



ADA PARATRANSIT POLICIES RELATED TO INDIVIDUAL RIDERS

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Introduction

Yolo County Transportation District (YCTD) is a special district funded by the cities of Davis, Woodland, West Sacramento, and Winters, as well as by the County of Yolo. YCTD oversees the operation of local and intercity Yolobus public fixed route transportation services in Yolo County, as well as local ADA services in Woodland and West Sacramento, inter-city ADA paratransit services, and rural ADA route deviation services.

Purpose and Need

The purpose of this document is to set policy, in accordance with Federal Transit Administration (FTA) regulation and the Americans with Disabilities Act (ADA), regarding Yolobus Special service for individual riders.

Definitions

ADA vs. Dial-a-Ride service – ADA service is provided as a complement to fixed route service to those individuals who are unable to ride fixed route due to disability. Dial-a-Ride service is that paratransit service that is offered to those individuals that may not be certified as ADA eligible but are age 62 and over or their disability does not prevent them from riding the fixed route bus. Dial-a-Ride services are provided only to the extent that there is excess capacity on the paratransit system.

Americans with Disabilities Act (ADA) – The Americans with Disabilities Act (ADA) provides comprehensive civil rights protection for individuals with disabilities. Signed into law in 1990, ADA guarantees equal opportunity in employment, public services, public transportation, public accommodations and telecommunications for individuals with disabilities. In the transportation section the ADA clearly emphasizes nondiscriminatory access to fixed-route bus service, with complementary paratransit service acting as a “safety net” for people who cannot use the fixed route system. ADA Paratransit Service in Yolo County is provided by Yolobus Special and Davis Community Transit and is available on a prearranged basis for any trips proposed within the designated service area.

Complementary Paratransit Service - Complementary Paratransit Service is a door-to-door, lift equipped shared ride transportation service. Yolobus Special operates within the same times and to the same places as fixed-route buses. Public, fixed-route transportation systems must be accessible to persons with disabilities. However, the law provides for “complementary paratransit service” if buses are not accessible or if a disability prevents a person from using public transportation.

Fixed route system - a system of transporting individuals (other than by aircraft), including the provision of designated public transportation service by

public entities and the provision of transportation service by private entities, including, but not limited to, specified public transportation service, on which a vehicle is operated along a prescribed route according to a fixed schedule.

Mobility device – a mechanism such as a wheelchair, a walker or a scooter, designed to aid individuals with mobility impairments. They can be either manually operated, or powered.

Service animals - animals that are individually trained to perform tasks for people with disabilities- such as guiding people who are blind or who have low vision, alerting people who are deaf, pulling wheelchairs, alerting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Subscription service – an ongoing standing order for a passenger traveling to the same place at the same time at least once a week for a minimum period of 90 days

Wheelchair - a mobility aid belonging to any class of three or more wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

Policy on Eligibility

Each applicant for ADA paratransit certification will be screened to determine the individual's functional ability to use available fixed route services operated by Yolobus. Currently, no functional assessment is conducted. Applicants will not be qualified or disqualified on the basis of a specific diagnosis or disability. Qualified applicants will be certified under the following categories and will be issued an identification card which will indicate the term of eligibility and may show restrictions placed upon their ADA paratransit certification, including eligibility for certain trips. Applicants whose eligibility has expired will be subject to recertification.

Category I:

Any individual with a disability who is unable, as the 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.

Included in this category are individuals with mental or visual impairments who cannot "navigate the system."

For example, the individual is unable to:

- Wait, either standing or seated, more than 15 minutes;

- Get on or off a lift (or ramp) equipped vehicle without assistance (except for the lift operator's assistance);
- Grasp handles or railing, coins or tickets;
- Maintain balance while seated on a moving vehicle;
- Identify correct bus or stop; or,
- Understand transit directions needed to complete the trip.

Category 2:

Any individual with a disability who needs the assistance of a wheelchair lift/ramp 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.

Eligibility under this category depends on the accessibility of vehicles and routes. A person is eligible for paratransit service if the fixed route on which they want to travel is not yet accessible. Inasmuch as Yolobus operate accessible fixed-route systems, the granting of Category 2 eligibility will be limited to particular situations when a temporary loss or curtailment of such accessibility is announced by the agency.

For example, the system may not be accessible when:

- A lift cannot be deployed at the boarding or disembarking location the individual wishes to use;
- A wheelchair cannot be accommodated on the vehicle;

Category 3:

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.

For example:

- The individual's impairment prevents traversing terrain necessary to access fixed-route service;
- Weather conditions interact with an impairment-related condition to prevent necessary travel;
- Temporary variations in the health or functional ability of the individual prevent travel to or from fixed-route service;
- The individual's mobility impairment prevents travel beyond a certain distance, and the particular stop is beyond that threshold; or,
- Visual, cognitive, or developmental impairment prevents travel to or from a stop for exceptional (non-routine) trips.

Category 3 registrants may be asked by a Yolobus Special reservationist about their ability to use fixed-route services for any and all paratransit trips requested.

Only a "specific impairment-related condition" which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for Category 3 eligibility. Conditions, which make traveling to or from boarding or disembarking locations more difficult than for a person who does not have the condition, but would not prevent or deter a reasonable person with the condition from the travel is not a basis for Category 3 eligibility.

Environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility. If, however, travel to or from a boarding location is impossible when these factors are combined with the person's specific impairment-related condition, paratransit service must be provided.

Complementary Paratransit Service for Visitors

Yolobus Special will treat as eligible for the Yolobus Special service all visitors who present documentation that they are ADA paratransit eligible for up to any combination of 21 days in a period of 365 days beginning with the date of the first paratransit trip used. Yolobus Special will then require that such an individual, in order to receive service beyond this period, apply for eligibility under the Yolobus Special Policies and Procedures. (Per ADA Regulations 37.127.)

Visitors with disabilities who do not present ADA Paratransit Eligibility documentation will be required to present documentation on their place of residence and of his/her disability. Yolobus Special shall accept a certification by such visitors that they are unable to use fixed route transit. Yolobus Special shall provide paratransit to such individuals for up to any combination of 21 days in a period of 365 days beginning with the date of the first paratransit trip used. Yolobus Special shall then require that such an individual, in order to receive service beyond this period, apply for eligibility under the Yolobus Special Policies and Procedures. (Per ADA Regulations 37.127.)

The above definitions of eligibility will prevail for all new applicants. Yolobus Special reserves the right to require individuals who have been certified as eligible for Yolobus Special services to be recertified. Persons not eligible for Yolobus Special will be referred for assistance and/or travel training on fixed route bus service whenever possible.

Application Process

Yolobus Special offers door-to-door transportation for qualified applicants as described in the Eligibility Policy. Individuals requesting Yolobus Special are required to submit an application. (See Appendix A)

The goal of this process is to ensure that only people who meet the regulatory criteria, strictly applied, are regarded as ADA paratransit eligible.

Required Policy Elements for ADA Paratransit Eligibility

The following procedures are required elements for eligibility determination and apply in accordance with ADA Section 37.125.

(a) Strictly Limiting Eligibility

The certification process shall strictly limit ADA paratransit eligibility to individuals who meet the regulatory definition of eligibility. Only those persons who meet the regulatory definition can be given documentation indicating that they are “ADA Paratransit Eligible.” If individuals who are determined to be ADA paratransit eligible can use fixed route service under certain conditions, the documentation which they are given will indicate the limitations/conditions of their eligibility.

A parallel process for non-ADA (Dial-a-Ride) service may be established by Yolobus Special to determine eligibility for broader service if no financial difficulty can be foreseen to fully meet the complementary paratransit requirements. Documentation for this broader service will **not** indicate that these other customers are ADA paratransit eligible. ADA patrons will take precedence over non-ADA patrons.

Yolobus Special may integrate the eligibility determination process to use for all paratransit services. Questions included in the application material may be used to determine if individuals qualify for broader services even if they do not qualify as ADA paratransit eligible. Documentation of eligibility will, however, distinguish between those who qualify for the broader service and those who meet ADA paratransit eligibility standards.

If full compliance with complementary paratransit requirements poses no undue financial burden; Yolobus Special may opt to accept all trip requests, regardless of conditions and circumstances, from individuals determined ADA paratransit eligible. The application process will still, however, identify the extent of eligibility enough to allow for conditions of eligibility to be noted where applicable. The process is intended to be thorough enough to reasonably ensure that the criteria for eligibility are being properly interpreted and applied.

(b) Accessible formats

Information materials about the process, applications for eligibility and notices determining eligibility shall be made available in accessible formats upon

request. Information may not be available in the format requested, but will be made available in a format that the person can use.

(c) Processing Time/Presumptive Eligibility

A **properly completed** application will be processed within 21 days. If the eligibility determination takes longer than 21 days, applicants will be entitled to presumptive eligibility. This allows the applicant to use the paratransit system until a final determination is made.

An application is considered to be complete once the applicant has provided all of the information required. Subsequent investigations or requests for additional information by Yolobus Special would be considered part of the review process and within the 21 day timetable. For example, the application requires that individuals complete a form which includes a section for a professional to fill out; the application is considered “complete” once the requested information including the information from the professional contact.

Follow up by Yolobus Special in getting additional professional verification and information would be part of the 21 day review process.

(d) Notice of Initial Determination

Applications are processed by a Yolobus Special contractor and applicants will be notified in writing of the initial determination of eligibility. If the determination is that the person is not eligible, the written notification will state the specific reason(s) for the finding. A simple indication that an applicant is not ADA paratransit eligible because Yolobus Special has determined that they “are able to use the fixed route system” is not sufficient.

(e) Documentation of Eligibility

An applicant that is determined to be eligible will be sent documentation of eligibility specifically stating that the person is “ADA Paratransit Eligible.” The document will include the name of the eligible individual, the name of the transportation provider, the phone number of Yolobus Special Reservations, an expiration date for eligibility, and any conditions or limitation on the individual's eligibility including the use of a personal care attendant.

(f) Administrative Appeal Process

Yolobus Special has established a fair and effective administrative appeal process that is available to any individuals who may be determined to be ineligible or conditionally ineligible for complementary paratransit service. Limiting eligibility is considered denying eligibility for certain trips. (See Appendix B)

The YoloBus Special appeal process has the following established requirements:

- Individuals are permitted to request an appeal within sixty (60) days of the initial eligibility decision, the time starting to run on the date the individual is notified on the negative initial decision;
- Individuals have an opportunity to be heard in person and to present additional information and arguments regarding their disability and ability to use the fixed route service;
- YoloBus Special eligibility determinations are made by YoloBus Special Operations Contractor. YoloBus Special provides for a “separation of function” between individuals involved in the initial eligibility determination and those selected to hear the appeals. YoloBus Special has a two step appeal process including a first step informal meeting with YCTD administration and a second step panel hearing if necessary;
- Applicants are notified of appeal decisions in writing, or in an accessible format if requested, and the notification will state the reason(s) for the decision if eligibility is still denied;
- If a decision on the appeal is not made within 30 days of the completion of the process, individuals will be considered “presumptively eligible” and will be provided paratransit service until and unless a decision to deny the appeal is issued. Paratransit service does not have to be provided, however, during other phases of the appeal.

