



Application Packet for Non-ADA 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 4 for more info.

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, see pages 2 & 3.*
- 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.*

Although service parameters differ from city to city, the following elements are generally common to all city-based paratransit programs:

- Wheelchair accessible transportation
- Trips which are scheduled by advance reservation, Monday – Friday, 8 am – 5 pm
- Service that operates at least five days a week between 8 am and 5 pm (excluding holidays)
- Service to destinations in the individual's city of residence
- Affordable fares
- Interim service for persons awaiting ADA-Paratransit service certification

City-based paratransit programs are funded mostly by the local transportation sales tax known as Measure B. Contact individual programs for specific information on service area, hours of operation, fares charged, etc. and to verify wheelchair-accessibility of services.

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.

Program Contact Information	Service Description and Eligibility Requirements
<p>City of Alameda Paratransit 1155 Santa Clara Avenue Alameda, CA 94501 Phone: (510) 747-7506 Fax: (510) 523-0247 www.AlamedaParatransit.com</p>	<p>Subsidized taxi program (coupon) for Alameda residents who are:</p> <ul style="list-style-type: none"> • 75 years of age & older, regardless of disability <u>OR</u> • 70 - 74 years of age if applicant has no driver's license <u>OR</u> • 18 - 70 yrs of age: See disability eligibility on Page 1.
<p>City of Albany Paratransit 846 Masonic Avenue Albany, CA 94706 Phone: (510) 524-9122 Fax: (510) 524-8940 www.albanyca.org</p>	<p>Subsidized taxi program (reimbursement) and door-to-door, wheelchair-accessible shopping shuttle for Albany residents who are:</p> <ul style="list-style-type: none"> • 80 years of age & older <u>OR</u> • 18 - 79 yrs of age: See disability eligibility on Page 1.
<p>City of Berkeley Paratransit 2180 Milvia Street Berkeley, CA 94704 Phone: (510) 981-7269 Fax: (510) 981-5450 www.ci.berkeley.ca.us</p>	<p>Subsidized taxi program (scrip) for Berkeley residents who are:</p> <ul style="list-style-type: none"> • 70 years of age or over AND whose incomes are not more than 30 percent of the Area Median Income <u>OR</u> • 18 - 70 yrs of age: See disability eligibility on Page 1. <p>Door-to-door, wheelchair-accessible transportation for Berkeley residents who are:</p> <ul style="list-style-type: none"> • Traveling by wheelchair and are certified by East Bay Paratransit as requiring "wheelchair-lift" service, irrespective of income level.
<p>City of Emeryville Paratransit 4321 Salem Street Emeryville, CA 94608 Phone: (510) 596-3730 Fax: (510) 652-0933 www.ci.emeryville.ca.us</p>	<p>Subsidized taxi program (reimbursement) for Emeryville residents who are:</p> <ul style="list-style-type: none"> • 62 years of age & older <u>OR</u> • 18 - 61 yrs of age: See disability eligibility on Page 1.

