



## Application Packet for City-Based Paratransit Services in Alameda County

Please read this application packet thoroughly as it provides information on the two types of paratransit services available in Alameda County: ***City-based transportation programs and ADA paratransit.***

You may apply for paratransit services using the attached application if you are a resident of:  
***Alameda, Albany, Berkeley, Castro Valley, Emeryville, Fremont, Hayward, Newark, Oakland, Piedmont, Pleasanton, San Lorenzo, San Leandro or Sunol.***

Individuals are also encouraged to apply for ADA Paratransit service (if they are eligible) so as to maximize available transportation options. If you wish to apply for ADA Paratransit (East Bay Paratransit, WHEELS Dial-A-Ride or Union City Paratransit), you must request the ADA paratransit application form from the agency that serves your area. See page 7 of Access Alameda for more info.

- **East Bay Paratransit Consortium | (510) 287-5000 or (800) 555-8085**
- **WHEELS Dial-A-Ride | (925) 455-7510**
- **Union City Paratransit | (510) 476-1500**

### ***CITY-BASED PARATRANSIT PROGRAMS:***

Many of Alameda County's cities provide their own local paratransit programs. A person must meet one of the following criteria in order to be eligible for his/her city-based paratransit program:

- **Senior Eligibility:** *Specific age eligibility varies depending on program.*
- OR
- **Disability Eligibility:** *Person must have a disability or disabling health condition that prevents the use of public transit buses and trains some or all of the time. In order to meet the disability eligibility requirement, a person must either provide a Medical Statement Form (see attached) from a health care professional that verifies their inability to use public transit because of disability or disabling health condition or a letter showing that they are certified for ADA-Paratransit service.*

City-based paratransit programs are funded mostly by the local transportation sales tax. Contact individual programs for specific information on services available, service area, hours of operation, fares, etc.

**Please submit your application (by mail or fax) along with a copy of your identification card that shows proof of age and residency to the program below that serves your city.**

<b>Program Contact Information</b>	
<p><b>City of Alameda Paratransit</b>            1155 Santa Clara Avenue            Alameda, CA 94501            Phone: (510) 747-7506            Fax: (510) 523-0247  <a href="http://www.AlamedaParatransit.com">www.AlamedaParatransit.com</a></p>	<p><b>City of Hayward Paratransit</b>            777 B Street            Hayward, CA 94541            Phone: (510) 583-4230            Fax: (510) 583-3650  <a href="http://www.hayward-ca.gov">www.hayward-ca.gov</a></p>
<p><b>City of Albany Paratransit</b>            846 Masonic Avenue            Albany, CA 94706            Phone: (510) 524-9122            Fax: (510) 524-8940  <a href="http://www.albanyca.org">www.albanyca.org</a></p>	<p><b>City of Newark Paratransit</b>            35322 Cedar Boulevard            Newark, CA 94560            Phone: (510) 791-7879            Fax: (510) 713-8384  <a href="http://www.ci.newark.ca.us">www.ci.newark.ca.us</a></p>
<p><b>City of Berkeley Paratransit</b>            1901 Hearst Avenue            Berkeley, CA 94709            Phone: (510) 981-7269            Fax: (510) 981-5450  <a href="http://www.ci.berkeley.ca.us">www.ci.berkeley.ca.us</a></p>	<p><b>City of Oakland Paratransit</b>            150 Frank H. Ogawa Plaza #4353            Oakland, CA 94612            Phone: (510) 238-3036            Fax: (510) 238-7724  <a href="http://www.oaklandnet.com">www.oaklandnet.com</a></p>
<p><b>City of Emeryville Paratransit</b>            4321 Salem Street            Emeryville, CA 94608            Phone: (510) 596-3730            Fax: (510) 652-0933  <a href="http://www.ci.emeryville.ca.us">www.ci.emeryville.ca.us</a></p>	<p><b>City of Pleasanton Paratransit</b>            5353 Sunol Boulevard            Pleasanton, CA 94566            Phone: (925) 931-5376            Fax: (925) 485-3685  <a href="http://www.ci.pleasanton.ca.us">www.ci.pleasanton.ca.us</a></p>
<p><b>City of Fremont Paratransit</b>            3300 Capitol Avenue, Building B            Fremont, CA 94538            Phone: (510) 574-2053            Fax: (510) 574-2054  <a href="http://www.fremont.gov">www.fremont.gov</a></p>	<p><b>City of San Leandro Paratransit</b>            13909 E. 14<sup>th</sup> Street            San Leandro, CA 94578            (also City Hall South Offices and Marina            Community Center)            Phone: (510) 577- 7988            Fax: (510) 377-7989  <a href="http://www.ci.san-leandro.ca.us">www.ci.san-leandro.ca.us</a></p>

# Alameda County City-Based Paratransit Services Application Form

Please use this application if you are a resident of: *Alameda, Albany, Berkeley, Castro Valley, Emeryville, Fremont, Hayward, Newark, Oakland, Piedmont, Pleasanton, San Lorenzo, San Leandro or Sunol*. Upon receipt of this form, the program may contact you to submit additional information. ADA paratransit service operators (East Bay Paratransit, Union City Paratransit & Wheels Dial-A-Ride) require a separate application process. Please return this application to the paratransit program to which you are applying. For more information about specific programs, please refer to the Access Alameda brochure, [www.AccessAlameda.org](http://www.AccessAlameda.org), or call 1-866-901-7272.

