



ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

IMPORTANT INFORMATION FOR APPLICANTS

Thank you for inquiring about eligibility for ADA Paratransit Service offered by Marin Access. **This packet includes information and forms you need to apply for paratransit eligibility.** Paratransit Service is a shared ride transportation service offered as part of the requirements of the Americans with Disabilities Act (ADA). Use of Paratransit Service is limited to persons who are unable to independently use fixed route public transit, some or all of the time, due to a disability or health related condition. Marin Access Paratransit Service primarily serves origins and destinations within $\frac{3}{4}$ of a mile from regular Marin Transit bus routes.

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 13-14) completed and signed by a licensed professional.

Please print legibly and be sure to fill out each section completely, incomplete applications will be returned. **Need assistance?** Call the Travel Navigators at 415-454-0902.



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Once a completed application is received, we will review your ability to use accessible public transportation and process your application within 21 days. After studying your application, we may need more information and may need to:

- Contact you by phone;
- Schedule a personal interview or a functional evaluation to determine your ability to take a public transit trip; or
- Consult with your doctor, health professional, or other specialist about your condition and abilities.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel on public paratransit services 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 temporary 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.

For a copy of this application in other accessible formats, call 415-454-0902.

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ADA PARATRANSIT SERVICE ELIGIBILITY 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 9)
 - Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 10)
4. You must have the Professional Verification (Pages 13-14) **completed and signed by a licensed professional** (not the applicant)
5. Return the completed application to:

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

By Fax
Attn: Travel Navigators
415-256-9159

By Email
Subject: Eligibility
[TravelNavigator@
marintransit.org](mailto:TravelNavigator@marintransit.org)

For help with the application process or to check on the status of your application, call 415-454-0902.

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First Name:		Last Name:	
Date of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify):			
Home/Service Address:			
Apt./Unit/Space			
City:		State:	Zip:
Mailing Address (if different):			
City:		State:	Zip:
Daytime Phone:		Evening Phone:	
Cell Phone:			
TDD/TYY:			
Emergency Contact:			
Phone Number:			
Relationship:			
Do you use any of the following mobility aids or equipment? (check all that apply)			
<input type="checkbox"/> Cane	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Communication Device	
<input type="checkbox"/> White Cane	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Crutches	<input type="checkbox"/> Leg Braces	
<input type="checkbox"/> Portable Oxygen Tank	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Do you travel with the assistance of another person?			
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			
If you travel with the assistance of another person, what type of assistance do they provide?			
If you need any future written information provided to you in an accessible format, please check which format you prefer:			
<input type="checkbox"/> Braille	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> Diskette	<input type="checkbox"/> Large Print
(Optional) I am enrolled in one or more of the following programs:			
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> SSI (Supplemental Security Income)	

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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? _____ Months.

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6. 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)

7. How many city blocks can you travel with your usual mobility aid and without the help of another person?

- Less than 1
- Up to 2
- 3 – 6
- 7+

8. 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 _____
-

9. Which of the following statements best describes you? (Check one response):

- I have never used public transit or Marin Transit accessible fixed-route buses
- I have used public transit or Marin Transit accessible fixed-route buses, but not since the onset of my disability
- I use public transit or Marin Transit accessible fixed-route buses whenever my health condition allows

10. Marin Access offers travel training to show you how to get around using accessible fixed-route buses. Would you like to learn more about Marin Access travel training? (Check one response):

- Yes
- No

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TELL US ABOUT YOUR TRAVEL NEEDS

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

(Check all that apply):

- Bus Paratransit Drive myself Taxi Ferry Someone drives me
 Other _____

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

- Always Sometimes Never

If “always” or “sometimes”, please note in detail what type of help 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 public 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. If you travel using a wheelchair:

A. Would it need to be reclined during transport?

Yes No Sometimes Don't know

If yes or sometimes, please note the angle at which it would need to be reclined:

B. Is the wheel chair oversize?

Yes No Don't know

C. During transit, will you want to transfer from your wheelchair to a seat?

Yes No Sometimes Don't know

D. Can a single individual move the wheelchair and occupant from the front door, to and from the bus?

Yes No Sometimes Don't know

18. If you travel using a walker, does it fold up easily for transport?

Yes No Don't know N/A

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

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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.

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 _____

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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HIPPA Privacy Authorization Form (OPTIONAL)

Data collected for the purpose of determining your eligibility to ride ADA paratransit is protected under HIPPA and is not shared with the operations staff at Marin Access Paratransit beyond information needed for safe and efficient travel (such as the use of mobility aids). Some clients would like to make information about their disabilities (such as seizure disorder or cognitive impairments) available to our vehicle operators and scheduling staff. This information can be valuable in case of emergency. This form authorizes the release of this information to internal Marin Access Staff only. This form is OPTIONAL and will not be used in any way in the determination of your eligibility for paratransit services under the ADA.

**Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164)

1. **Authorization:** I authorize Marin Transit to use and disclose the protected health information described below to their internal staff.
2. **Effective Period:** Throughout your eligibility period as a rider of Marin Access Paratransit
3. **Extent of Authorization:**
 - I authorize the release of my eligibility information contained within this eligibility application to the internal staff of Marin Access and Marin Transit.

- OR -

- I would like the following information about my disability made available to the staff of Marin Access and Marin Transit:

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4. This medical information may be used by Marin Access and Marin Transit staff for the purpose of providing information about my disability to the appropriate staff should it become necessary during the course of my travels on the Marin Access Paratransit service.
5. This authorization shall be in force and effect for the period of my eligibility to ride Marin Access Paratransit.
6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
7. I understand that my eligibility determination will not be conditioned on whether I sign this authorization.
8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Applicant or Personal Representative

Printed Name of Applicant or Personal Representative and His or Her Relationship to Patient

Date

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ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION PROFESSIONAL VERIFICATION (REQUIRED)

TO THE APPLICANT – Please have the following page completed by a professional before mailing your application to Marin Access. If the signature page immediately following this instruction page is not signed by a professional qualified to make this determination, the application will be returned to you, and completion of your ADA eligibility evaluation will be delayed.

A COMPLETE APPLICATION MUST BE RETURNED ALONG WITH THIS FORM.

TO THE PROFESSIONAL – 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.

RECERTIFICATIONS – 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. **If the applicant has a condition that prevents them from riding public transportation AND this condition is unlikely to change over time, sign within the box on the following page titled “Verification of Permanent Condition”.** With this statement in our files, the applicant’s future eligibility renewal will be much shorter, consisting of a questionnaire that will ask questions about their travel habits and if they wish to remain in the program.

DISCLAIMER – Paratransit 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.

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PROFESSIONAL VERIFICATION (REQUIRED)

Name of Applicant: _____

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

Last date of face to face contact with the applicant: ____/____/____

Is this condition temporary?

No Yes; if so, for: 4 mos. 6 mos. 9 mos. 12 mos.

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 (____) _____

Title _____ Clinic/Agency _____

Address _____

City _____ State _____ Zip _____

Professional License/Registration/Certification # _____ State _____

Verification of Permanent Condition

OPTIONAL

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

Signature _____ Date ____/____/____

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