Optional Policy Elements for ADA Paratransit Eligibility

The following procedures are optional and are added at YoloBus Special’s discretion:

(a) Recertification of ADA Paratransit Eligibility

YoloBus Special shall require eligibility recertification of ADA paratransit eligible individuals every three years.

(b) Recertification of Other Paratransit Customers

YoloBus Special shall require recertification for eligibility of Dial-a-Ride paratransit eligible individuals every three years.

Certification Process

YoloBus Special policy for certification is to utilize its operations contractor (Veolia Transportation) to assess potential customers and determine eligibility of our YoloBus Special services. The following outlines the process utilized to determine eligibility.

YoloBus Special certification applications may be obtained Monday through Friday, 8am to 5pm at 350 Industrial Way, Woodland or by calling YoloBus Special Customer Service at **(530) 666-2877**.

All Yolobus Special applications must be mailed to Yolobus Special contract operator whose address will appear on the application.

Applications received by the Yolobus Special contract operator will be "date" stamped, reviewed for completeness, and verified by Eligibility staff. Eligibility staff will:

- Confirm the accuracy of the application.
- Return any incomplete applications to applicants with a check-off list noting items that need to be completed or clarified.
- Provide support to applicants with incomplete applications in order to complete applications correctly; however, Eligibility staff is not responsible nor will staff complete applications for applicants.

Eligibility staff will determine eligibility (Status: temporary, conditional, permanent) or ineligibility of an application within the 21 day parameter set by ADA Law. Eligibility staff may decide that a face to face interview of the applicant is necessary to determine eligibility. If an in-person interview is needed, Yolobus Special will provide transportation to and from the interview at no charge to the applicant.

In emergency situations Eligibility staff may grant eligibility to applicants within a matter of days however this is the exception and not the rule.

Eligible applicants (regardless of status) will be mailed a packet containing their Identification Card with their I.D. number for Yolobus Special.

Ineligible applicants will be notified in writing by mail; information advising them of their right to appeal the denial will be included (see Administrative Appeal Process) as well as information on any appropriate alternative resource.

Policy on Reservations

Reservation-Taking Hours

Reservations shall be taken 7:00 a.m. to 5:00 p.m. Monday-Friday; 8:00 a.m. to 4:00 p.m. weekends and holidays. Ride requests may be made one to seven days in advance, but should be made no later than 5:00 p.m. one day before ride date.

Yolobus Special may accommodate a limited number of same-day requests based on available service capacity.

Policy on Scheduling

Trips shall be scheduled based on the rider's request to be picked up at a particular time. A scheduled 30-minute ready-time window will be communicated

to the passenger at the time the reservation is made. All service is shared ride. Scheduling of trips will allow time for others to board and ride. Trips shall be confirmed by 5:00 p.m. the day the trip request is made.

Yolobus Special may offer travel times one hour before or one hour after the requested travel time as established under the Americans with Disabilities Act (ADA) of 1990 service criteria.

Policy on On-time Service

Scheduling for shared rides often prevents exact adherence to a scheduled pick-up time. Therefore, the vehicle will be considered to be “on-time” if it arrives to pick-up the passenger any time within the 30-minute ready-time window. Riders must be ready at the beginning of their ready-time window. Riders may board as soon as the vehicle arrives and must board within five minutes of the arrival of the vehicle. However, riders will not be obligated to board before the beginning of their ready-time window.

Example:

Passenger requested pick-up time 9:00 a.m.

Ready-time window assigned by reservationist 8:45-9:15

If the vehicle arrives before 8:45 am, the passenger may board upon arrival, but must board by 8:50 am (five minutes after beginning of ready-time window), beginning with assistance from the door if needed.

If the vehicle arrives between 8:45 and 9:15, the passenger may board upon arrival of the vehicle, but must board within five minutes of the arrival of the vehicle.

A delay in boarding by the passenger of more than 5 minutes after the arrival of the vehicle within its established ready-time window may result in being considered a “No Show” (see policy on Cancellations). Riders will not be assigned a “No Show” if the vehicle arrives after the ready-time window, and the rider refuses the ride due to vehicle tardiness.

Late Trips

If the vehicle has not arrived by the end of the 30-minute ready-time window, riders are advised to call Yolobus Special at **(530) 666-2877** in order to inquire about the status of the trip.

Travel Time

Travel time on Yolobus Special is comparable to the amount of time it would take to make the same trip using fixed-route bus service with connections. The average trip length is about 60-90 minutes, and a trip may exceed or fall below that average depending on the circumstances.

Policy on Service Area

Certified paratransit riders are entitled to service to all points within YoloBus Special's defined service area. Riders are not entitled to service outside the defined service area. (See Appendix C)

Policy on Driver Assistance

YoloBus Special is a door-to-door, shared-ride service that complements YoloBus fixed-route bus services. Door-to-door assistance shall be provided to assist riders only to the extent necessary to get to the vehicle and to board, disembark, or stow a limited amount of personal belongings.

Door-to-door service shall be provided for passengers requiring assistance. However, drivers must, for safety reasons, stay within the "line of sight" of their vehicle. Passengers cannot be escorted past the ground floor lobby or threshold of any residence or public building beyond the driver's line of sight. If a rider needs a passenger lift to board a vehicle, the driver shall assist. All drivers are trained to operate the lift.

Drivers shall assist riders when entering and exiting the vehicle as requested. Drivers shall also assist passengers to and from the main door of their origin or destination, for passengers who require this assistance. This includes:

- Identifying themselves to the passenger as YoloBus Special and by their name.
- Offering a steadying arm or other appropriate guidance or assistance when walking;
- Assistance on stairs for ambulatory (non-wheelchair using) passengers;
- Assisting wheelchair users to and from the main door of the building or residence; and/or,
- Assisting wheelchair users on ramps to and from the main door of their origin or destination.

The driver may also assist with a reasonable number of packages, defined as the amount the driver can carry in one trip from the vehicle to the door (for example, two grocery sized bags or a collapsible shopping cart with bags in it).

In addition to the above mentioned packages the driver may assist with, passengers may bring any number of packages that they and/or their companions or Personal Care Attendant can handle and can be reasonably and safely accommodated in the vehicle, space permitting.

Apartments/Office Complexes

When riders schedule a trip, they must provide the reservationist with a specific building name and number within the complex. The operator will pick up the rider at that specific building. If a rider's building is located within a gated community and requires special entry, the rider must arrange entry for the Yolobus Special vehicle before pick-up time (See Policy on Accessible Origins and Destinations).

Nursing Homes

Riders with pick-ups at nursing homes must meet the operator in front of the main lobby. Operators are not permitted to go to rooms to pick up riders. Operators cannot assist riders in and out of a nursing home. Nursing home staff should be ready to assist the individual out if necessary. Riders will be dropped off in front of the main lobby of the nursing home.

Policy on Personal Care Attendants and Companions

Personal Care Attendant (PCA)

A personal care attendant (PCA) is defined as someone designated or employed specifically to help the eligible individual meet his or her personal needs. The origin and destination of the PCA must be the same as the rider's. A PCA may accompany a registered Yolobus Special rider at no additional charge. A rider must indicate at the time of application whether he or she travels with a PCA. When making a reservation, the rider must indicate if the PCA will be accompanying the rider on that trip.

Companions

One fare paying companion in addition to a PCA may accompany a rider to and from the same origin and destination. Riders must reserve space for the companion, whether adult or child, when scheduling their trip. Seating for more than one companion is on a "space available" basis when scheduling trips. Children under age 5 travel free and must be accompanied by an eligible adult.

Policy on Service Animals and Non-Service Animals

Service Animal Rules

Service animals are allowed to board Yolobus buses. A "service animal" is any animal specifically trained to work or perform tasks for an individual with a disability. If an operator is unsure that an animal performs a service function, the operator may ask the passenger either if the animal is trained as a service animal or what tasks the animal has been trained to perform. However, persons boarding with service animals are not required to have a certificate or license — nor is a photo of the animal required. For safety reasons, Yolobus recommends service animals do not ride the passenger lift platform. Their tails, paws, head, or equipment may catch in the lift mechanism. Service animals are permitted to accompany individuals with disabilities in Yolobus vehicles and facilities. The animal must not interfere with other passengers, and must be under the constant

supervision and control of its owner. If a service animal misbehaves, the passenger will be asked to remove his or her animal from the vehicle or facility. If there are multiple occurrences of misbehavior, the animal's boarding privileges may be revoked. Some examples of misbehavior would be soiling the vehicle, or growling at or harassing passengers, the operator, or other service animals. Service animal trainers are permitted to board Yolo bus vehicles for training purposes. Individuals who wish to use Yolo bus's vehicles to train service animals are encouraged to call 530-666-2877 to make special arrangements.

The rider is strongly encouraged to tell the reservations that he or she will be traveling with a service animal when the rider schedules a trip.

Non-Service Animals

Except for transporting small animals in a completely enclosed and secured cage or carrier, animals that do not meet the definition of "service animals" are not permitted in Yolo bus vehicles or facilities. Wire cages are not allowed. The cage or carrier must be small enough to fit on the person's lap and must be carried on the person's lap throughout the entire trip. The animal must not misbehave as described in the "Service Animals" section.

Policy on Fares

To receive service, all riders and each of their companions must pay a fare upon boarding. Only PCAs (as defined in the Policy on Personal Care Attendants) are not required to pay a fare. Riders can pay with cash (Note: drivers cannot make change), or tickets. All eligible riders, regardless of age, must pay full fare when boarding.

Fares are determined by policy of the Yolo County Transportation District's Board of Directors.

Policy on Transporting Life Support Equipment

Passengers may travel with respirators, portable oxygen, and other life support equipment. Such transport must not violate law or rules related to transportation of hazardous materials. Such equipment must be of a size which can be reasonably accommodated in paratransit vehicles (for example, equipment that could also be transported on a fixed-route bus).

Policy on Accessible Origins and Destinations

Service to or from inaccessible origins or destinations will be provided at curbside instead of to the door if no safe access exists. In this instance, accompaniment by a PCA is strongly advised. Yolo bus Special shall determine if a location is unsafe or inaccessible based on existing program guidelines. Yolo bus Special

shall notify passengers requesting a reservation to or from this address of the determination and suggested alternatives for boarding locations nearby.

