

MARIN ACCESS Eligibility Application

Paratransit | Catch-A-Ride | Volunteer Drivers | Travel Navigators | Travel Training | Connect

Thank you for your interest in applying for Marin Access. The information below will help you complete your application. Information provided in this application will be used to assess your eligibility for all Marin Access programs. You can sign up for all of the Marin Access programs that you qualify for.

Program	Program Description(s)	Eligibility Requirements	Documentation Required
Marin Access Mobility Programs	<ul style="list-style-type: none"> » Catch-A-Ride: Subsidized taxi program » STAR or TRIP: Volunteer driver reimbursement program » Marin Connect: Discounted pricing on on-demand same-day trips » Travel Training: Learn how to use Marin Access services 	<p>Eligible applicants must be residents of Marin County and meet one of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 65+ <input type="checkbox"/> If under 65, be eligible for Marin Access paratransit 	<ul style="list-style-type: none"> » Proof of age » Proof of address <p><i>Documents that are typically used include: driver's license, CA ID, military ID, passport, or a local utility bill. Document for proof of age must include photo.</i></p>
Marin Access Paratransit	Pre-scheduled door-to-door bus transportation for persons with disabilities. Eligible riders can travel locally within Marin and regionally within Golden Gate Transit's service area. Eligible applicants may also use paratransit services in other areas of the Bay Area and throughout the United States.	Eligible applicants must be unable to independently use regular Marin Transit or Golden Gate Transit bus service some or all of the time.	» Professional verification
Marin Access Low Income Fare Assistance	Eligible riders will receive \$20 of credit per month to use on Catch-A-Ride base fares and/or local Paratransit within Marin County and will have the option of receiving a free pass to use on Marin Transit local bus service.	<p>Eligible applicants must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate eligibility for Medi-Cal; or <input type="checkbox"/> Demonstrate income that is at or below the current Elder Economic Index 	<ul style="list-style-type: none"> » Medi-Cal eligibility information (ID Number and Issue Date); or » Documented annual income through: three (3) recent paystubs, three (3) recent financial assistance documents, most recent tax return, or most recent year end social security statement

Follow the steps below to complete your application.

1. Indicate which programs you would like to apply for. Print or type full responses to **all of the questions** in this application. Sign the completed application in Section III (if applicable) and Section V.
2. Return the completed application and all required documentation to the Travel Navigator Department. **Incomplete applications will not be processed.** Provide copies only, documents will not be returned. Remove or cross out all instances of your social security number, identification number, and / or account numbers on the documents that you provide.
3. For assistance completing this application, or to complete this application by phone, contact the Marin Access Travel Navigators at (415) 454-0902.
4. Allow up to 21 days for processing. Completion of this form does not amount to an eligibility determination.

For expanded mobility, we encourage you to apply for all programs that you meet the eligibility requirements for (see page 1). I would like to sign up for the following (select all that apply):

Marin Access Mobility Programs

Marin Access Paratransit

Marin Access Low Income Fare Assistance

SECTION I: All applicants must complete this section

1. First and Last Name:

2. Date of Birth (mm/dd/yyyy):

3. Gender: Female Male Transgender Prefer Not to Say

4. Primary Language: English Spanish Other (please specify):

5. Phone Number - Home Phone:

6. Phone Number - Cell Phone:

7. Email Address:

8. Home Address:

9. Apt. / Unit / Space:

10. City:

11. State:

12. Zip:

13. Mailing Address: Same as Home Address

14. City:

15. State:

16. Zip:

17. I prefer to receive information by: US Mail Email

18. I would like to receive information in an alternative format: Braille Audio Electronically Large Print
 Other (please specify): N/A

19. Emergency Contact:

20. Relationship to Applicant:

21. My Emergency Contact is Local: Yes No

22. Emergency Contact Phone Number:

23. Emergency Contact Email Address:

24. I use a mobility or assistive device (check only the **primary** mobility device used when you travel):

I do not use a mobility or assistive device Cane Crutches Leg Braces Power Scooter
 Power Wheelchair Walker Wheelchair Other (please specify):

