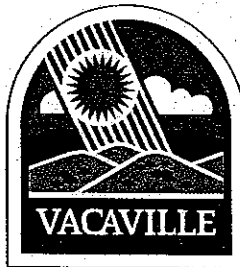


COUNCIL MEMBERS  
LEN AUGUSTINE, Mayor  
CHUCK DIMMICK, Vice Mayor  
PAULINE CLANCY  
CURTIS HUNT  
STEVE WILKINS



## CITY OF VACAVILLE

650 MERCHANT STREET, VACAVILLE, CALIFORNIA 95688-6908

ESTABLISHED 1850

Department of Public Works  
Transit Services

Dear Paratransit Applicant:

Thank you for your request for information regarding Paratransit services provided by the City of Vacaville. The Vacaville City Coach Special Services is an ADA Paratransit Service provided for individuals who, because of their disability, are unable to use the fixed route bus service. This does not include disabilities that only make the use of accessible transit service difficult or inconvenient. City Coach Special Services provides comparable service to the regular fixed route bus in terms of service area and hours and days of service. Vacaville City Coach Special Services operates within the Vacaville City limits during the same days and hours as the regular fixed route service: weekdays from 6:30 a.m. to 6:33 p.m. and Saturdays from 8:35 a.m. to 5:10 p.m. Service is not available on Sundays and Holidays. If certified, the cost for this service is \$2 each way within Vacaville.

Attached you will find an application for ADA certification. The information you provide will be used to determine whether you are eligible for Paratransit services. Please ensure the application is complete and return it to the attention of the Transit Coordinator at the above address. Applications that are incomplete will be returned which may delay the certification process. Certification for this intra-city service also qualifies you for the inter-city Solano Paratransit service, which will allow you to travel outside of the City limits, and within Solano County.

Sincerely,

A handwritten signature in cursive script that reads "Amanda Johnson".

AMANDA JOHNSON  
Secretary to the Transit Coordinator





**City of Vacaville**  
Department of Public Works  
Transit Service

## **Application for ADA Paratransit Service**

### IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for Paratransit eligibility in Vacaville and Solano County. As part of the requirements of the Americans with Disabilities Act (ADA), Paratransit service is provided by all public transportation systems. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

In order to use ADA Paratransit service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

Your application may be approved for full eligibility (unconditional), or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using regular bus and rail transit for all trips, without the help of another person, you will not be eligible for Paratransit service.

**To apply for eligibility you must fully complete the attached application form.** We will review the information to determine your eligibility to use Paratransit services.

### ELIGIBILITY DETERMINATION

Complete attached application, keeping in mind the following:

- Every question must be answered. If any of the questions has not been answered, the application will be returned to the applicant for completion.
- Every question must be legible. If any of the questions cannot be read, the application will be returned to the applicant for clarification.
- Accessible formats are available. Available formats are Diskette, Audio Tape, Braille, Large Print, or you may specify a format you can use.

Applications are reviewed weekly. You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be authorized to travel throughout the nine-county San Francisco Bay Area. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 days, you may be given temporary use of the Paratransit system until a final decision about your eligibility is made. This does not apply if we are unable to complete the processing of your application through inactions on your part.

## INSTRUCTIONS FOR APPLICANTS

1. Please **PRINT OR TYPE full responses to all of the questions** on the application form. Your detailed responses and explanations will help us make an appropriate determination. Incomplete applications will be returned.
2. You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations. **All information that you supply will be kept strictly confidential.**
3. **You must provide SIGNATURES in two places to complete the application:**
  - Applicant Certification (Page 8)
  - Authorization to Release Medical Information by an appropriate medical or rehabilitation professional (Page 9)
4. **Return the completed application to:**

**PW/Transit  
650 Merchant Street  
Vacaville, CA 95688**

For help with the application process or to check on the status of your application, call (707) 449-5170 fax (707) 449-5346.

*Thank you*

**Please Print**

**Personal/Contact Information**

**Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address (if different from home):**

\_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ TDD/TTY: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Primary Language (please check):  English  Other (specify) \_\_\_\_\_

**If you need written information provided to you in an accessible format, please check which format you prefer:**

- Diskette/CDR     Audio tape     Braille     Large Print  
 Other \_\_\_\_\_

**In case of emergency, whom should we contact?**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Tell Us About Your Disability/Health Related Condition

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. Which **disability or health related conditions** **PREVENT** you from independently using regular public transit (i.e. BART, bus, streetcar)?  

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2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.  