If it is determined at the time of service that there is no safe access (i.e. construction, emergency, etc.) the passenger will be notified and alternative boarding locations nearby will be suggested.

If a pick-up address is located inside a gated community or requires special access, it is the rider's responsibility to arrange entry for the Yolobus Special Paratransit vehicle. If a vehicle is unable to enter the pick-up area and the rider fails to meet the vehicle, the rider will be considered a No-Show for the trip (See Policy on Rider Cancellations and No Shows).

Policy on Use of Safety Belts

Yolobus Special policy is that all passengers shall use the safety belts provided in paratransit vehicles.

Children may travel on Yolobus Special—as eligible riders and as companions. Children pay the same fares as adults. All children until the age of eight, or until they reach a height of 4 feet 9 inches, must travel in a child safety seat in order to comply with California State Law. Parents or guardians must provide their own child safety seat and take it with them when they exit the vehicle. Yolobus Special will not carry a child without a safety seat. Drivers may help carry or install a child safety seat. Drivers are not permitted to lift or carry children.

Policy on Wheelchairs or Other Mobility Devices

Yolobus Special shall accommodate wheelchairs, scooters and other mobility devices.

Wheelchairs shall be secured at all times during boarding, disembarking and transport operations. For safety reasons, passengers are strongly encouraged to have working brakes on their mobility device. Passengers who use scooter-type wheelchairs who are capable of transferring to a vehicle seat are strongly urged to do so during transport. It is the rider's choice to transfer or remain in his or her mobility device. Passengers who need the lift to board but are not wheelchair users may use the lift in a standing position.

Policy on Subscription Service

Subscription service is limited to riders traveling to the same place at the same time at least once a week for a minimum period of 90 days. Yolobus Special shall restrict and/or prioritize subscription service to maintain a maximum level of fifty percent (50%) of available capacity on the total system at any given time, unless

there is excess demand capacity available. Excessive advance cancellations may result in the loss of subscription service privileges.

Policy on Rider Cancellations and No Shows

Passengers must cancel unwanted trips, whether demand or subscription service, by 5:00 p.m. the day before the scheduled trip. Trips canceled by 5:00 p.m. the day before the scheduled trip will be counted as Advance Cancellations. A documented pattern of Late Cancellations and/or No Shows for reasons within the passenger's control will result in service denial as prescribed under the Policy on Suspension of Service below.

Same Day Cancellations

A Same Day Cancellation occurs when a rider cancels a scheduled trip between 5 p.m. the day prior to the trip and up to two hours before the scheduled pick-up time.

No Shows and Late Cancellations

A No Show occurs when a rider fails to board the Paratransit vehicle within 5 minutes after it arrives within the ready-time window. Trips that are not cancelled at least two hours before the scheduled time will be considered Late Cancellations. This is considered an operational no-show because canceling less than two hours in advance does not give us time to reroute the vehicle.

Policy on Suspension of Service

Passengers must not engage in activities or conduct resulting in misuse of the system, or unnecessarily reserve and/or use space that could otherwise be utilized by people who need service. Examples of misuse include, but are not limited to:

- Failing to show up for scheduled rides (No Shows and Late Cancellations less than 2 hours)
- Engaging in disruptive behavior
- Failing to pay a fare on a repeated basis
- Falsifying medical justification for eligibility

Suspensions shall not be proposed or implemented for circumstances which are beyond the passenger's control. A suspension shall be imposed as described below for a documented pattern of misuse, within the passenger's control within any 30-day period. Examples of situations not within the passenger's control are:

- A sudden personal emergency
- Sudden or worsening illness
- A late vehicle arrival
- Breakdowns of mobility aids

- A driver who does not provide appropriate assistance
- Medical conditions which may cause involuntary behavior (e.g. Tourette's Syndrome)

Service Suspension for No Shows and Late Cancellations

Because No Shows and Late Cancellations prevent other passengers from obtaining rides, an accumulation of No Shows and/or Late Cancellations may result in suspension of service. Late Cancellations and No Shows will be assessed for suspensions based on a pattern or practice of No Shows. However, multiple cancellations made on the same day as the scheduled trips will be assessed for suspension if less than 2 hours prior to the scheduled trip.

The following situations will be considered a violation of the No-Show/Late Cancellation Policy and service will be suspended if:

1. Over a rolling period of up to 60 days, a customer schedules 10 or more rides and no-shows or late cancels more than 20% of scheduled rides, **or**
2. Over a rolling period of up to 60 days, a customer schedules between 3 and 9 rides and no-shows or late cancels at least 3 AND more than 30% of scheduled rides

In accordance with U.S. DOT ADA Regulations Part 49 CFR 37.131 (b), when a passenger "no-shows" for the first leg of a trip, all later scheduled rides for the day will not be automatically cancelled. A round trip return ride, for example, may result in an additional no-show if not cancelled according to the cancellation policy. It is the passenger's responsibility to cancel rides they no longer need by calling the Reservations office at least one hour prior to the ride.

Within any 60-day rolling period, the following penalties shall be assessed for No Shows or Late Cancellations:

Passengers that are suspended will receive a written notice identifying each trip that was no-showed or late cancelled. The notice will also advise the customers of the dates when the suspension will take effect, as well as the date that the customers may resume using paratransit service.

Passengers will be notified throughout the suspension process and are welcome to contest any individual missed trips once they have received a notice documenting that trip. Any contested missed trips must be contested before a suspension takes place.

Passengers that are suspended according to the no-show/late cancellation policy and continue to violate this policy will be subject to longer suspension periods. The following suspension periods shall apply:

1st suspension: one (1) 2-week period
2nd suspension: one (1) 3-week period
3+ suspensions: one (1) 4-week period

Passengers who appeal a proposed suspension may continue to ride pending a decision on the appeal. If the appeal is denied, the suspension shall be imposed effective the date the appeal is denied, pending final notification to the passenger.

Service Suspension for Violent, Seriously Disruptive and/or Illegal Conduct

Service shall immediately be denied for 30 days or until an appeal hearing is held, to passengers who engage in violent, seriously disruptive or illegal conduct. (See Policy on Service Suspension). This includes, but is not limited to:

- Threats of physical harm to other passengers, drivers or other service personnel
- Physical assault or battery on driver or other passengers
- Verbal abuse, intimidation or altercation with driver or other passengers
- Unlawful harassment of driver or other passengers, including, but not limited to unwelcome verbal, nonverbal, or physical behavior having sexual or racial connotations
- Unauthorized use of or willful damage to vehicle equipment
- Repeatedly violating riding rules, including smoking on the vehicle, standing while the vehicle is in motion, eating or drinking on the vehicle without valid medical reason, defacing equipment or refusing to comply with other service requirements specified in the policies included in this document
- Failing to maintain reasonably acceptable personal hygiene standards which could interfere with the safe operation of the vehicle by the driver or with the use of the service by other passengers
- Any other criminal conduct defined in and/or prohibited by the California Penal Code

Riders who exhibit violent, seriously disruptive and/or illegal behavior may be suspended from service immediately for 30 days (from the date when the incident occurred) pending an appeal. The rider shall be contacted by Yolobus Special Administration to investigate the alleged situation or incident. If Yolobus Special Administration determines the rider's behavior to be disruptive or violent, the rider shall be sent a written notice by Yolobus Special explaining the reasons for the suspension.

The person shall have 60 calendar days from the date of notice of the proposed suspension to submit to Yolobus Special a request for an appeal. He or she (or their representative) shall include a written explanation as to why the suspension should not be imposed. Riders appealing a suspension based on seriously disruptive or violent behavior may not continue to ride until Yolobus Special Administration appeals issues a written decision on the case.

Disruptive behavior which is determined to be due to a disability of the rider may not result in a suspension. However, Yolobus Special may require the rider to travel with a Personal Care Attendant (PCA) if it is established that the rider's behavior poses a significant potential threat of harm to other passengers or to the paratransit driver.

If such disruptive behavior continues and the required PCA is unable to prevent further instances of such behavior so that the rider continues to present a potential safety problem, service for the rider may be discontinued.

Policy on Appeal of Service Suspension

Before suspending service Yolobus Special shall take the following steps:

- Notify the individual in writing that Yolobus Special proposes to suspend service, citing the specific reasons for the proposed suspension and setting forth the proposed sanction.
- Provide the individual an opportunity to be heard and to present information and arguments. This is an informal process with Yolobus Special administrative staff.
- Provide the individual with written notification of the decision and the reasons for it.

If it is determined by Yolobus Special that a suspension of service is warranted, Yolobus Special will issue a notice of suspension. The Service Provider or Yolobus Special Administration shall provide the passenger with a copy of Yolobus Special's Administrative Appeal Process (See Appendix B). Any rider whose service is suspended may appeal the decision. Appeals on suspension of service shall be directed to Yolobus Special Administration in writing.

Appeals must be received by Yolobus Special Administration within 60 calendar days from the date of the written notice of suspension. The Service Provider shall forward to Yolobus Special Administration written documentation on the events leading to the suspension. Failure to submit a timely appeal as defined in this section will result in a forfeiture of the rider's right to pursue an appeal.

Once an appeal is submitted in writing to Yolobus Special Administration, the rider may continue to ride Yolobus Special pending an appeals hearing. However, riders appealing a suspension based on seriously disruptive or violent

behavior may not continue to ride until the appeals panel issues a written decision on the case (See Policy on Suspension of Service).

Policy on Customer Comments

All rider comments, both positive and negative, will be considered by Yolobus Special. Customers may send their comments to the Yolobus office by mail, email, or phone. Comments can be directed to:

Yolobus Special Customer Service
352 Industrial Way
Woodland, CA 95776
Email: CustomerService@yctd.org
Phone (530) 666-2877

Every complaint will be investigated and responded to within 14 calendar days of receipt. Complaint resolution will be in writing unless declined by the customer in a phone call. Resolution of urgent complaints will occur within five calendar days.

When filing a customer complaint, riders are encouraged to provide:

- The rider's name, address and telephone number;
- Date and time of the incident; and,
- Details of the incident.

Rider confidentiality will be protected upon a customer's request when investigating and resolving complaints. Anonymous service complaints, however, cannot be responded to.

Policy on Accommodating Reasonable Modifications

All requests for reasonable modification (fixed route, paratransit or facilities) will be processed in the following manner. The District's policies for ADA are incorporated by reference into this policy.

1. Requests may be submitted via the website at www.yolobus.com, by email, written mail to 350 Industrial Way, Woodland, CA 95776 or by phone at (530)661-5816. All requests will be logged into a Reasonable Modification/Accommodation spreadsheet noting the requestors name, date, contact information and specific modification request being made.
2. Information regarding requesting reasonable modifications will be available on the Yolo County Transportation District website (www.yolobus.com) as well as within the various printed materials normally provided by the agency (i.e. riders guides, notices).