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_\_ **TDD/TTY:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Address Apt. # City Zip Code

**Name of Housing Facility** (if applicable): \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Male**  **Female**   
Month Day Year

**Do you manage your own affairs and deal with your own mail?** Yes  No   
**If "No", to whom should important correspondence be mailed?**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Daytime phone:** (\_\_\_\_) \_\_\_\_\_ **Cell or Evening phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different from above) Street Address or PO Box Apt. # City State Zip Code

**1. How do you currently travel to your most frequent destinations?** (Check all that apply)  
 ADA Paratransit (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)  
 Drive myself  Someone drives me  Buses/BART  Taxi  
 Other: \_\_\_\_\_

**2. Have you been certified as eligible for rides with an ADA paratransit service?**  
**(i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)**  
 Fully eligible  Conditionally eligible **Rider Identification #:** \_\_\_\_\_  
 Not eligible/Denied  Have not applied  Don't know

**3. Do you use any of the following mobility aids or specialized equipment?**  
 Cane  White Cane  Walker  
 Manual Wheelchair  Power Wheelchair  Power Scooter  
 Service Animal  Portable Oxygen Tank  Other: \_\_\_\_\_

**4. Do you need a wheelchair lift to get in and out of a vehicle?**  Yes  No  Don't know

**5. Do you typically travel with assistance from another person** (other than driver)?  Yes  No

6. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

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7. Is the above condition you describe:  Permanent  Temporary until: \_\_\_\_\_

8. Emergency Contact Person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

9. Are you on any of the following forms of income/benefit assistance? (check all that apply)

- Supplemental Security Income (SSI)  Cash Assistance Program for Immigrants (CAPI)  
 Medi-Cal; if yes, #: \_\_\_\_\_  CalWorks  General Assistance (GA)

10. Gross Individual Monthly Income: \_\_\_\_\_

11. Gross Household Monthly Income: \_\_\_\_\_ # of people in household: \_\_\_\_\_

12. What is your living arrangement?  Live alone  Live w/ spouse/partner  
 Live with adult children  Live in a skilled nursing facility/nursing home  
 Live in assisted living/residential care home  Other: \_\_\_\_\_

13. What is your race/ethnicity?  African American  Asian/Pacific Islander  
 Caucasian  Hispanic/Latino  Native American  
 Other: \_\_\_\_\_

14. What language(s) do you speak? Preferred Language: \_\_\_\_\_  
Other Language(s): \_\_\_\_\_

15. If you need future information provided to you in an accessible format, please check which format you prefer:  Large Print  Audiotape  Braille  CD/Electronic File

*I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person who assisted you with application/Phone #: \_\_\_\_\_

# Alameda County City-Based Paratransit Services Medical Statement Form

This form must be completed if the applicant **does not meet the "Senior" age eligibility requirement** (see pages 2 & 3 of application cover sheet) of the city-operated paratransit service for which he/she is applying. For more information, please call your city's paratransit program or 1-866-901-7272.

Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

### Dear Physician, Social Worker or Health Care Professional:

The above named person is applying for the paratransit services in the city where he or she resides. In order to determine whether this applicant is eligible for paratransit services, applicant must provide verification that he/she is unable to utilize public transit services independently due to a disability/disabling health condition. All information provided below is confidential and is used for the sole purpose of establishing eligibility for paratransit services. Please help us determine the eligibility status of this individual by checking and/or completing all of the items below that apply to applicant. Please return this form to the applicant to submit with his/her paratransit application. Thank you.

**1. Please describe the applicant's disability or disabling health condition that prevents use of public transit (i.e. buses and/or BART):**

\_\_\_\_\_  
\_\_\_\_\_

**2. Applicant's condition is:**  Permanent  Temporary until \_\_\_\_\_

**3. Due to the conditions noted above, applicant is unable to use public transit services because he/she:**

- A. \_\_\_\_\_ Cannot walk or travel in a wheelchair or scooter to or from a bus or train stop without the help of another person
- B. \_\_\_\_\_ Cannot board or get off a bus or train without the help of someone else
- C. \_\_\_\_\_ Cannot wait outside by him/herself for a bus or train to arrive
- D. \_\_\_\_\_ Cannot stand and maintain balance on a moving public transit vehicle
- E. \_\_\_\_\_ Cannot see, read and/or comprehend information signs, schedules, maps, etc.
- F. \_\_\_\_\_ Cannot hear and/or comprehend verbal information given by public transit personnel
- G. \_\_\_\_\_ Other reason(s): \_\_\_\_\_

**4. Are paratransit services needed for applicant to obtain life-sustaining treatment?**  Yes  No  
(i.e. dialysis, chemotherapy, radiation therapy, etc.)

**PRACTITIONER'S STATEMENT:** *I hereby state that the information provided above is correct.*

Practitioner's Name: \_\_\_\_\_ (Print/Type) \_\_\_\_\_ (Signature)

Date: \_\_\_\_\_ Discipline:  Physician  Nurse  Social Worker  
 Other Practitioner (describe): \_\_\_\_\_

Agency/Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_