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3. Do the conditions you described change from day to day in a way that affects your ability to use public transit?  
 Yes, good on some days, bad on others  
 No, doesn't change  
 Don't know
4. Are the conditions you described:  
 Permanent  Temporary  Don't Know  
*If temporary, how long do you expect this to continue?*  

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## Tell Us About Your Capabilities and Unusual Activities

5. Please check the box that best describes your current living situation:
- 24 hour care or Skilled Nursing Facility
  - Assisted Living Facility
  - I receive assistance from someone that comes to my home to help with my daily living activities
  - I live with family members or others who help me
  - I live independently (without the assistance of another person)

6. Do you regularly use any of the following mobility aids or specialized equipment? (Check all that apply):
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None            | <input type="checkbox"/> Leg Braces       | <input type="checkbox"/> Portable Oxygen Tank  |
| <input type="checkbox"/> Cane            | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Walker                |
| <input type="checkbox"/> White Cane      | <input type="checkbox"/> Service Animal   | <input type="checkbox"/> Manual Wheelchair     |
| <input type="checkbox"/> Power Scooter   | <input type="checkbox"/> Crutches         | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Other Aid _____ |   |  |

**\*Please Note:** A wheelchair or other mobility device must be able to fit onto our bus/paratransit lifts. This means it must be no more than 30" wide and 48" long when measured 2" from the floor, and must weigh less than 600 pounds when occupied. **If you use a mobility device:**

- a. Is your mobility device oversized?  Yes  No

If yes, explain \_\_\_\_\_

- b. Does your mobility device weigh more than 600 pounds when occupied?  Yes  No

- c. Can you transfer from your mobility device into a passenger seat?  Yes  No

7. a) Are you able to wait at least fifteen minutes at a public transit stop?  
 Yes  No  Sometimes

If no or sometimes is selected, explain why:  
\_\_\_\_\_

- b) Are you able to wait longer than fifteen minutes?  
 Yes  No  Sometimes

If so, how long? \_\_\_\_\_ (minutes)

- c) Could you wait if there were a seat or bus shelter?  
 Yes  No  Sometimes

I would need someone to wait with me because:  
\_\_\_\_\_

## Tell Us About Your Travel Needs

8. Which of the following statements best describes you?  
(Check only one response)
- I have never used regular public transportation
- I have used regular public transit but not since the onset of my disability
- I use regular public transit whenever my health condition allows
9. How many city blocks would you need to travel to get to the nearest accessible bus?
- Less than 1     2 to 4     5 or more     Don't know
10. Would you be able to independently get on or off a public transit bus if it has a lift, a ramp, or a kneeler that lowers the front of the bus?
- Yes     No     Sometimes     Don't know, never tried it
- If "no" or "sometimes", explain why:
- 
11. How do you currently travel to your frequent destinations?  
(Check all that apply):
- Buses     Paratransit     Drive myself     BART
- Taxi     Ferry     Streetcar     Someone drives me
- Other \_\_\_\_\_
- 
12. Do you travel with the help of another person? (Excludes providing transportation)
- Always     Sometimes     Never
- If "always" or "sometimes", what type of help do they provide?
- 
13. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?
- Yes     No     Sometimes     Don't know, never tried it
- If "no" or "sometimes", explain why:
-

14. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?  
 Yes  No  Sometimes  Don't know, never tried it  
If "no" or "sometimes", explain why:

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15. Do you need the assistance of another person to use Paratransit?  
 Yes  No

16. With driver assistance, can you climb 3 steps into a paratransit vehicle?  
 Yes  No

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

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## Mobility Training

**NOTE:** Travel or mobility training is a personal (one-on-one) instruction that teaches an individual how to use City Coach's bus system.

1. Have you ever had any training or instruction to learn how to use public transit?  
 Yes  No  
If yes is selected, where and when did you receive this training?

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2. Did you complete the instruction or training?  Yes  No
3. Free instruction is available through City Coach to anyone interested in learning how to ride the fixed route buses. Would you like to have someone contact you to discuss training?  Yes  No

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Have you answered all the questions and provided explanations where required?  
**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

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## Applicant Certification

I **certify** that the information in this application is **true and correct**. I understand that knowingly falsifying the information will result in denial of service. I understand that all information will be kept confidential, and only the information required to provide services I request will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Did someone help you fill out this form?  Yes  No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible, or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

## Authorization to Release Medical Information

(to be completed by applicant)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) to release information to my local public transit agency concerning my disability or health related condition. This information will be used only to verify my eligibility for Paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

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**Name of Professional who may release my medical information:**

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

Medical Record or ID#, if known: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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**Sign here:**

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

TO BE COMPLETED BY LICENSED PROFESSIONAL ONLY  
MUST BE PRINTED OR TYPED.

Licensed Professional:

\_\_\_\_\_ has applied for Paratransit service.

Please complete and return this form to help us in determining Paratransit eligibility for the person named above. The public transit system in our area provides Paratransit services to persons who have a disability that prevents use of existing public transit. **The key phrase is "The disability prevents..." and not "The disability makes it difficult..."** It is imperative that services be utilized only by those who cannot access public transit services (buses, BART, light rail (streetcar), etc. Please note that having a disability alone is not a qualifying factor. An applicant's disability must prevent use of the public transit system.

To be qualified for Paratransit services, the applicant's disability must prevent him/her from independently using accessible public fixed-route transit services (for example, getting to a transit stop, waiting at a stop, identifying the correct transit vehicle, boarding or disembarking, riding, etc.)

**Please note: Any falsification of a condition or any part of a condition will be reported to the Federal Transportation Administration for prosecution to the full extent of the law.**

Explain how this applicant's condition(s) affects his/her ability to use public transit.

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

Applicant's condition is (please check one) \_\_\_\_\_ PERMANENT \_\_\_\_\_ TEMPORARY  
*If temporary, I expect applicant's condition will continue for \_\_\_\_\_ months.*

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_