25. Do you travel with a personal care attendant (PCA)?

Yes No Sometimes

26. If you travel using a wheelchair, would it need to be reclined during transport?

Yes No Sometimes Don't know N/A

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

27. Do you travel using any of the following (*check all that apply*)?
 Portable Oxygen Tank Communication Device Respirator White Cane N/A

28. If you travel using a wheelchair, is the wheelchair oversize (ie. greater than 30" x 48")?
 Yes No Don't know N/A

29. If you travel using a wheelchair, during transit, will you want to transfer from your wheelchair to a seat?
 Yes No Sometimes Don't know N/A

30. If you travel using a walker, does it fold up easily for transport? Yes No Don't know N/A

31. I use regular public transit buses: Yes No

32. I travel with a service animal: Yes No

SECTION II: All applicants applying for Marin Access Mobility Programs must complete this section

33. I am still driving: Yes No

34. I own a car: Yes No

35. I have a Clipper Card: Yes No

36. I have internet access: Yes No

37. I use a Smartphone: Yes No

38. Race / Ethnicity: Prefer Not to Say African American / Black American Indian or Alaska Native Asian
 Latino/a or Hispanic Middle Eastern / North African Native Hawaiian or Pacific Islander White
 Other (*please specify*):

39. Marin Access Alerts give eligible riders information about the status of their upcoming trips via text message, email, or phone. How would you like to receive alerts about your trips (*select one*)?
 Text Message Phone Email I prefer not to receive Marin Access Alerts

SECTION III: All applicants applying for Marin Access Paratransit must complete this section
If you are not applying for paratransit, skip this section.

Paratransit is a shared ride transportation service offered as part of the requirements of the Americans with Disabilities Act (ADA). **Use of Paratransit 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 primarily serves origins and destinations within ¾ of a mile from regular (non-commute) Marin Transit or Golden Gate Transit bus routes.

In order to use ADA Paratransit, 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.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be entered into the regional eligibility database and 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 presumptive 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 or an incomplete application, we are unable to complete the processing of your application.

It is your responsibility to notify us if you experience a change in your condition that effects your eligibility status. This could include an improvement to your condition that results in your no longer needing paratransit service or a change of your condition that would effect the scheduling of your rides (the addition of a mobility device, etc.). If we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

40. Do you have a disability or health related condition that prevents you from independently using regular public transit (for example Marin Transit, Golden Gate Transit, BART) some or all of the time?

Yes No

41. Please state what your disability or health related condition is and explain in detail how your condition **PREVENTS** you from independently using regular public transit without the help of another person some or all of the time.

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

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

43. 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

44. Are the conditions you described:

Permanent Temporary Don't Know

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

45. How many city blocks can you independently travel with your primary mobility aid without the help of another person?

Less than 1 Up to 2 3 – 6 7+

46. Which of the following statements best describes you if you had to wait outside for a ride?

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 (please explain):

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

Yes No Sometimes

If "no" or "sometimes", explain why:

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

Yes No Sometimes I'm not sure, I have never tried it

If "no" or "sometimes", explain why:

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

Yes No Sometimes I'm not sure, I have never tried it

If "no" or "sometimes", explain why:

50. 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 I'm not sure, I have never tried it

If "no" or "sometimes", explain why:

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

52. If you are determined eligible for Marin Access Paratransit, you are eligible to use the Marin Access Passenger Portal to book, review, confirm, or cancel trips and manage your personal profile online. Would you like a Travel Navigator to follow-up with additional information about the Marin Access Passenger Portal once an eligibility determination has been made?

Yes No

53. Authorization to Release Medical Information: I 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 Act, 2 U.S.C. Section 12101 et seq., 104 Stats. 327. 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.

Name of Professional Who May Release my Medical Information:

Medical Record or ID Number, if known:

Address:

Telephone:

Fax:

Applicant Signature:

Date:

PLEASE NOTE: You must have a licensed professional complete Section VI. If Section VI is not completed and returned with this application, your application will be incomplete and your ADA eligibility evaluation may be delayed.

