paratransit Services

1509 Schwab Street, Red Bluff CA 96080
Tel: (530)-527-0597 Fax: (530)-527-9367

PARATRANSIT SERVICES APPLICATION

Upon request, alternate formats of this information will be provided for people with disabilities. Please call (530)527-0597

If the effects of your disability prevent you from getting to a bus stop, riding a lift-or ramp equipped bus, and/or getting off the bus and getting to your destination, you may be eligible for Para-Trax service. Eligibility determinations are made based upon the limitations caused by your disability(ies) and will be tailored to your abilities. You may qualify for partial or full service.

Age, being new to Tehama County, never having ridden the bus, the inability to carry packages, and the inability to drive are not disabilities. They will not qualify you to ride Para-Trax or receive the reduced rate fare.

To apply:

1. Fill out Sections 1 through 5 of the enclosed application form or have someone assist you in filling it out.
2. Sign your application in ink on page 8 after reading the Applicant Agreement and Release of Information.
3. Have Part 6-Professional Verification-completed and signed by a licensed medical or mental health professional. (See list at top of page 9)
4. Return the completed application form to the Paratransit Services / Trax office
5. Paratransit Services / Trax may need specific information about the effects of your disability.You may be asked to provide additional information and/or participate in a physical or cognitive functionl assessment. Your application will not be considered complete until all of the requested information is provided to Paratransit Services / Trax.

This information has 10 pages. Please be sure that all sections have been completed before returning the application to Paratransit Services / Trax.
The information you provide will be used to determine your eligibility for Para-Trax or a reduced rate fare on Trax. Paratransit Services will process your application and notify you within 21 days after your completed application has arrived at our office. If you have any questions or need assistance filling out the application, please call (530) 527-0597

It is important that all parts of this application are completed. An incomplete application will be returned to you, causing a delay in processing.

PLEASE PRINT CLEARLY

Last Name_____ First _____Initial_____

Mailing Address_____ Apt. / SP. #_____

City _____ State _____ Zip _____

Pick-Up Address _____Apt. / Sp. # _____
(If different from mailing address)

City _____ State _____ Zip _____

Complete only if Paratransit Certificate of Eligibility card is to be sent to a different mailing address.

Recipient's Name :
_____

Address : _____

City/State/Zip: _____

Date of Birth (month/day/year) _____/_____/_____ Male _____ Female _____

Daytime phone _____ Evening Phone _____

TTY Phone _____ (Text telephone for the hearing impaired)

Language Ability:

English _____☐_____ Other (specify)) _____

Emergency Contact _____

Relationship _____ Phone _____

Cell _____

Part 1: ADA Eligibility Information

A. Can you ride the regular bus without someone else's help?

Yes_____ No _____ Sometimes _____

B. What is (are) your limiting disability(ies)?

_____
_____
_____
_____

C. Does you disability prevent you from riding the regular bus service?

Yes _____ No _____ Sometimes _____

If yes or sometimes, explain how your disability prevents you from riding the regular bus:

_____
_____

D. Is your need for Paratransit van service long term or temporary?
Long term _____ Temporary – Until when? _____

E. Do your limitations change from time to time because of medical treatments, medications or for other reasons?
No _____ Yes – How? _____
_____
_____

F. Because of your disability(ies), do weather conditions (such as heat, cold, rain, snow or ice) prevent you from using a regular bus without someone's help?

_____ No _____ Yes-How _____

_____

G. Because of your disability(ies), do terrain conditions (such as hills, uneven surfaces, or curbs) prevent you from using the regular bus without someone's help?
No _____ Yes – How

_____
_____

H. How far can you walk (unsupervised and with the use of a mobility aid if needed) in the community without someone's help? If you use a wheelchair, skip this question.