3. Individuals requesting modifications will be asked to supply sufficient detail within the request so that agency staff may effectively evaluate the request. Individuals are not required to use the term “reasonable modification” when requesting modifications or accommodations.
4. Whenever feasible, requests for modifications shall be made in advance, before the requested modification is expected to be provided in service. Yolo County Transportation District acknowledges that, due to the unpredictable nature of transportation, some requests for reasonable modification may be made while in transit. As such, operating personnel shall make a determination of whether the modification should be provided at that time.
5. Some requests for reasonable accommodations may be submitted during the paratransit eligibility process or through other customer service inquiries determined to be in compliance with existing District Rules, Policies and Procedures and staff may implement those changes as they are requested. As such, operating personnel are trained and are empowered to determine whether the request should be granted at the time of the request or whether the request needs to be escalated to operations/agency management before making a determination to grant or deny the request.
6. All requests for modifications (reasonable or otherwise) will be assigned to the Deputy Director of Operations, Planning and Special Projects for review and evaluation. Prior to determination, the Deputy Director of Operations, Planning and Special Project will consult with agency operations staff regarding requests for reasonable modification.
7. Training regarding these procedures will be provided to agency and contractor staff who interact with the public; specifically, office assistants, dispatchers, schedulers and supervisors.

All complete reasonable modification requests will be acknowledged within 3 business days of receipt. The resolution and response to the person who submitted a request will be made timely, within 15 business days, and the response must explain the reasons for the resolution. The response will be documented in the Reasonable Modification/Accommodation log. Any requests requiring more than 15 business days to resolve will be reviewed at Executive Director level, documented and written notification provided as to why the resolution requires additional time for full resolution.

Reasonable Modification Complaint Response Procedures

1. Complaints may be submitted via the website at www.yolobus.com, by email, written mail to 350 Industrial Way, Woodland, CA 95776 or by phone at (530) 661-5816. All complaints will be logged into a Reasonable Modification/Accommodation spreadsheet noting the complainant name, date, contact information and specific complaint being made as well as the original request for modification associated with the complaint.

2. All complaints will be reviewed by the Deputy Director of Operations, Planning and Special Projects.
3. All complaints will be acknowledged within 3 business days of receipt. The resolution and response will be made timely, within 15 business days, and the response must explain the reasons for the determination. The response must be documented in the Reasonable Modification/Accommodation log, referencing the original request for modification. Any complaint responses requiring more than 15 business days for resolution must be reviewed by the Executive Director and documented as to why the resolution requires additional time for full resolution.

Reasonable Modification Request Point of Contact

1. The Yolo County Transportation District Reasonable Modification Request Point of Contact shall be assigned to the position of Deputy Director of Operations, Planning and Special Projects.
Name: Mr. Jose Perez
Ph.: (530) 402-2826
Email: jperez@yctd.org
2. Requests may be reviewed by the following agency and contractor staff, Contractor Operations Manager, Contractor Safety Manager, Contractor General Manager and Executive Director.

Denying Request for Modification

1. Requests for modification of Yolo County Transportation District's policies and practices may be denied only on one or more of the following grounds:
 - a. Granting the request would fundamentally alter the nature of Yolo County Transportation District's services, programs, or activities;
 - b. Granting the request would create a direct threat to the health or safety of others (including drivers and other passengers, but not including the requesting party);
 - c. Without the requested modification, the individual with a disability is able to fully use Yolo County Transportation District's services, programs, or activities for their intended purpose; or
 - d. In the case of the District as a recipient of federal financial assistance, granting the request would cause an undue financial and administrative burden.

If Yolo County Transportation District denies a request for a reasonable modification, Yolo County Transportation District shall take, to the maximum extent possible, any other actions (that would not result in a direct threat or fundamental alteration) to ensure that the individual with a disability receives the services or benefit provided by Yolo County Transportation District.

Appendix A Eligibility Forms

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Yolobus Special Paratransit Application

Dear Applicant:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that prohibits discrimination against people with disabilities. The intent of the ADA is to ensure that persons with specific disabilities have equal access to public transportation. In accordance with the ADA, Yolobus must provide a variety of services, including paratransit service. Paratransit service is a specialized service providing a door-to-door shared ride for eligible individuals with disabilities who are unable to use the regular fixed-route bus service.

Yolobus is required to determine the eligibility for paratransit service for individual applicants. Categories of eligibility for Yolobus Special paratransit service are as follows:

- Persons who are unable to board, ride, or disembark from a fixed-route bus on the system which is readily accessible to and usable by individuals with disabilities.
- Persons who need the assistance of a wheelchair lift/ramp or other boarding assistance device and are 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.
- Persons with specific impairments who cannot travel to a bus stop to board the fixed-route bus, or travel to their final destination after disembarking from the fixed-route bus.

If you believe your disability may fit into one of the categories described above, you must apply for certification by completing the attached “Paratransit Application” form. In addition, a licensed professional (i.e., physician, physical therapist or social worker) must verify your eligibility application.

Yolobus Special Paratransit Application

Eligibility Review and Determination Process

Yolobus Special will review applications for completeness. Incomplete applications will be returned to the applicant with an explanation of the missing information.

Upon receipt by Yolobus, completed applications will be date stamped. Yolobus may consult the appropriate licensed professional regarding your eligibility and/or request and interview with you if an accurate determination cannot be made based upon the written application.

Yolobus Special will determine eligibility within 21 days of receipt of a complete application. If approved, the applicant will be notified in writing and eligibility will be granted for a period of three years. After three years, applicants must reapply. Eligible applicants will receive an identification card and will be given materials explaining the rules and regulations governing service.

If eligibility is denied, Yolobus Special will send a written statement, including the reason for ineligibility and a full description of Yolobus Special's process for appeal of the determination.

If Yolobus Special does not make a determination within 21 days, the applicant will be given presumptive eligibility and be allowed to ride paratransit service until such time as a determination is made. Please note, the submission of this application does not guarantee eligibility.

The following materials are enclosed to assist you with the application process:

- Attachment 1: Application Form (Parts A, B and C) and Checklist
- Attachment 2: Paratransit Rider's Guide
- Attachment 3: Yolobus Fixed-route Guides

If you are eligible for Yolobus Special, you will be mailed a determination letter within **21** days of the receipt of your **complete** application. If you are not eligible, you will be

Yolobus Special Paratransit Application

mailed a determination letter within 21 days of receipt of your **complete** application. The letter will explain the reason why you are not eligible and will advise you of the procedures to follow if you wish to appeal. Incomplete applications will be returned to the applicant with an explanation of the missing information. If for any reason you are not contacted within 21 days of applying, you will be entitled to receive Yolobus Special paratransit service until you receive a final determination on your application.

If you have any questions or need help completing the application please call the number below or write to the address below.

Thank you for your interest in Yolobus Special paratransit service.

Yolobus Special
352 Industrial Way
Woodland, CA 95776
(530)-666-2877

Yolobus Special
Paratransit Application

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PART A: APPLICANT PROFILE

To be completed by the applicant.

Yolobus Special
Paratransit Application

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**Yolobus Special
Paratransit Application**

Applicant Information:				<i>(Please print or type.)</i>	
Last Name:		First Name:		Middle Initial:	
Street Address:					
City:		State:		Zip Code:	
Telephone (day):			(evening):		
(cell):			Pager:		
E-mail (optional):					
Date of Birth <i>(mm/dd/yyyy)</i> :			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Language Ability: <i>(Check all that apply)</i>		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify: _____			
Emergency Contact Information:					
Full Name:					
Telephone (day):			(evening):		
Relationship to Applicant:					
Yolobus Special Use Only:					
Applicant Identification Number:			Expiration Date:		
Mobility Aids:		PCA: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed			
ADA Eligibility Category Code: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2					
<input type="checkbox"/> 3 Unconditional <input type="checkbox"/> 3 Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> Dial-a-Ride (West Sac)					

Yolobus Special Paratransit Application

- Comments:**
- ☐ Lack of sidewalks and/or curb cuts
 - ☐ Steep terrain
 - ☐ Extreme temperatures (hot or cold)
 - ☐ Severe air pollution
 - ☐ Major intersections or other difficult to negotiate structural barriers
 - ☐ Temporary construction projects
 - ☐ Other _____

Part A: Applicant Information

Part A: Applicant Signature

I have reviewed all the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service. I understand that only certain information may be kept confidential. This confidential information includes the specific diagnosis provided by the professional verification, the nature of the disability provided by the applicant, and the applicant's day and month of birth. I understand that only the information required to provide paratransit services will be disclosed to those who perform those services. I understand that Yolobus Special may contact the licensed professional who has completed the Professional Verification Form (PART C) attached to this application or included with my initial application in order to confirm or clarify the information. I hereby authorize release of this medical information as requested by Yolobus Special for a period of 3 years from this date.

Applicant _____
Signature: _____ Date: _____

If a person other than the applicant has completed this form, please check one:

**Yolobus Special
Paratransit Application**

- ☐ I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- ☐ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Print Name:	
Signature:	
Relationship to Applicant:	
Telephone: (day)	(evening)

Yolobus Special
Paratransit Application

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PART B: SELF-CERTIFICATION

To be completed by the applicant.

Yolobus Special
Paratransit Application

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Yolobus Special
Paratransit Application

PART B: SELF-CERTIFICATION

Section 1: Mobility Information

1. Which of these mobility aids or equipment do you use to help you travel?
(Check all that apply to you.)

- | | |
|--|---|
| <p><input type="checkbox"/> Cane</p> <p><input type="checkbox"/> Manual Wheelchair</p> <p><input type="checkbox"/> Picture Board</p> <p><input type="checkbox"/> Powered Scooter</p> <p><input type="checkbox"/> Powered Wheelchair</p> <p><input type="checkbox"/> Service Animal</p> | <p><input type="checkbox"/> Walker _____</p> <p><input type="checkbox"/> White Cane</p> <p><input type="checkbox"/> _____</p> <p>Other _____</p> <p><input type="checkbox"/> None</p> |
|--|---|

2. Using a mobility aid or on your own, how far can you go on level ground?
(Check all that apply to you.)

- ☐ 0 to 1 city block (or $\frac{1}{10}$ mile)
- ☐ 2 to 4 city blocks (or $\frac{1}{4}$ mile)
- ☐ 4 to 6 city blocks (or $\frac{1}{2}$ mile)
- ☐ 6 to 8 city blocks (or $\frac{3}{4}$ mile)

3. If you were to ride the regular Yolobus bus, would you need someone with you? (Check all that apply to you.)

- ☐ Always to help me get to the bus stop.
- ☐ Always to help me get on or off the bus.
- ☐ Always to help me get where I'm going.
- ☐ Sometimes to help me get to the bus stop.
- ☐ Sometimes to help me get on or off the bus.
- ☐ Sometimes to help me get where I'm going.
- ☐ I do not need assistance.

