

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.

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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

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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 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

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**PART A:
APPLICANT PROFILE**

To be completed by the applicant.

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**Yolobus Special
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Part A: Applicant Information

Applicant Information: *(Please print or type.)*

Last Name: First Name: Middle Initial:

Street Address:

City: State: Zip Code:

Telephone (day): (evening):

(cell): Pager:

E-mail (optional):

Date of Birth *(mm/dd/yy)*: Sex: Female Male

Language Ability: English Spanish
(Check all that apply) 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: Allowed Not Allowed

ADA Eligibility Category Code: Category 1 Category 2
 3 Unconditional 3 Conditional Temporary Dial-a-Ride (West Sac)

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 _____

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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:

- 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)

**PART B:
SELF-CERTIFICATION**

To be completed by the applicant.

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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.)

- | | |
|---|---|
| <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 _____

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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"/> 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"/> Other _____ |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> None |
| <input type="checkbox"/> Muscular Dystrophy | |

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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
Pulmonary Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> None |

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"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Retardation:
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> None |

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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/yy):

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? Yes No
b. Recognize a destination or landmark? Yes No
c. Deal with unexpected change(s) in routine? Yes No
d. Ask for, understand, and follow directions? Yes No

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

- 0 to 1 city block (or 1/10 mile) 4 to 6 city blocks (or 1/2 mile)
 2 to 4 city blocks (or 1/4 mile) 6 to 8 city blocks (or 3/4 mile)

**Yolobus Special
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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: _____