

Eligibility Information

Marin Access Paratransit provides American's with Disabilities Act (ADA) paratransit services on the behalf of the Marin County Transit District and the Golden Gate Bridge, Highway and Transportation District. ADA Paratransit is transportation for persons, who because of a physical or mental condition are unable to ride public fixed-route transportation such as Golden Gate Transit. In order to be determined eligible under one of the following categories as defined by the U.S. Department of Transportation and the U.S. Department of Justice.

Category 1

Individual cannot independently use accessible fixed route transit due to disability either some or all of the time.

The first category of eligibility includes those persons who are unable to use fully accessible fixed route bus services. Included in this category is:

"Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities." [Section 37.123(e)(1) of the ADA regulations]

This applies to an individual who cannot independently negotiate the fixed route bus system (board, ride or disembark from a bus or train).

Category 2

The fixed route vehicles the passenger needs to use are not accessible and/or the lift cannot be deployed at needed stops.

The second category of eligibility includes:

"Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route of the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route." [Section 37.123(e)(2) of the ADA regulations]

This also applies to any individual who would be able to use the fixed route bus system if an accessible vehicle were available, or for an individual who wants to use a designated station/stop, but the lift cannot be deployed or would be damaged if deployed or temporary conditions render a designated stop unsafe for use by all passengers.

Category 3

Individual's specific impairment related condition prevents him/her from getting to or from the fixed route transit system.

The third category of ADA paratransit eligibility includes:

"Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system." [Section 37.123 (e)(3) of the ADA regulations]

This applies to an individual who, because of his/her disability, cannot access a bus stop or a rail station to board the fixed route bus system and cannot access his/her final destination after disembarking from a fixed route bus or train. Eligibility under this category is determined for a specific ride each time the eligible customer calls.

An important qualifier for this category is also included in the regulations:

Environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility for ADA paratransit service to the passenger.

(Please note, an inconvenience in using the fixed route bus system is also not a basis for eligibility)

It should be noted that Marin Access Paratransit can only process ADA applications for residents of Marin County. If you live outside Marin County and need assistance, contact your local paratransit or fixed-route provider for eligibility procedures in your county.

If you believe you may be eligible for paratransit service please contact our paratransit eligibility department at:

(415) 456-9062 ext. 106 for further assistance.

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Application for ADA Paratransit Service

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for paratransit eligibility in the San Francisco Bay Area. As part of the requirements of the Americans with Disabilities Act (ADA), paratransit service is provided by all public transportation systems. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

In order to use ADA paratransit service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using regular bus and rail transit for all trips, without the help of another person, you will not be eligible for paratransit.

To apply for eligibility you must fully complete the attached application form and have the professional verification (pages 15-16) completed and signed by a licensed professional. We will review your ability to use accessible public transportation. After studying your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities

**For a copy of this application in other accessible formats
please call:**

415-456-9062 x 106

Applicants and persons assisting them are encouraged to read the brochure called “Accessible Transportation in the San Francisco Bay Area” before completing the attached form. If you need a brochure call your transit agency. It provides more details about ADA paratransit and the

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criteria for eligibility.

Your application will be processed within 21 days after it has been received. The application must be properly completed and you must make yourself available for a second level assessment if requested. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview. The in-person interview may include a functional test to determine your ability to take a public transit trip, such as being capable of walking to a bus stop, reading signs etc.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel throughout the nine-county Bay Area. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 days, you may be given eligibility that allows you to use the paratransit system until a final decision about your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

INSTRUCTIONS FOR APPLICANTS

1. Please **PRINT OR TYPE full responses to all of the questions** on the application form. Your detailed responses and explanations will help us make an appropriate determination. Be sure to **respond to ALL questions or your application will be considered incomplete**. Incomplete applications will be returned.

2. You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations. **All information that you supply will be kept strictly confidential.**

3. **You must provide SIGNATURES in two places to complete the application:**

- Applicant Certification (Page 12)
- Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 13)

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4. You must have the Professional Verification (pages 10-11) completed and signed by a licensed professional (not the applicant)

5. Return the completed application to:

**Marin Access Paratransit
930 Tamalpais Ave.
San Rafael, CA 94901**

For help with the application process or to check on the status of your application call 415-456-9062, x106.

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Personal/Contact Information

Name (*first, middle, last*): _____

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (*if different from home*):

_____ Apt. #: _____

City: _____ Zip: _____

Daytime Phone: (____) _____ **TDD/TTY:** (____) _____

Evening Phone: (____) _____ **Cell Phone:** (____) _____

Birth Date: ____/____/____ Female Male

Primary Language (*please check*): English Other (*specify*) _____

If you need any future written information provided to you in an accessible format, please check which format you prefer:

Diskette/CDR Audio tape Braille Large Print
 Other

In case of emergency, whom should we contact?

Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

(Optional) I am also enrolled in one or more of the following programs:
Medicare Medi-Cal

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Tell Us About Your Disability / Health Related Condition

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. Which **disability or health related conditions** PREVENT you from independently using regular public transit (i.e. BART, bus, streetcar)?

2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.

3. When did you first experience the conditions you described above?

0-1 year ago 1 – 5 years ago Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

Yes, good on some days, bad on others. No, doesn't change.
 Don't know.

5. Are the conditions you described?

Permanent Temporary Don't Know

If temporary, how long do you expect this to continue?