**Yolobus Special
Paratransit Application**

4. Have you ever had any training to learn how to use a regular bus?
- ☐ Yes The training was provided by: _____
- ☐ No
5. Are you interested in training to learn how to use the regular Yolobus fixed route?
- ☐ Yes
- ☐ No
6. Have you ever taken a trip on a regular transit bus?
- ☐ Yes How often did you _____ ride?
days per week.
- ☐ No
7. Can you communicate with the bus driver yourself or with the help of an aid?
- ☐ Yes
- ☐ No, I cannot understand the driver.
- ☐ No, other people cannot understand me.
8. Using a mobility device or on your own, can you make your way to a regular Yolobus stop?
- ☐ Yes
- ☐ No *(Check all that apply to you.)*
- ☐ I cannot find the stop because I get confused.
- ☐ I need assistance when I travel to the bus stop.
- ☐ I cannot cross the street.
- ☐ I do not want to ride the regular bus.
- ☐ Heavy rain makes it impossible for me to get there.
- ☐ Other _____

Yolobus Special
Paratransit Application

9. Can you wait 30 minutes at a Yolobus stop that does not have seats and a shelter?

☐ Yes

☐ No *(Check all that apply to you.)*

☐ I cannot find the stop because I get confused.

☐ I do not like to wait that long.

☐ I do not want to ride the regular bus.

☐ Very hot weather is dangerous to my health.

☐ Very cold weather is dangerous to my health.

☐ Standing makes me too tired to ride.

☐ I could wait if the stop had a seat and a shelter.

☐ Other _____

10. Do you know or can you find out where to get on and off the regular Yolobus fixed route?

☐ Yes

☐ No *(Check all that apply to you.)*

☐ I cannot find the stop because I get confused.

☐ I cannot cross the street to get to the stop.

☐ I do not know where the stop is.

☐

Other _____

Yolobus Special
Paratransit Application

11. If you have difficulty using the steps, Yolobus buses have ramps to help you get on and off the bus. If you were to use the bus ramp, could you get on and off the ramp by yourself (whether standing or with a mobility aid)?

- ☐ I do not know, I have never tried.
- ☐ Yes I can get on or off by myself.
- ☐ No *(Check all that apply to you.)*
 - ☐ There is not room at my bus stop.
 - ☐ The ground at my bus stop is too uneven or steep.
 - ☐ I feel unsafe on the ramp.
 - ☐ My mobility aid will not fit on the ramp.
 - ☐ I need someone to help me on and off.
 - ☐

Other _____

12. When you get off the regular Yolobus fixed route bus, can you make your way to the place you need to go?

- ☐ Yes
- ☐ No *(Check all that apply to you.)*
 - ☐ I get confused or cannot remember where I need to go.
 - ☐ I need someone to help me get where I need to go.
 - ☐ I do not feel safe getting where I need to go.
 - ☐ The ground is too uneven or steep where I need to go.
 - ☐ I cannot walk that far to get where I need to go.
 - ☐ I could get to where I need to go with training.
 - ☐

Other _____

13. Please describe how your physical or mental condition limits your ability to use a regular Yolobus fixed route bus.

[illegible]

**Yolobus Special
Paratransit Application**

Please read the next section before completing it and indicate all conditions that affect your ability to use Yolobus fixed route.

Section 2: Disability or Health Condition Information

14. General Medical Conditions

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> None |
| <input type="checkbox"/> Organ Transplant | |

15. Bone and Joint Conditions

- | | |
|--|---|
| <input type="checkbox"/> Amputation: <i>(please specify)</i>
_____ | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Broken Bone: <i>(please specify)</i>
_____ | <input type="checkbox"/> None |

16. Brain / Nerve / Muscle Conditions

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Peripheral Neuropathy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Postpolio Myelitis Syndrome |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Quadraplegia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Guillain-Barre! Syndrome | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Vertigo / Dizziness |
| <input type="checkbox"/> Huntington's Disease | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Multiple Sclerosis | Other _____ |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> None |

Yolobus Special
Paratransit Application

17. Heart and Circulatory Conditions

- ☐ Angina
- ☐ Congestive Heart Failure
- ☐ Edema
- ☐ Heart Attack/Surgery

☐ Peripheral Vascular Disease

☐ Other _____

☐ None

☐ High Blood Pressure

18. Lung and Breathing Conditions

- ☐ Allergies
- ☐ Asthma
- ☐ Chronic Obstructive
Pulmonary Disease
- ☐ Cystic Fibrosis

☐ Emphysema

☐ Lung Cancer

☐ Other _____

☐ None

19. Vision / Hearing / Speech Conditions

- ☐ Aphasia
- ☐ Cataracts
- ☐ Deafness
- ☐ Diabetic Retinopathy
- ☐ Glaucoma
- ☐ Hearing Loss

☐ Legal Blindness

☐ Night Blindness

☐ Partial Sight

☐ Visual Field Deficit

☐

Other _____

☐ None

20. Developmental / Mental Conditions

- ☐ Autism
- ☐ Dwarfism
- ☐ Developmental Disability:
 - ☐ Mild ☐ Moderate ☐ Severe
- ☐ Mental Retardation:
 - ☐ Mild ☐ Moderate ☐ Severe

☐ Mood Disorder

☐ Psychosis

☐

Other _____

☐ None

**Yolobus Special
Paratransit Application**

21. Is your health condition temporary?

☐ Yes If yes, how long do you expect it to last?

Number of: Months: _____

Years: _____

☐ No

22. How long have you had this condition?

Number of: Months: _____

Years: _____

23. Does your disability or health condition change from time to time in ways that affect your ability to use the bus?

☐ Yes Please explain: _____

☐ No

PART C:

PROFESSIONAL VERIFICATION

To be completed by one of the following licensed professionals:

- **Chiropractor**
- **Licensed Psychologist**
- **Licensed Social Worker**
- **Mental Health Counselor**
- **Nurse Practitioner**
- **Orientation/Mobility Specialist**
- **Physician**
- **Physician's Assistant**
- **Registered Nurse**
- **Registered Occupational Therapist**
- **Registered Physical Therapist**
- **Respiratory Care Professional**
- **Speech Pathologist**
- **Vocational Rehabilitation Counselor**

Yolobus Special
Paratransit Application

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**Yolobus Special
Paratransit Application**

PART C: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, Yolobus Special offers a paratransit bus service for those who cannot use the regular Yolobus fixed-route buses.

Passengers must be certified eligible in order to use the paratransit bus service. Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a functional inability to use the regular transit service.

All regular fixed-route buses are equipped with a ramp or lift for people who use a wheelchair or cannot climb stairs.

The information you provide, along with the applicant's information, will enable us to make an appropriate determination. All information will be kept confidential.

Thank you for your assistance.

**Yolobus Special
352 Industrial Way
Woodland, CA 95776
(530)-666-2877**

**Yolobus Special
Paratransit Application**

PART C: LICENSED PROFESSIONAL VERIFICATION

Paratransit Applicant's Information

Last Name:

First Name:

Date of last visit (mm/dd/yyyy):

Medical diagnosis of disability:

1. Is this condition temporary?

- ☐ Yes If yes, for how long? _____ (days/weeks/months)
☐ No

2. Is the disability episodic?

☐ Yes ☐ No

3. Please discuss how this disability affects the applicant's mobility.

4. Does the applicant have the mental capacity, visual acuity and/or hearing ability to:

- | | | |
|--|------------------------------|-----------------------------|
| a. Provide address and telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Recognize a destination or landmark? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Deal with unexpected change(s) in routine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ask for, understand, and follow directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. How far can the applicant walk without the assistance of another person?

- | | |
|---|---|
| <input type="checkbox"/> 0 to 1 city block (or $\frac{1}{10}$ mile) | <input type="checkbox"/> 4 to 6 city blocks (or $\frac{1}{2}$ mile) |
| <input type="checkbox"/> 2 to 4 city blocks (or $\frac{1}{4}$ mile) | <input type="checkbox"/> 6 to 8 city blocks (or $\frac{3}{4}$ mile) |

**Yolobus Special
Paratransit Application**

Licensed Professional's Information		
Full Name:		
Title:		
Clinic/Business:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax No.:	
E-mail (<i>optional</i>):		
Professional License, Registration or Certification Number:		
Agency Issuing License/Certification:		

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein, _____, is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature: _____ Date: _____

Yolobus Special
Paratransit Application

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Yolobus Special Paratransit Eligibility Renewal

Dear Paratransit Rider:

This letter is to inform you that your eligibility for Yolobus Special Americans with Disabilities Act (ADA) complementary paratransit service will expire on _____. If you do not respond to this letter your eligibility will expire and you will not be eligible to use Yolobus Special complementary paratransit service until a completed application has been received. A renewal form has been included for your convenience. If there has been **no** change in your functional abilities since your initial ADA application complete Part A of the application and return it to Yolobus Special within 30 days of receiving this letter.

Conversely, **if there has been a change in your functional abilities** since your initial ADA application, please complete all parts of the application (Parts A, B and C). The entire paratransit application is available to download online at www.yolobus.com or can be requested by calling 530-666-2877. Be sure to provide **all** information requested. We cannot process incomplete applications and you may lose your eligibility until your application is complete. Falsification of information may result in denial of service.

Once your application has been accepted **you will receive a Paratransit Identification Card. To utilize service, you must have a Paratransit ID Card.**

Thank you,

Yolobus Special
Paratransit Dept.
352 Industrial Way
Woodland, CA 95776
(530)-666-2877

Yolobus Special
Paratransit Eligibility Renewal

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PART A: APPLICANT PROFILE

**Must be completed by applicant to continue eligibility for Yolobus
Special Paratransit Service.**

Yolobus Special
Paratransit Eligibility Renewal

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**Yolobus Special
Paratransit Eligibility Renewal**

Applicant Information:				<i>(Please print or type.)</i>	
Last Name:		First Name:		Middle Initial:	
Street Address:					
City:		State:		Zip Code:	
Telephone (day):			(evening):		
(cell):			Pager:		
E-mail (optional):					
Date of Birth <i>(mm/dd/yyyy)</i> :			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Language Ability: <i>(Check all that apply)</i>		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify: _____			
Emergency Contact Information:					
Full Name:					
Telephone (day):			(evening):		
Relationship to Applicant:					
Yolobus Special Use Only:					
Applicant Identification Number:			Expiration Date:		
Mobility Aids:		PCA: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed			
ADA Eligibility Category Code: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2					
<input type="checkbox"/> 3 Unconditional <input type="checkbox"/> 3 Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> Dial-a-Ride (West Sac)					

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- Comments:**
- ☐ Lack of sidewalks and/or curb cuts
 - ☐ Steep terrain
 - ☐ Extreme temperatures (hot or cold)
 - ☐ Severe air pollution
 - ☐ Major intersections or other difficult to negotiate structural barriers
 - ☐ Temporary construction projects
 - ☐ Other _____
- _____
- _____

Part A: Applicant Information

Part A: Applicant Signature

I have reviewed all the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service. I understand that only certain information may be kept confidential. This confidential information includes the specific diagnosis provided by the professional verification, the nature of the disability provided by the applicant, and the applicant's day and month of birth. I understand that only the information required to provide paratransit services will be disclosed to those who perform those services. I understand that Yolobus Special may contact the licensed professional who has completed the Professional Verification Form (PART C) attached to this application or included with my initial application in order to confirm or clarify the information. I hereby authorize release of this medical information as requested by Yolobus Special for a period of 3 years from this date.