☐ ¾ mile ☐ 2 blocks

☐ ½ mile ☐ 1 Block

☐ ¼ mile ☐ Less than 1 block

☐ 3 blocks ☐ Not able to walk any distance

I. How far is your residence from the nearest bus stop?

☐ Less than 1 block ☐ ¼ mile

☐ 1 block ☐ 1/2 mile

☐ 2 blocks ☐ 3/4 mile

☐ 3 blocks ☐ 1 mile or more

J. How many stairs can you go up or down without someone's help?

☐ 2 or more ☐ 1 stair ☐ none

K. Do you now ride or have you ever ridden the regular bus without someone's help?

☐ Yes- When? _____

Where? _____

How Often? _____

Why did you stop riding? _____

☐ No – please explain why _____

_____

L. Would you be interested in learning how to use the regular bus?

☐ Yes ☐ No – Please explain:

_____

_____

_____

If you indicated yes, a mobility trainer will contact you soon.

Part 2: Functional Abilities

A. Please answer the following questions:

Yes	No	Sometimes	
☐	☐	☐	Can you ask for, understand and follow directions?
☐	☐	☐	Can you cope with unexpected problems or Changes in your routine?
☐	☐	☐	Can you recognize landmarks?
☐	☐	☐	Can you tell time?
☐	☐	☐	Can you cross a busy street at the crosswalk?
☐	☐	☐	Can you see well enough to walk or travel to a bus Stop? ☐ Always ☐ Daylight only-please explain _____ _____
☐	☐	☐	Can you use a telephone to make and receive calls?

Can you transfer from one bus to another

☐ Yes ☐ No ☐ Sometimes

If you checked "Sometimes" on any item, please explain:

_____
_____
_____

B. Do you use a service animal to assist you?

☐ Yes ☐ No ☐ Sometimes Kind of animal _____

C. Do you travel with portable oxygen?

☐ Yes ☐ No ☐ Sometimes

D. Will you need to bring your helper (Personal Care Attendant – PCA) with you?

☐ Yes ☐ No ☐ Sometimes

E. Will you need to use the lift to board the van?

☐ Yes ☐ No ☐ Sometimes

F. Can you find your way to/from the regular bus without someone's help?

☐ Yes ☐ No Check all that apply

☐ I get confused or can't remember where I'm going.

☐ I need someone to help me get to and from the bus stop.

☐ I need someone to help me transfer to another bus.

☐ Other:

_____
_____
_____
_____

Part 3: Mobility Aids

A. When traveling in the community, what mobility aids/equipment do you use?

☐ I do not use any aids or equipment. (If no aid is used skip to Question F.)

☐ white cane ☐ motorized wheelchair

☐ cane/crutches ☐ scooter

☐ walker ☐ manual wheelchair

☐ braces ☐ Other (please specify)

If you checked more than one box, explain when/how you use them:

_____

_____

_____

B. If you use a walker, does it fold? ☐ Yes ☐ No

C. If you use a wheelchair or a scooter, is it more than 30-inches wide, 48-inches long, or is the combined weight of the chair and its occupant more than 600 pounds?

☐ Yes Specify dimensions/weight: _____

☐ No

D. If you use a manual wheelchair, are you able to self-propel?

☐ Yes How far? _____

Comments: _____

☐ No Please explain _____

E. If you use a wheelchair, how far are you able to travel unsupervised?

☐ ¾ mile ☐ 2 blocks

☐ ½ mile ☐ 1 block

☐ ¼ mile ☐ Less than 1 block

☐ 3 blocks ☐ Not able to travel any distance

F. Is there any additional information regarding your condition or travel restrictions that has not been addressed?

_____
_____
_____
_____
_____
_____

Part 4: Representative

If a person other than the applicant filled out this application, please complete the following (Please Print)
Name: _____ Daytime Phone # _____

Signature: _____ Date: _____

Relationship to applicant: _____ Agency: _____

Part 5: Para–Trax Services Applicant Agreement & Authorization for Release of Information.

By signing below you authorize the release of verification information and any other information to Paratransit Services / Trax or its representatives for the purpose of evaluating your eligibility to receive Para-Trax Services.