SECTION IV: All applicants applying for Low Income Fare Assistance must complete this section

If you complete questions 56 and 57, you do not need to respond to questions 58, 59, or 60.

54. I would like to receive a free Marin Access pass to use on local Marin Transit buses: Yes No

55. I am enrolled in and eligible for Medi-Cal: Yes No

56. My Medi-Cal ID number is *(found on your Medi-Cal Benefits Card)*:

57. My Medi-Cal card issue date is *(found on your Medi-Cal Benefits Card)*:

58. My annual income is:

59. Which category best describes your annual household income?

- Less than \$10,000 \$35,000 to \$49,999 \$100,000 to \$149,999
 \$10,000 to \$24,999 \$50,000 to \$74,999 \$150,000 to \$199,999
 \$25,000 to \$34,999 \$75,000 to \$99,999 \$200,000 and above

60. Which category best describes your housing situation?

Owner without Mortgage

Single

Couple

Owner with Mortgage

Renter

Other (please describe):

SECTION V: All applicants must complete this action

61. Check the boxes below to agree to each statement.

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 these services will be disclosed to those who perform the services.

For Marin Connect users only: **I understand** that Uber and its Affiliates may only share my trip information with or related to the services I request with Marin Transit. I understand that I will receive SMS messages and other communications from Uber and its Affiliates in connection with the Uber Service. I understand that accepting the terms will allow Marin Access pricing to be configured to my Uber account when using Connect.

For Paratransit applicants only: **I understand** that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility for paratransit. *See page one of this application for more information on documents accepted.*

For Low Income Fare Assistance only: **I understand** that to qualify based on my Medi-Cal Eligibility, I must provide my Medi-Cal information. I understand that to qualify based on income, I must provide proof of my annual income.

I understand that any 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 Marin Access and/or 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.

Applicant Signature:

Date:

Did someone help you complete this application? *If yes, complete the fields below.* Yes No

Name:

Relationship:

Phone:

Email:

SECTION VI: Marin Access Paratransit Professional Verification Form

TO THE APPLICANT: If you are applying for Marin Access Paratransit and this form is not completed and returned with your application, your application will be incomplete and your Paratransit eligibility evaluation may be delayed. 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 Golden Gate Bridge Highway and Transportation District.

TO THE PROFESSIONAL: Americans with Disabilities Act (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. 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:	DOB of Applicant (mm/dd/yyyy):	
Date of Last Face to Face Contact with Applicant (mm/dd/yyyy):		
Name of Professional:		
Title:	Clinic / Agency:	
Phone:	Email:	
Address:		
City:	State:	Zip Code:
Professional License / Certification Number:		State:

Describe in detail, the medical condition, physical or cognitive disability and **how it causes the applicant to be unable** to independently use a lift-equipped bus some or all of the time. *Print your answers legibly and do not use medical abbreviations.* Attach additional pages if necessary.

Is this condition permanent or temporary? *Check one if either description applies. Skip this section if neither applies to the applicant.*

Temporary

If the condition is temporary, please enter then number of months this condition is likely to last (applicants may reapply should the condition go beyond the projected period):

_____ Months

Permanent

If the applicant has a condition that is unlikely to change over time, sign below. 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.

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:

Signature:
Date:

SUBMITTING YOUR APPLICATION

For your convenience, you may submit your application:

By Mail

Marin Access
3000 Kerner Boulevard
San Rafael, CA 94901

By Upload

Visit www.marinaccess.org to apply or
upload documents online

By Email

Subject: Eligibility
TravelNavigator@marinaccess.org

**For assistance completing this application or to check on the status of your application, call 415-454-0902.
Application processing can take up to 21 days. Incomplete applications will not be processed.**

FOR STAFF USE ONLY

Proof of Age

Enclosed

Reviewed By:

Proof of Residence

Enclosed

Reviewed By:

Professional Verification

Included

Reviewed By:

Reviewed On:

Medi-Cal Information

Included

Reviewed By:

Reviewed On:

Approved

Income Information

Included

Reviewed By:

Reviewed On:

Approved

Documentation Type

Paystubs

Financial Assistance

Tax Return

Year End SS Statement