



Humboldt Transit Authority
133 V Street
Eureka, CA 95501

FOR OFFICE USE ONLY

DATE RECEIVED: _____

Assessment for Transportation Eligibility Information

ADA Paratransit is transportation for persons, who because of a physical or mental condition are unable to ride public fixed-route transportation, such as Eureka Transit System. In order to be determined eligible under one of the following categories as defined by the U.S. Department of Transportation and the U.S. Department of Justice the following categories will determine your eligibility.

Category 1

Individual cannot independently use accessible fixed route transit due to a disability either some or all of the time.

The first category of eligibility includes those persons who are unable to fully use accessible fixed route bus services. Included in this category is:

"Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), without the assistance of another individual (except the operator of a wheelchair lift or vehicle on the system which is readily accessible to and usable by individuals with disabilities." [Section 37.123(e)(1) of the ADA regulations]

This applies to an individual who cannot independently negotiate the fixed route bus system (board, ride or disembark from a bus or train).

Category 2

The fixed route vehicles the passenger needs to use are not accessible and/or the lift cannot be deployed at needed stops.

The second category of eligibility includes:

"Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible and usable by individuals with disabilities if the individual wants to travel on a route of the system during 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." [Section 37.123(e)(2) of the ADA regulations]

This also applies to any individual who would be able to use the fixed route bus system if an accessible vehicle were available, or for an individual who wants to use a designated station/stop, but the lift cannot be deployed or would be damaged if deployed or temporary conditions render a designated stop unsafe for use by passengers.

Category 3

Individual's specific impairment related condition prevents him/her from getting to or from the fixed route transit system.

The third category of ADA paratransit eligibility includes:

"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." [Section 37.123(e)(3) of the ADA regulations]

This applies to an individual who, because of his/her disability, cannot access a bus stop or a rail station to board the fixed route bus system and cannot access his/her final destination after disembarking from a fixed route bus. Eligibility under this category is determined for a specific ride each time the eligible customer calls.

An important qualifier for this category is also included in the regulations:

Environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility for ADA paratransit service to passenger.
(Please note, an inconvenience in using the fixed route bus system is also not a basis for eligibility)

The Humboldt Transit Authority reserves the right to conduct a re-certification process as necessary to keep our records up-to-date. Service will be provided only to persons who have been certified. Qualified Medical Professionals will be asked to assist in making the determination of certification by completing a form describing the applicant's disability. The final decision as to whether or not the applicant qualifies for Dial-a-Ride will be made by Humboldt Transit Authority.

To help us accurately determine your eligibility for Dial-a-Ride, please fill out the application form as completely and thoroughly as possible. Once you have completed the form the Humboldt Transit Authority will determine if it will be necessary for an in-person interview.

INTERVIEW PROCESS

If we determine that more information is needed to process your application, or that your application is incomplete, we will schedule an in-person interview. If you know that you will need transportation to the interview, please let us know when we schedule your interview. At the time of your interview, we will ask you additional questions about your eligibility so we can further evaluate your travel abilities and limitations.

If you are determined eligible for dial-a-ride for some trips or for all trips, we will provide you with that information in your letter of eligibility. If it is determined that you are able to use fixed route buses for some or all of your trips, we will notify you in writing of the exact reasons for this decision and provide information about how to appeal our decision. This decision will be made within 21 days of the date you complete your in-person interview or assessment. If a decision is not made within 21 days, we will provide you with dial-a-ride until a final decision is made.

Complaints or comments about the system should be reported to Humboldt Transit Authority, Consuelo Espinosa, at 443-0826 for investigation and appropriate action. All information will be confidential. All passengers are expected to comply with vehicle rules, and understand the "HTA No Show Policy". The HTA No Show Policy is provided in this packet on Page 17.

If you believe you may be eligible for paratransit services please contact our paratransit eligibility department at:

(707) 443-0826 ext. 105 for further assistance.

Please Print

Application for ADA Paratransit Services

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for paratransit eligibility in the Humboldt County Area. 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 transit for all trips, without the help of another person, you will not be eligible for paratransit.

To apply for eligibility you must fully complete the attached application form and have the professional verification (pages 12-16) completed and signed by a licensed professional. We will review your ability to use accessible public transportation. After reviewing your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities

**For a copy of this application in other accessible formats
please call:**

707-443-0826 x 105

Applicants persons assisting them are encouraged to read the brochures called "Dial-a-Ride Riders Guide" and before completing the attached form. If you need a brochure call the transit agency. It provides more details about ADA paratransit and the criteria eligibility.