Applicant _____
Signature: _____ Date: _____

If a person other than the applicant has completed this form, please check one:

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- ☐ I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- ☐ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Print Name:	
Signature:	
Relationship to Applicant:	
Telephone: (day)	(evening)

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PART B: SELF-CERTIFICATION

To be completed by the applicant only if you are requesting a change in your conditions of eligibility or are requesting a personal care attendant.

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PART B: SELF-CERTIFICATION – Complete only if your disability has changed and you want us to reconsider you conditional eligibility.

Section 1: Mobility Information

1. Which of these mobility aids or equipment do you use to help you travel?

(Check all that apply to you.)

- | | |
|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal: _____ |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Picture Board | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> None |

2. Using a mobility aid or on your own, how far can you go on level ground?

(Check all that apply to you.)

- ☐ 0 to 1 city block (or $\frac{1}{10}$ mile)
- ☐ 2 to 4 city blocks (or $\frac{1}{4}$ mile)
- ☐ 4 to 6 city blocks (or $\frac{1}{2}$ mile)
- ☐ 6 to 8 city blocks (or $\frac{3}{4}$ mile)

3. If you were to ride the regular Yolobus bus, would you need someone with you? *(Check all that apply to you.)*

- ☐ Always to help me get to the bus stop.
- ☐ Always to help me get on or off the bus.
- ☐ Always to help me get where I'm going.
- ☐ Sometimes to help me get to the bus stop.
- ☐ Sometimes to help me get on or off the bus.
- ☐ Sometimes to help me get where I'm going.
- ☐ I do not need assistance.

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4. Have you ever had any training to learn how to use a regular bus?
- ☐ Yes. The training was provided by: _____
- ☐ No
5. Are you interested in training to learn how to use the regular Yolobus fixed route?
- ☐ Yes
- ☐ No
6. Have you ever taken a trip on a regular transit bus?
- ☐ Yes. How often did you ride? _____ days per week.
- ☐ No
7. Can you communicate with the bus driver yourself or with the help of an aid?
- ☐ Yes
- ☐ No, I cannot understand the driver.
- ☐ No, other people cannot understand me.
8. Using a mobility device or on your own, can you make your way to a regular Yolobus stop?
- ☐ Yes
- ☐ No *(Check all that apply to you.)*
- ☐ I cannot find the stop because I get confused.
- ☐ I need assistance when I travel to the bus stop.
- ☐ I cannot cross the street.
- ☐ I do not want to ride the regular bus.
- ☐ Heavy rain makes it impossible for me to get there.
- ☐ Other _____

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9. Can you wait 30 minutes at a Yolobus stop that does not have seats and a shelter?

☐ Yes

☐ No *(Check all that apply to you.)*

☐ I cannot find the stop because I get confused.

☐ I do not like to wait that long.

☐ I do not want to ride the regular bus.

☐ Very hot weather is dangerous to my health.

☐ Very cold weather is dangerous to my health.

☐ Standing makes me too tired to ride.

☐ I could wait if the stop had a seat and a shelter.

☐ Other _____

10. Do you know or can you find out where to get on and off the regular Yolobus fixed route?

☐ Yes

☐ No *(Check all that apply to you.)*

☐ I cannot find the stop because I get confused.

☐ I cannot cross the street to get to the stop.

☐ I do not know where the stop is.

☐ Other _____

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11. If you have difficulty using the steps, Yolobus buses have ramps to help you get on and off the bus. If you were to use the bus ramp, could you get on and off the ramp by yourself (whether standing or with a mobility aid)?

☐ I do not know, I have never tried.

☐ Yes. I can get on or off by myself.

☐ No *(Check all that apply to you.)*

☐ There is not room at my bus stop.

☐ The ground at my bus stop is too uneven or steep.

☐ I feel unsafe on the ramp.

☐ My mobility aid will not fit on the ramp.

☐ I need someone to help me on and off.

☐ Other _____

12. When you get off the regular Yolobus fixed route bus, can you make your way to the place you need to go?

☐ Yes

☐ No *(Check all that apply to you.)*

☐ I get confused or cannot remember where I need to go.

☐ I need someone to help me get where I need to go.

☐ I do not feel safe getting where I need to go.

☐ The ground is too uneven or steep where I need to go.

☐ I cannot walk that far to get where I need to go.

☐ I could get to where I need to go with training.

☐ Other _____

13. Please describe how your physical or mental condition limits your ability to use a regular Yolobus fixed route bus.

[illegible]

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Please read the next section before completing it and indicate all conditions that affect your ability to use Yolobus fixed route.

Section 2: Disability or Health Condition Information

14. General Medical Conditions

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> None |
| <input type="checkbox"/> Organ Transplant | |

15. Bone and Joint Conditions

- | | |
|--|---|
| <input type="checkbox"/> Amputation: <i>(please specify)</i>
_____ | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Broken Bone: <i>(please specify)</i>
_____ | <input type="checkbox"/> None |

16. Brain / Nerve / Muscle Conditions

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Peripheral Neuropathy |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Postpolio Myelitis Syndrome |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Quadraplegia |
| <input type="checkbox"/> Guillain-Barre! Syndrome | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Huntington's Disease | <input type="checkbox"/> Vertigo / Dizziness |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> None |

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17. Heart and Circulatory Conditions

- | | |
|---|--|
| <input type="checkbox"/> Angina | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Attack/Surgery | <input type="checkbox"/> None |

18. Lung and Breathing Conditions

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Chronic Obstructive | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> None |
| <input type="checkbox"/> Cystic Fibrosis | |

19. Vision / Hearing / Speech Conditions

- | | |
|---|---|
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Legal Blindness |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Night Blindness |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Partial Sight |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Visual Field Deficit |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> None |

20. Developmental / Mental Conditions

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mood Disorder |
| <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Developmental Disability: | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> None |
| <input type="checkbox"/> Mental Retardation: | |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | |

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21. Is your health condition temporary?

☐ Yes If yes, how long do you expect it to last?

Number of: Months: _____ Years: _____

☐ No

22. How long have you had this condition?

Number of: Months: _____ Years: _____

23. Does your disability or health condition change from time to time in ways that affect your ability to use the bus?

☐ Yes Please explain: _____

☐ No

PART C:

PROFESSIONAL VERIFICATION

To be completed by one of the following licensed professionals:

- **Chiropractor**
- **Licensed Psychologist**
- **Licensed Social Worker**
- **Mental Health Counselor**
- **Nurse Practitioner**
- **Orientation/Mobility Specialist**
- **Physician**
- **Physician's Assistant**
- **Registered Nurse**
- **Registered Occupational Therapist**
- **Registered Physical Therapist**
- **Respiratory Care Professional**
- **Speech Pathologist**
- **Vocational Rehabilitation Counselor**

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PART C: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, Yolobus Special offers a paratransit bus service for those who cannot use the regular Yolobus fixed-route buses.

Passengers must be certified eligible in order to use the paratransit bus service. Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a functional inability to use the regular transit service.

All regular fixed-route buses are equipped with a ramp or lift for people who use a wheelchair or cannot climb stairs.

The information you provide, along with the applicant's information, will enable us to make an appropriate determination. All information will be kept confidential.

Thank you for your assistance.

Yolobus Special
352 Industrial Way
Woodland, CA 95776
(530)-666-2877

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PART C: LICENSED PROFESSIONAL VERIFICATION

Paratransit Applicant's Information

Last Name:

First Name:

Date of last visit (mm/dd/yyyy):

Medical diagnosis of disability:

1. Is this condition temporary?

- ☐ Yes If yes, for how long? _____ (days/weeks/months)
☐ No

2. Is the disability episodic?

- ☐ Yes ☐ No

3. Please discuss how this disability affects the applicant's mobility.

4. Does the applicant have the mental capacity, visual acuity and/or hearing ability to:

- | | | |
|--|------------------------------|-----------------------------|
| a. Provide address and telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Recognize a destination or landmark? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Deal with unexpected change(s) in routine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ask for, understand, and follow directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. How far can the applicant walk without the assistance of another person?

- | | |
|---|---|
| <input type="checkbox"/> 0 to 1 city block (or $\frac{1}{10}$ mile) | <input type="checkbox"/> 4 to 6 city blocks (or $\frac{1}{2}$ mile) |
| <input type="checkbox"/> 2 to 4 city blocks (or $\frac{1}{4}$ mile) | <input type="checkbox"/> 6 to 8 city blocks (or $\frac{3}{4}$ mile) |

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Licensed Professional's Information		
Full Name:		
Title:		
Clinic/Business:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax No.:	
E-mail (<i>optional</i>):		
Professional License, Registration or Certification Number:		
Agency Issuing License/Certification:		

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein, _____, is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature: _____ Date: _____

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Appendix B Administrative Appeals Process

ADA Paratransit Appeal Process

The ADA requires that transportation providers establish a process for persons to appeal decisions if they are denied access to paratransit service. Yolobus Special has established a two step appeals process for persons whose applications for paratransit eligibility are denied or for persons who have received suspension notices for other reasons.

An individual may file an appeal when Yolobus Special denies paratransit service for any of the following reasons:

- Denial of Eligibility
- Suspension resulting from excessive No-Shows or Cancellations
- Suspension for Seriously Disruptive Behavior

Yolobus Special will inform an applicant or current customer of a decision to deny eligibility status or to suspend service by letter. Individuals have 60 days from the date of the letter informing them of an eligibility denial or service suspension to request an appeal. If an appeal is not submitted within 60 days, no hearing will be held - the appellant has missed the opportunity to appeal. Requests for an appeal must be sent in writing by U.S. mail and should be addressed to:

Deputy Director
Yolo County Transportation District – Yolobus Special
350 Industrial Way
Woodland, CA 95776

Upon receipt, the appeal request will be immediately date-stamped. Within 10 days of the receipt of the appeal, the appellant will receive the results of the initial appeal in writing.

