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

**FOR OFFICE USE ONLY**
***(DAR VERSION 2025)***

# 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. [Section 37.123(e)(1) of the ADA regulations]

## Category 2

The fixed route vehicles the passenger needs to use are not accessible and/or the lift cannot be deployed at needed stops. [Section 37.123(e)(2) of the ADA regulations]

## Category 3

Individual's specific impairment related condition prevents him/her from getting to or from the fixed route transit system. [Section 37.123(e)(3) of the ADA regulations]

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 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 notify you by phone or in writing. The decision will be made within 21 days of the date you complete your 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, - Cody Ferreira, at 707-443-0826 ext.104 for investigation and appropriate action. All information will be confidential.**

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

**(707) 443-0826 ext. 104 for further assistance.**

# INSTRUCTIONS FOR APPLICANTS

## Please Print

Your application must be properly completed and it will be processed within 21 days after it has been received. You will receive notice of your eligibility determination by phone or 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. 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 an incomplete application.

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 6)
- Notice of Privacy Act (Page 7)
- Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 8)

4. **Return the completed application to:**

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

******* OR *******

**Fax to: 1-707-443-2032**

**For help with the application process or to check on the status of your application Call 707-443-0826, x104.**

**All signature pages must be signed by the applicant to be considered for approval.**

**APPLICATION FOR ADA COMPLEMENTARY PARATRANSIT SERVICE**

**Client#**_____

Please Print

☐ **Approved** ☐ **Recert** ☐ **Declined**

____/____/____ _____

Date: _____ Name: _____

Date of Birth: _____ Phone: _____

Physical Address:_____ City:_____ State:_____Zip:_____

Mailing Address:_____ City:_____State:_____Zip:_____

Gender:_____ Email Address (optional):_____

Primary Language ___English Other___ _____

**Emergency Contact Name: _____ Phone: _____**

**Emergency Contact Name: _____ Phone: _____**

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 assistance? **YES☐ NO☐**

How many steps can you go up or down? _____

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

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/Scooter | **YES☐** | **NO☐** |
| Walker | **YES☐** | **NO☐** |
| Cane | **YES☐** | **NO☐** |
| Service Animal | **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?

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

If yes, please name the attendant: _____

Contact Information: _____

In order for the Humboldt Transit Authority to evaluate and finalize your request, we need your health care or rehabilitation professional information below. 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 zips codes for all professionals listed.

**Qualified professionals include:**

| | | |
|---|---|---|
| Family Physician | Independent Living Specialist | Rehabilitation Specialist |
| Ophthalmologist | Physical Therapist | Registered Nurse |
| Occupational Therapist | Dialysis Social Worker | Social Worker |
| Psychologist | | |

***REQURIED FIELDS (PLEASE PRINT)**

| | |
|---|---|
| Your Family Physician (or another qualified professional) | Your Family Physician (or another qualified professional) |
| Professional's agency Phone# | Professional's agency 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.

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 the determination of 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: _____

Circle one:
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: _____

Circle one:
Applicant/Patient/Responsible Party Signature_____
Relationship to Applicant/Patient_____Date: _____