Please be advised that Paratransit Services will use your statements to determine your eligibility for benefits as provided by law. The statements contained herein are material to Paratransit Services determination and Paratransit Service may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (CCC 9A-72.085). PTS may share your eligibility determination with other transportation providers, on request to facilitate travel in Red Bluff, Tehama County and other transit agencies.

This form must be signed by the Applicant or by the individual who has designated Power of Attorney, or is a Legal Guardian for the Applicant. If the Applicant is under 18 years of age, a parent or Legal Guardian must sign this form. If the Applicant is over 18 years of age and you are signing as a Power of Attorney or Legal Guardian, please include a copy of the authorizing document.

Signature:_____ Date: _____

Applicant Designated power of Attorney Legal Guardian

I hearby certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct.

A licensed medical or mental health professional, who is familiar with your disability must complete the remaining questions on pages 9 and 9A of application. For the purpose of this application, licensed medical or mental health professional are limited to: Medical doctor MD or DO, Optometrist, Psychologist, Physician Assistant, Chiropractor, Clinical Social Worker, Nurse Practitioner, Occupational therapist, and MDS Nurse in a skilled nursing facility.

Applicant please STOP here!

Applicant Name: _____

Part 6: Licensed Medical or Mental Health Professional Verification

Please check one box:

☐ Medical Doctor (MD or DO) ☐ Optometrist ☐ Psychologist (PhD)

☐ Physician Assistant ☐ Chiropractor ☐ Clinical Social Worker

☐ Nurse Practitioner ☐ Occupational Therapist

☐ MDS Nurse (Skilled Nursing Facility) ☐ Certified Mobility Therapist

☐ Regional Service Center Coordinator – Note which Day Center will be used _____

Instructions: This individual is applying for Paratransit Services, Para-Trax Service. In accordance with the American with Disabilities Act of 1990, Para-trax service is available only for persons who, because of a disability, are prevented from taking regular fixed route bus. All of the Trax fixed route buses operated by Paratransit Services are equipped with lifts for people who can not climb stairs. The individual could be prevented in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus or successfully navigate to a destination, or 2) is unable to understand how to complete a bus trip.

For the benefit of the Applicant, please answer the following questions as fully and accurately as possible. Please be specific when answering the questions. Incomplete answers will result in the application being returned to the applicant. All health care information will be kept confidential. Please call (530) 527-0597 if you have any questions. Thank you for your time and cooperation.

Please review the information contained in Parts 1 through 3, as provided by the Applicant or Applicant's representative.

1. Based on your knowledge of the applicants condition, is the information provided accurate?

☐ YES ☐ NO ☐ SOMEWHAT

If you checked No or Somewhat, please explain:_____

_____

_____

What specific conditions contribute to the Applicants mobility and / or cognitive limitations? Please define the degree of impairment (Include measures of visual or hearing acuity, GAF or IQ scores, if applicable.

NOTE: Age, the inability to drive or the inability to carry packages, are not qualifying factors.

Applicants Name:_____

Diagnosis / Disability	Degree of Impairment	Date of Onset (if Known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The disability that prevents the Applicant from accessing the regular bus system is:

   ☐ Chronic ☐ Acute – Until _____

4. Applicants need for Para-TRAX service is

   ☐ Long Term ☐ Temporary – Until _____

5. Are any of these conditions episodic or variable in their severity?

   ☐ No ☐ Yes – if yes please give details.

_____

_____

6. Please provide any additional information that you deem relevant as to why this Applicant can not use regular bus service:

   _____

   _____

7. I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the information provided on the Professional Verification portion of this application is true and correct.

_____ _____ _____

Licensed Professional Signature Specialty Date

Printed Name: _____
Organization: _____
Address: _____
City / State / Zip: _____
Phone: _____
Would you like additional information regarding Paratransit Services and eligibility criteria?

☐ YES ☐ NO

Return application to: Paratransit Services
1509 Schwab St.
Red Bluff, Ca. 96080

Thank you for your assistance in completing this application