If an appellant is not happy with the outcome of the initial appeal results, they may request a second step panel hearing. Within 10 days of receipt of notice of appeal results, the appellant must send a request in writing addressed to:

Paratransit Appeals Panel
c/o Yolo County Transportation District – Yolobus Special
350 Industrial Way
Woodland, CA 95776

Once the request for a second step appeal is received, a three-member Appeal Panel will convene. The Appeal Panel consists of two Yolo County Transportation District staff persons and a stakeholder of Yolobus Special.

Yolobus Special will not provide service to individuals who are pursuing an eligibility appeal. However, if the Appeal Panel has not made a decision within 30 days after the hearing, temporary service will be provided. This temporary service will continue until a decision on the appeal is reached.

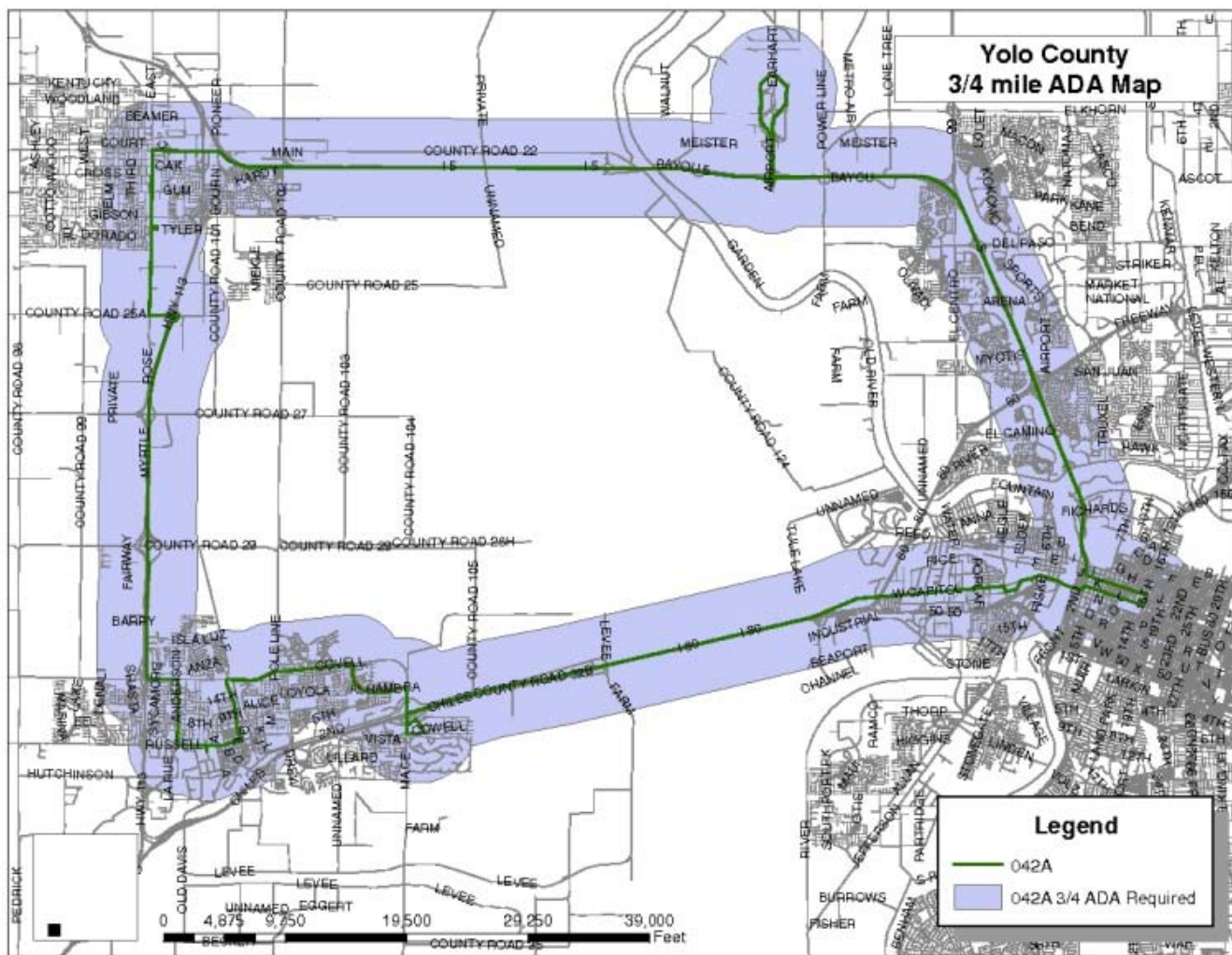
Upon appeal for a No-Show or Cancellation suspension, paratransit service will be provided pending the appeal; suspension of service will not begin until the appeals process is complete. If a decision is not made within 30 days of the completion of the appeal hearing, the individual appealing the suspension shall be granted service until a final decision has been reached.

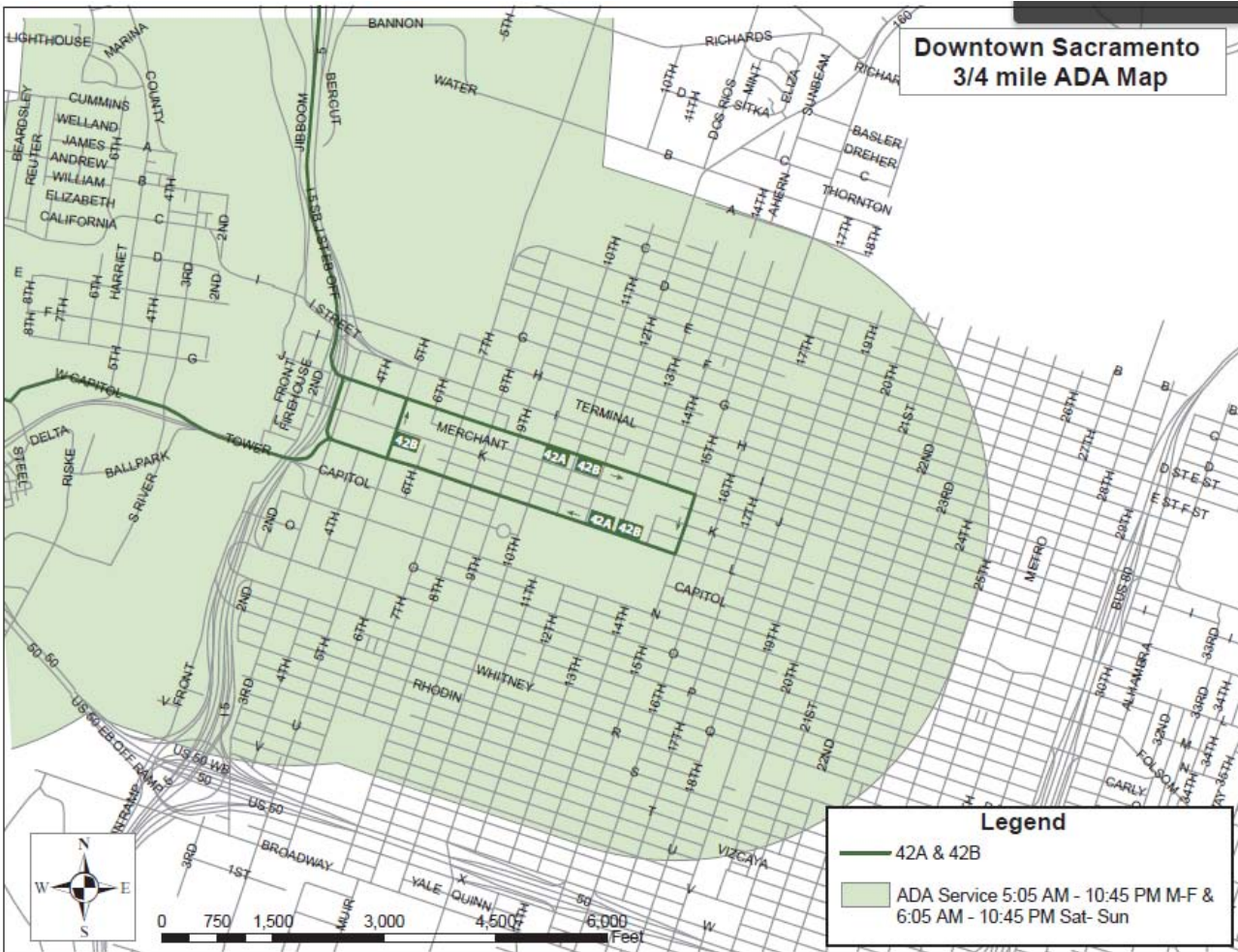
Persons requesting a second step appeal will be notified in writing of the time, date and location of the appeal hearing. Individuals are encouraged to attend the appeal hearing although attendance is not mandatory. If individuals requesting appeals cannot attend, they may have another person(s) represent them at the hearing. If the individual or a designated representative is not present at the

appeal hearing, the Appeal Panel will base its decision on the documentation submitted by YoloBus Special.