Please Print

Your application must be properly completed and it will be processed within 21 days after it has been received. You may be required to be available for a second level assessment. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel throughout the Dial-a-Ride service areas. 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 eligibility that allows you to use 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, due 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. Be sure to **respond to ALL questions or your application will be considered incomplete**. 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 three places to complete the application:**
 - Applicant Certification (Page 9)
 - Notice of Privacy Act (Page 10)
 - Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 11)
4. **You must have the Professional Verification (Pages 12-16) completed and signed by a licensed professional (not the applicant)**
5. **Return the completed application to:**

**Humboldt Transit Authority
133 V Street
Eureka, CA 95501**

**For help with the application process or to check on the status of your application
Call 707-443-0826, x105.**

APPLICATION FOR ADA COMPLEMENTARY PARATRANSIT SERVICE

To qualify for Dial-A-Ride Service, one must meet the following criteria

Check One: Unable to use public transportation
 Resident of a convalescent home

PLEASE PRINT

Date: _____ **Emergency Contact No.:** _____

Name: _____

Birthday: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Male Female Email Address (optional): _____

Do you Speak English? Yes or No, I speak _____

Agency Certifying: _____

What is your disability/medical diagnosis that prevents you from using Public Transit?

No longer driving is **NOT a limitation**

When do the effects of your condition effect you to get you to your destination?

How does your condition affect you when you ride public transit in a functional way?

Is this condition temporary? **YES** **NO**

If yes, please list the date you expect the temporary condition will no longer exist: _____

Does your disability change from time to time due to medical treatments, medications, or other reasons?

YES **NO**

If yes, how?

Can you climb three (3) 12-inch steps without assistant? **YES** **NO**

How many steps can you go up or down? _____

Can you wait outside without support for more than 10 minutes? **YES NO**

If accepted to use Dial-A-Ride, will you require the assistance of an attendant? **YES NO**

If yes, please name the attendant: _____

Mobility Limitations:

Can travel 200 feet without assistance:	YES	NO
Can travel 3-6 blocks without assistance:	YES	NO
Can travel 6-9 blocks without assistance:	YES	NO
Can climb 12-inch steps without assistance:	YES	NO
Can access bus using lift or ramp:	YES	NO
Can wait outside without support for 10 minutes:	YES	NO

If you require the use of mobility aids, please circle all that apply:

Manual Wheelchair	YES	NO
Electric Wheelchair	YES	NO
Electric Scooter	YES	NO
Cane	YES	NO
Walker	YES	NO
Service Animal	YES	NO
Care Worker/Attendant	YES	NO
Oxygen Tank	YES	NO

If you use a manual wheelchair, what type of obstacles could prevent you from using the public transit system that are equipped with a lift or ramps?

Do you have a communication disability which necessitates the use of some type of communication aid?

YES NO

If yes, what kind of communication aid do you require?

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 daily living activities

I live with family members who help me

I live independently (without the assistance of another person)

If you Checked manual wheelchair, power wheelchair or power scooter, circle the picture that most looks like your device.

1. Manual Wheelchair that looks most like this: (Circle One)



1



2



3

2. Power Wheelchair that looks most like this: (Circle One)



1



2



3

3. Power Scooter that looks most like this: (Circle One)



1



2



3

SIGNATURE PAGE:

In order for the Humboldt Transit Authority to evaluate your request for eligibility, it may be necessary to contact a health care or rehabilitation professional for additional information about how your disability prevents you from using regular bus service. It is important that you identify one or more qualified professionals who are familiar with your particular disability and how it prevents you from using the bus system. You must include complete telephone and address information including zip codes for all professionals listed.

Qualified professionals include:

Family Physician
Ophthalmologist
Occupational Therapist
Psychologist

Independent Living Specialist
Physical Therapist
Dialysis Social Worker

Rehabilitation Specialist
Registered Nurse
Social Worker

(PLEASE PRINT)

Family Physician (or other qualified professional)

Family Physician (or other qualified professional)

Professional's agency (if any) Phone#

Professional's agency (if any) Phone #

Address

Address

City State Zip

City State Zip

CERTIFICATION AND AUTHORIZATION:

I certify that the information provided in this application is true and correct. I understand that falsification of information may result in denial of service. I authorize the professional listed above to release to Humboldt Transit Authority information about my disability and its effect on my ability to travel on the regular bus system. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 60 days from the date below.

Signature of Applicant: _____ Date: _____

Signature of person assisting applicant: _____

Relationship: _____

Print Name: _____



Notice of Privacy Practice

Humboldt Transit Authority respects your privacy. We understand that your personal health and eligibility information is very sensitive. We will not disclose your information to anyone outside of the agency unless you in writing, or unless the law authorizes us to do so. Also, we cannot process any eligibility application that does not have authorization signed by you, your representative or legal guardian on all pages where a signature is required. Our privacy practices cover all authorized information contained in your ADA eligibility file.