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Tell Us About Your Capabilities and Usual Activities

6. Do you regularly use any of the following mobility aids or specialized equipment? (*Check all that apply*):
- | | | |
|--|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Portable Oxygen Tank | |
| <input type="checkbox"/> Other Aid _____ | | |
7. Please check the box that best describes your current living situation:
- 24 hour care or Skilled Nursing Facility
 - Assisted Living Facility
 - I receive assistance from someone that comes to my home to help with daily living activities
 - I live with family members or others who help me
 - I live independently (without the assistance of another person)
8. How many city blocks can you travel with your usual mobility aid and without the help of another person? _____
9. Which of the following statements best describes you if you had to wait outside for a ride? (*Check only one response*):
- I could wait by myself for ten to fifteen minutes
 - I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
 - I would need someone to wait with me because _____
10. Which of the following statements best describes you? (*Check only one response*):
- I have never used regular public transit
 - I have used regular public transit but not since the onset of my disability
 - I use regular public transit when ever my health condition allows

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Tell Us About Your Travel Needs

11. How do you currently travel to your frequent destinations?

(Check all that apply):

- Buses Paratransit Drive myself BART
 Taxi Ferry Streetcar Someone drives me
 Other _____

12. Do you travel with the help of another person? (excludes providing transportation)

- Always Sometimes Never

12a. If "always" or "sometimes", what type of help do they provide?

13. Are you able to get to and from the public transit stop nearest your home?

- Yes No Sometimes

If no or sometimes, explain why:

14. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

15. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

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16. Would you be able to get on or off a public transit bus if it has either a lift, a ramp, or a kneeler that lowers the front of the bus?
 Yes No Sometimes Don't know, never tried it
If no or sometimes, explain why:

17. Please add any other information that you would like us to know about your abilities.

Have you answered all the questions and provided explanations where required?

INCOMPLETE APPLICATIONS WILL BE RETURNED.

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Applicant Certification

I **certify** that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I **understand** it will be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

I **understand** the protected health information provided during the application process will be kept confidential and shared only with the following professionals or providers as necessary to determine eligibility and provide paratransit services, and for quality assurance/audits to comply with ADA regulations and Marin Access policy: Marin Access, Marin Transit and their eligibility representatives, and their contractors.

Sign here:

Signature: _____ Date _____
(Applicant / Legal Guardian/Conservator)

Did someone help you in filling out this form? Yes No

If yes, Name: _____ Phone: (____) _____

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

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Authorization to Release Medical Information

I **hereby authorize** the following licensed professional (doctor, therapist, social worker, etc.) to release the information requested about my disability or disabilities to Marin Access eligibility representatives / contractors upon request. The information released will be used solely to evaluate my eligibility for Marin Access paratransit services as required by the Americans with Disabilities Ave, 2 U.S.C. Section 12101 et seq., 104 Stats. 327.

Name of Professional who may release my medical information:

Address: _____

Medical Record or ID #, if known: _____

Telephone (____) _____

Fax _____

Sign here:

Applicant's signature _____ Date _____

I understand that I have a right to revoke this authorization at any time by writing Marin Access, except to the extent that action has already been taken based upon this authorization.

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**See Next Page for REQUIRED Professional
Verification Form**

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Professional Verification (Required) Page 1 of 2

To The Applicant – Please have this page completed by a professional before mailing your application to Marin Access. Any one of the professionals listed below may sign the application. If the signature page is not signed by one of these professionals qualified to make this determination, the application will be returned to you, and completion of your ADA eligibility evaluation will be delayed.

MUST BE COMPLETED BY A PROFESSIONAL. NOT THE APPLICANT

To the Professional - Please check your professional title

<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Registered Nurse / Nurse Practitioner
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Case / Resource Manager
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Certified Orientation & Mobility Specialist		

The ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. ADA paratransit eligibility is not based on a person's lack of knowledge of bus service, distance from bus service, ability to drive, language ability or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for paratransit service.

Name of Applicant: _____

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Professional Verification (Required) Page 2 of 2

Please describe the medical diagnosis, physical or cognitive disability which causes the applicant to be unable to independently use a lift-equipped bus some or all of the time:

Is this condition temporary? No Yes; if so for:

4 mos 6 mos 9 mos 12 mos

This person is is not able to self-supervise daily activities
Last date of face-to-face contact with this applicant was ____/____/____

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature _____ Date ____/____/____

Printed Name _____ Phone (____) _____

Clinic/Agency _____ Address _____

City _____ State _____ Zip _____

Professional License/Registration/Certification

_____ State _____

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(Optional) Verification of Permanent Condition (Optional)

At Marin Access we offer an abbreviated recertification process for those individuals whose condition is unlikely to change over time. **This portion of the application is optional.** To qualify you must have a licensed professional qualified to make this determination sign this form which states that you have **a condition that prevents you from riding public transportation** and that this condition is **unlikely to change over time.** **A complete application must be returned along with this form.** With this statement in our files, your future eligibility renewal will be much shorter, consisting of a questionnaire that will ask you some questions about your travel habits and if you wish to remain in the program.

MUST BE COMPLETED BY A PROFESSIONAL

I certify under penalty of perjury under the laws of the State of California that the applicant's condition which prevents them from riding regular fixed-route transit is unlikely to improve over time.

Signature _____ Date ____/____/____

Printed Name _____ Phone (____) _____

Clinic/Agency _____ Address _____

City _____ State _____ Zip _____

Professional License/Registration/Certification
_____ State _____

MUST BE COMPLETED BY THE APPLICANT

I agree that my condition is unlikely to change over time. However, should my condition change in a way that allows me to use regular fixed route transit in the future, I will notify Marin Access Paratransit of my changed condition.

Signature _____ Date ____/____/____

Printed Name _____ Phone (____) _____

Eligibility requirements may change in the future. Should this occur, Marin Access reserves the right to require those with permanent status to meet these new eligibility requirements at the discretion of Marin Transit and The Golden Gate Highway and Transportation District.