Program Contact Information	Service Description and Eligibility Requirements
<p>City of Fremont Paratransit 3300 Capitol Avenue Fremont, CA 94537 Phone: (510) 574-2053 Fax: (510) 574-2054 www.fremont.gov</p>	<p>Door-to-door, wheelchair-accessible transportation for Fremont residents who are:</p> <ul style="list-style-type: none"> • 80 yrs of age & older <u>OR</u> • Under 80 yrs of age: See disability eligibility on Page 1.
<p>City of Hayward Paratransit 777 B Street Hayward, CA 94541 Phone: (510) 583-4230 Fax: (510) 583-3650 www.hayward-ca.gov</p>	<p>Door-to-door, wheelchair-accessible transportation for Hayward, Castro Valley, San Lorenzo and unincorporated San Leandro residents who are:</p> <ul style="list-style-type: none"> • 80 yrs of age & older <u>OR</u> • Under 80 yrs of age: See disability eligibility on Page 1.
<p>City of Newark Paratransit 35322 Cedar Boulevard Newark, CA 94560 Phone: (510) 791-7879 Fax: (510) 713-8384 www.ci.newark.ca.us</p>	<p>Door-to-door, wheelchair-accessible transportation for Newark residents who are:</p> <ul style="list-style-type: none"> • 65 yrs of age & older <u>OR</u> • 18 - 64 yrs of age: See disability eligibility on Page 1.
<p>City of Oakland Paratransit 150 Frank H. Ogawa Plaza #4353 Oakland, CA 94612 Phone: (510) 238-3036 Fax: (510) 238-7724 www.oaklandnet.com</p>	<p>Subsidized taxi program (scrip) and Door-to-door, wheelchair-accessible transportation for Oakland and Piedmont residents who:</p> <ul style="list-style-type: none"> • 70 yrs of age & older with proof of age and a short statement on question # 12. • 18 - 69 yrs of age: See disability eligibility on Page 1.
<p>City of Pleasanton Paratransit 5353 Sunol Boulevard Pleasanton, CA 94566 Phone: (925) 931-5376 Fax: (925) 485-3685 www.ci.pleasanton.ca.us</p>	<p>Door-to-door, wheelchair-accessible transportation for Pleasanton and Sunol residents who are:</p> <ul style="list-style-type: none"> • 60 yrs of age & older <u>OR</u> • 18 - 60 yrs of age: See disability eligibility on Page 1.
<p>City of San Leandro Paratransit 15301 Wicks Boulevard San Leandro, CA 94579 Phone: (510) 577-3441 Fax: (510) 352-3049 www.ci.san-leandro.ca.us</p>	<p>FLEX Shuttle Service wheelchair-accessible transportation with designated community stops for San Leandro residents who are:</p> <ul style="list-style-type: none"> • 60 yrs of age & older <u>OR</u> • 18-59 yrs of age: See disability eligibility on Page 1. <p>Curb-to-curb, wheelchair-accessible transportation for San Leandro residents who are:</p> <ul style="list-style-type: none"> • 75 yrs of age & older <u>OR</u> • 18-74 yrs of age: See disability eligibility on Page 1.

ADA PARATRANSIT SERVICES IN ALAMEDA COUNTY:

The Americans with Disability Act (ADA) requires that public transit agencies provide paratransit services to people who, due to their disability or disabling health condition, are unable to ride regular buses and trains some or all of the time. You may be eligible for ADA paratransit if either of the following applies:

- Your disability prevents you from getting to or from a bus or train stop.
- Your disability prevents you from boarding, riding, or getting off a bus or train, without the help of someone else.

Before using ADA paratransit services, you must complete an application and be certified as eligible for the service. ADA Paratransit eligibility determination is made within 21 days of receipt of a completed application. ADA paratransit services operate in the same area, on the same days and during the same hours as regular bus and train service operates. Riders are required to reserve their rides at least one day in advance. The pick up time you are assigned may vary by up to one hour from the time you requested. Transportation is provided in sedans or in vans equipped with a wheelchair lift. The service picks you up at your door or at the curb and takes you to your destination. ADA Paratransit is a shared ride service, meaning the vehicle may make several stops on the way to your destination to pick up or drop off other passengers. Paratransit drivers can assist passengers to/from and on/off the vehicle but cannot enter people's homes or their destination locations. Riders who need extra assistance may bring an assistant or "attendant" with them at no additional charge.

East Bay Paratransit Consortium | (510) 287-5000 or (800) 555-8085

- ADA Paratransit service available in the area served by AC Transit: from Richmond or Pinole in the North, to Fremont in the South, to the Pleasanton/Dublin BART station in the East. Service is also available to and from points in San Francisco.
- If you live in the East Bay Paratransit service area, please call East Bay Paratransit to request an application. If you live in Union City or the WHEELS service area, you should apply directly to those programs for ADA Paratransit certification.

WHEELS Dial-A-Ride | (925) 455-7510

- ADA Paratransit service available in area served by Wheels: Livermore, Dublin and Pleasanton.
- Call to request an application or download application from the web at:
www.wheelsbus.com

Union City Paratransit | (510) 476-1500

- ADA Paratransit service available in the area served by Union City Transit: Union City
- Call to request an application or download application from the web at:
www.ci.union-city.ca.us

Alameda County Non-ADA 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, 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):

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 Non-ADA Paratransit Services Medical Statement Form

This form must be completed if the applicant **does not meet the "Senior" age eligibility requirement** 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: _____