Use and Disclosure of ADA Eligibility Information

The information contained in your eligibility file includes all applications submitted and any health information received that aids in determining your eligibility. It may also include any letters received on your behalf, documented conversations, trip plans, and other information pertinent to your ADA eligibility and service provision.

The Humboldt Transit Authority uses this information to determine eligibility and for assessing or providing transportation service needs. Staff access to this information is limited to those employees who must review it for the purposes stated above. Conditional and temporary paper applications and eligibility determination information will be kept for 1 year. Unconditional applications will be kept for 5 years and all eligible applicants will be required to submit a new re-certification process. Certifications may be reviewed if someone questions your eligibility determination or may be reviewed in a FTA Compliance Review.

- You have the right to review your file. Your request must be made in writing or the review may occur in person with valid identification.
- You may request that a copy of your file be mailed to you. You may be required to pay a fee for this service.

Received and Reviewed:

Please Print Name: _____

Applicant/Patient/Responsible Party Signature _____

Relationship to Applicant/Patient _____ Date: _____



Medical Release Form for Humboldt Transit Authority

In order for Staff to process your transportation application and obtain needed medical information to make eligibility determination, we must ask that you complete and sign this information release form. This release form authorizes the release of medical information that is needed to determine eligibility for door to door services. Failure to complete this form may result in the delay of eligibility determination or the denial of services.

I _____ authorize Humboldt Transit Authority, to review my personal medical records submitted by a qualified professional. I understand that this information will be used solely for the purpose of determining eligibility for transportation services and will not be shared with any other agencies except where allowed by law. I understand I have the right to revoke this authorization in writing at any time. I understand that failing to provide authorization may result in the denial of transportation services until such time that the information being requested may be obtained.

Received and Reviewed:

Please Print Name: _____

Applicant/Patient/Responsible Party Signature _____

Relationship to Applicant/Patient _____ Date: _____



Please Print

**See Next Page for REQUIRED Professional
Verification Form
Pages 13-16**

Application for ADA Paratransit Service



PROFESSIONAL MEDICAL VERIFICATION

Page 1 of 4

Letter of Introduction

This letter is to inform you that one of your patients is requesting certification.

The ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift Program has been established to serve the needs of persons who are unable to use the existing public transportation services offered by Redwood Transit, Eureka Transit, Arcata & Mad River Transit, and Southern Humboldt Transit.

The agency certifying clients for the ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift is the Humboldt Transit Authority. We are asking physicians to assist us in determining patient eligibility. The Humboldt Transit Authority will make the final determination of eligibility.

The word “unable” as it relates to using the transit system means that performing the function is absolutely impossible or causes severe or continuing pain (not discomfort, occasional pain, or difficulty).

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PROFESSIONAL MEDICAL VERIFICATION

Page 2 of 4

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Eligibility may be granted on a temporary or conditional basis. Please complete the enclosed form so we can determine the eligibility of your patient. Thank you for your assistance in the completion of this certification.

Please send the completed form back to Humboldt Transit Authority, 133" V" Street, Eureka CA 95501.



PROFESSIONAL MEDICAL VERIFICATION
Page 3 of 4

Name of applicant: _____

Birthday: _____

Circle your answer:

Has the applicant been diagnosed with significant limitations? **YES** **NO**

If yes, please explain:

Do the applicant's abilities change due to medical treatments? **YES** **NO**

If yes, please explain:

What is the maximum distance the applicant can travel unassisted?

Check one:

Less than a 1 block: _____

1-3 blocks: _____

¼ - ½ of a mile: _____

½ - 1 mile: _____

1 mile or more: _____

How many large stairs can the applicant climb or descend?

Check one:

1-2 stairs: _____

3-4 stairs: _____

5 or more: _____

Varies: _____

How many times have you seen your patient walk more than 5 feet?

If variable, please explain:



PROFESSIONAL MEDICAL VERIFICATION
Page 4 of 4

Without assistance, can the applicant perform the following activities?

Ask for, understand, and follow directions: **YES** **NO**
 Cope with unexpected changes in routine: **YES** **NO**
 Recognize landmarks: **YES** **NO**
 Cross busy streets: **YES** **NO**

Does the applicant require an attendant to complete a trip? **YES** **NO**
 Does the applicant use a service animal? **YES** **NO**

How frequently has the applicant be seen by you? _____

Please indicate which combination of the following categories best summarizes the applicants limitations:
 Check all that apply:

- The applicant cannot ride the bus without the assistance of an attendant: _____
- The applicant cannot board the bus without a lift or ramp: _____
- The applicant cannot travel to and from the bus stop: _____
- The applicant is homebound and needs medical transportation only: _____
- The applicant is temporary in a skilled nurse facility and needs medical transportation only: _____

Please describe what method you used to determine the eligibility of your patient?

SIGNATURE:

Professional Name and Title: _____

Signature: _____ Date: _____

Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____