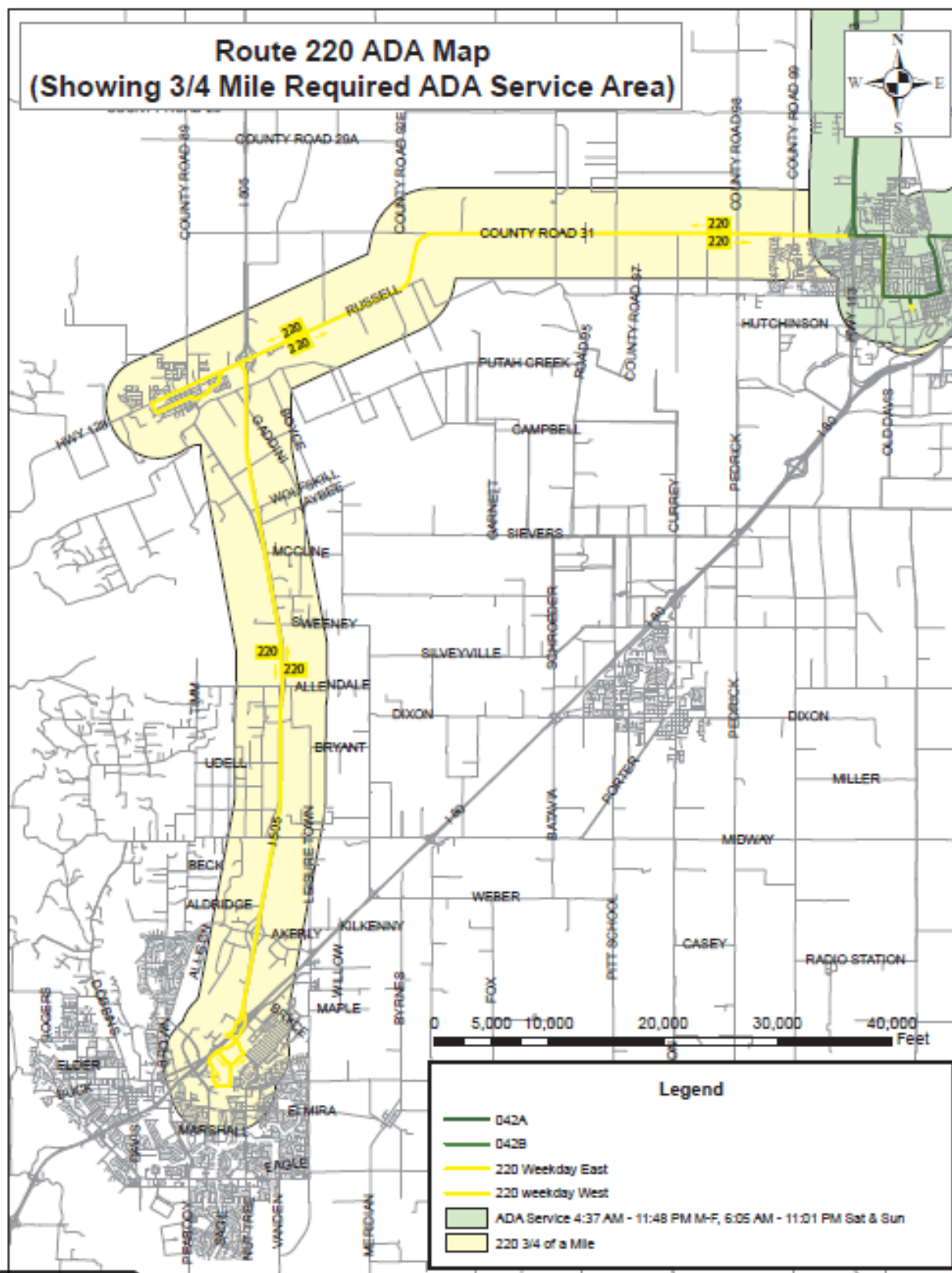
Passengers who exhibit behavior that YoloBus Special documents as being seriously disruptive will be suspended from receiving paratransit services until the Appeal Panel reviews the suspension. The ADA does not require a transportation provider to offer an appeal process if a customer is suspended because of seriously disruptive behavior.

Appendix C Service Area Maps

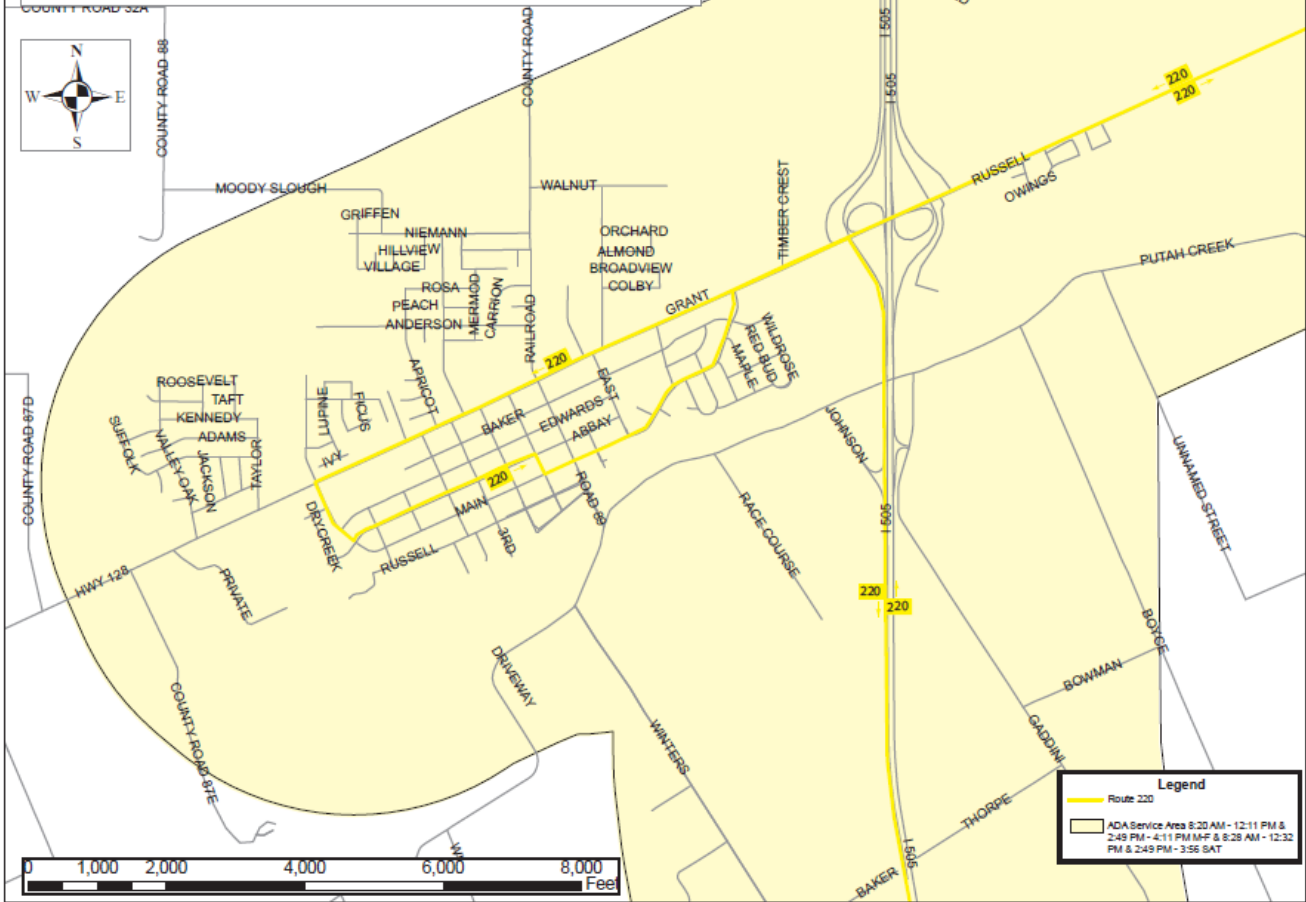




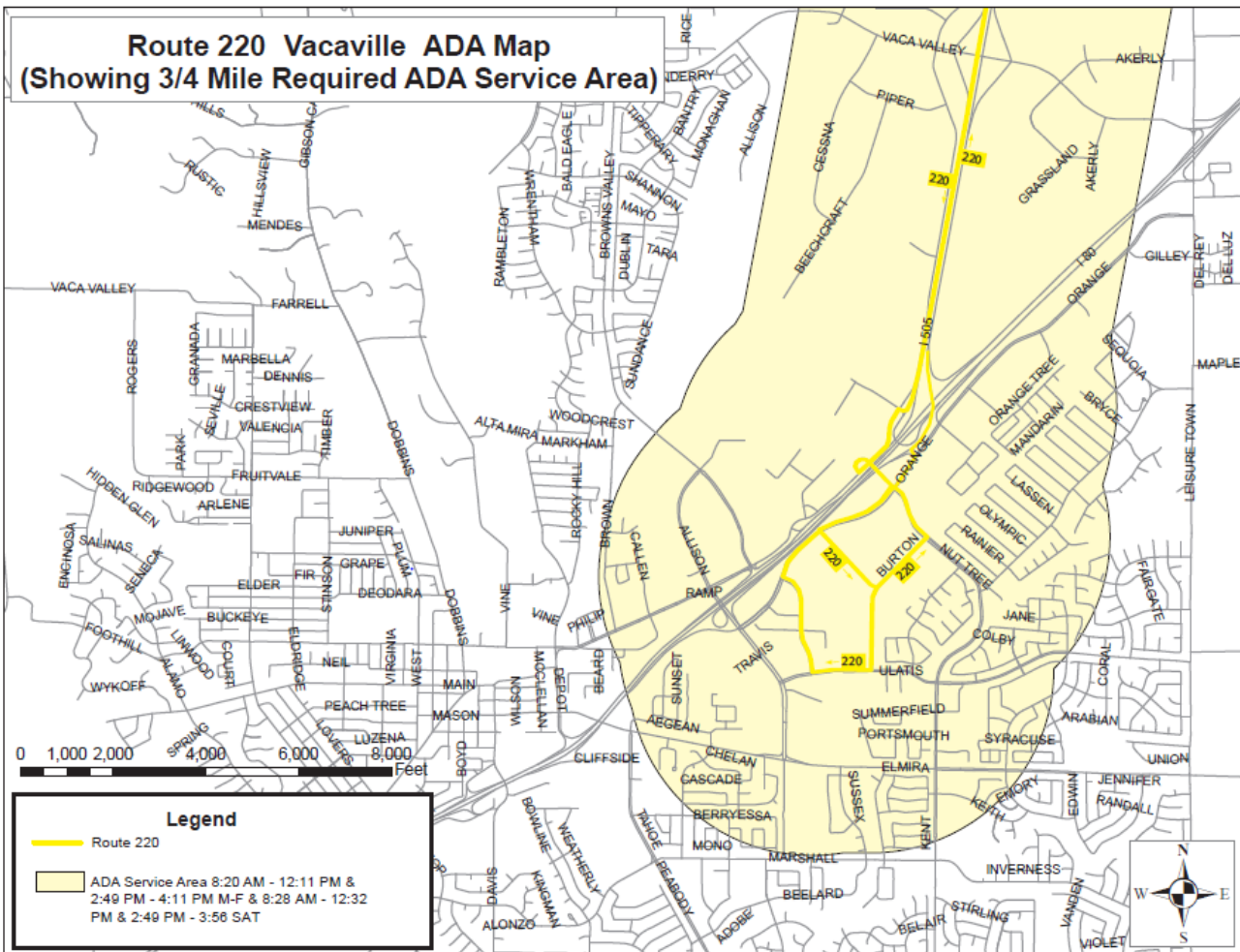
Route 220 ADA Map **(Showing 3/4 Mile Required ADA Service Area)**



Route 220 in the City of Winters ADA Map (Showing 3/4 Mile Required ADA Service Area)



Route 220 Vacaville ADA Map
(Showing 3/4 Mile Required ADA Service Area)



City of West Sacramento ADA Map (Showing 3/4 Mile Required ADA Service Area)

