

Visalia Transit Center
425 E Oak Ave
Visalia CA 93291
(559) 713-4100



ADA PARATRANSIT SERVICE
ADA CERTIFICATION APPLICATION
DIAL-A-RIDE: PRIORITY STATUS
NEW APPLICANTS AND RENEWALS

DIAL-A-RIDE PARATRANSIT SERVICE

Dial-A-Ride is a shared-ride, reservation based, origin to destination, public transportation bus service designed as an alternative to the fixed-route service. It was designed specifically for individuals whose disability or health related condition prevents them from using the fixed-route service. Dial-A-Ride was also designed as part of the requirements of the Americans with Disabilities Act (ADA). The Dial-A-Ride services the same area and operates at a similar time frame as the fixed-route service.

In order to receive priority status and make reservations in advance (up to two weeks), a passenger must be certified as ADA eligible. Please read and follow the instructions below before filling out the attached application . All information that you provide will be kept confidential, for internal use, and will not be subject to public review.

INSTRUCTIONS

1. Read the enclosed material about the program and sign where indicated
2. Complete the attached application. If you require assistance, please call Visalia Transit 559-713-4100.
3. Have a licensed medical professional complete the second part of the application.
4. Please mail the original application to Visalia Transit located at the following address:

VISALIA TRANSIT
ATTN ADA COORDINATOR
425 E OAK AVE
VISALIA CA 93291

OR

Drop off at the Transit Center, 1st Floor Lobby Area

NEW! Please note that you might be required to participate in an in person interview assessment that will help Visalia Transit determine if your eligible for ADA certification . If this is our conclusion, you will be contacted by phone to set up an appointment. If you do not have transportation to the appointment, Dial-A-Ride will provide free transportation to and from your appointment. Please call the Dial-A-Ride to schedule your reservation for transportation, (559) 713-4750.

APPLICATION PROCESS

You will be notified by mail of the determination of your eligibility within 21 days from the date your application is received. Visalia Transit reserves the right to make the final determination of eligibility for ADA certification. Should an application be denied, an appeal may be filed with the City of Visalia Transit Division or a new application can be submitted.

If Visalia Transit is unable to make determination within 21 days from the date your application is received, you will receive presumptive, temporary certification beginning on the 22nd day and continuing until you are notified by mail of the determination of your eligibility.

Your picture will be taken on the day of your interview for the ADA ID card, pending approval, and mailed to you.

Inaccurate or incomplete information on the application may result in the inability to make the determination of your eligibility within the 21 days.

ADA PARATRANSIT ELIGIBILITY STANDARDS

- ◇ ADA Paratransit eligibility is based on **functional** ability **not** disability. Individuals with the same disability can have different functional abilities.
- ◇ The following standards are guidelines that will be used to determine ADA paratransit eligibility:
 1. *Inability to navigate system independently*– a physical or mental impairment that prevents an individual from navigating the fixed-route independently.
 2. *Lack of accessible vehicles, stations, or bus stops*– accessible vehicles are not being used to provide service on the bus route, if a boarding or disembarking location is inaccessible, or key stations are not accessible.
 3. *Inability to reach a boarding point or final destination*– a disability that prevents an individual from traveling to a boarding location or from a disembarking location

CERTIFICATION TYPES

The following eligibility types are provided as guidelines to assist Visalia Transit in the determination of the type of ADA certification:

- ◇ **Permanent Eligibility:** A permanent impairment which would cause the individual to become disoriented, confused, or incapable of independently navigating the system without the assistance of another person, and/or the inability to independently navigate to a fixed route boarding or disembarking location, or to physically board or disembark from a fixed-route bus which is otherwise accessible.
- ◇ **Temporary Eligibility:** A temporary impairment which would cause the individual to become disoriented, confused, or incapable of independently navigating the system without the assistance of another person, and/or the inability to independently navigate to a fixed route boarding or disembarking location, or to physically board or disembark from a fixed-route bus which is otherwise accessible.
- ◇ **Conditional Eligibility:** An impairment that, dependent upon environmental conditions, terrain, vehicle accessibility, facility accessibility, makes it impossible for the individual to independently board and disembark from certain fixed-route locations. Individuals in this category can use the fixed-route system under certain health conditions and within certain parameters.

**PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE
INFORMATION ON THE PREVIOUS PAGES**

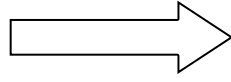


APPLICANTS SIGNATURE

DATE

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**ADA PARATRANSIT SERVICE
ADA CERTIFICATION APPLICATION
DIAL-A-RIDE: PRIORITY STATUS**



NEW APPLICANTS AND RENEWALS

IMPORTANT : PLEASE PRINT CLEARLY

New

Picture

Renewal

FOR OFFICE USE ONLY

Log Access Easy Rides

Reviewed: ____/____/____

Status: Denied : ____/____/____

Approved: ____/____/____

Permanent

Temporary : ____ Months

ADA ID Issued: ____/____/____

ADA ID #: _____

First Name Middle Name Last Name DOB

Home
Address: _____
Number Street Name Apt. # City State Zip Code

Same as home address

Mailing
Address: _____
Number Street Name Apt. # City State Zip Code

Cell Number : (____) ____ - ____ Other Number : (____) ____ - ____

Email: _____

Primary Language : () English () Other (Specify) _____

If someone assisted with this application, please provide their following information: N/A

Name: _____ Relationship: _____

Address: _____

City, Sate, ZIP: _____ Telephone: (____) ____ - ____

Please list the person to be contacted in an emergency:

Name: _____ Relationship: _____

Address: _____

City, Sate, ZIP: _____ Telephone: (____) ____ - ____

Last Name: _____
First Name _____
Eligibility Conditions: 1 2 3 4
Expiration: ____/____/____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY

- What is the closest intersection to your home (for example: Mooney and Walnut)

- How do you currently travel (Walk, Taxi, City Bus, Uber, Other)

- What is your current disability or health related condition:

- Please describe how your disability or health related condition affects your ability to travel on the fixed route buses and to bus stops:

- Under what conditions are you best able to use the fixed route service?

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NOTES:

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

It may be necessary to contact a licensed medical professional who can verify your disability or health related condition and is familiar with your functional abilities as it relates to the use of public transportation. The verification of the disability or health related condition does not automatically qualify you for ADA eligibility. *However*, it is an important factor and required as part of the application process.

I authorize the licensed medical professional, listed below, to release any medical information as it pertains to my functional abilities, when it's requested by my local public transit agency. This information will be used in the determination of ADA eligibility. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

MEDICAL PROFESSIONAL			
Name:	_____		
Title:	_____		
Agency or Clinic:	_____		
Address:	_____		
	Number	Street	

	City	State	Zip Code
Phone Number:	(____) _____ - _____	Extension:	_____
Fax Number:	(____) _____ - _____		

By signing below, I authorize the licensed medical professional, listed above, to release any medical information as it pertains to my functional abilities

APPLICANTS SIGNATURE

DATE

LICENSE MEDICAL PROFESSIONAL'S STATEMENT OF ADA ELIGIBILITY

Dial-A-Ride is a shared-ride, reservation based, origin to destination, public transportation bus service. It was created as an alternative to the fixed-route bus service. *It was designed specifically for individuals whose disability or health related condition prevents them from using the fixed-route service.*

For that reason, in order to receive priority status and make reservations in advance (up to two weeks) , the applicant must first be certified as ADA eligible. Ultimately, ADA eligibility is determined by Visalia Transit staff. However, the information requested below will be helpful in the determination of their decision. Please answer the questions below in regards to the applicant. If this section is incomplete, we may need to contact you for more details.

Applicant's Name: _____
Last Name First Name

- Medical Diagnosis or health related condition that prevents the applicant from using the fixed-route bus service:

- Is the disability or health related condition: Permanent Conditional Temporary: _____ Months
- Is the applicant wheelchair dependent? YES NO
- Can the applicant walk up and down steps (12" rise steps with handrails)?
 YES NO SOMETIMES
- Does the Applicant require a lift-equipped vehicle to board?
 YES NO SOMETIMES
- Can applicant travel independently from his/her house, to the sidewalk ?
 YES NO SOMETIMES
- Can the applicant independently travel without assistance from another individual, without major barriers along the route, without a significant risk of injury, and if applicable, with the use of a mobility aid to the nearest bus stop?
 YES NO SOMETIMES

If sometimes, please explain:

Continued on next page →

SELECT ALL ELIGIBILITY STANDARDS THAT APPLY TO THE APPLICANT

- Inability to navigate system independently – a physical or mental impairment that prevents the applicant from navigating the fixed-route independently.
- Inability to reach a boarding point or final destination – a disability that prevents applicant from traveling to a boarding location or from a disembarking location.
- I certify the applicant requires a personal care attendant (PCA) to accompany them during transit.

If none of the eligibility standards apply above, please select the following :

- The applicant is CAPABLE of reaching a bus stop, boarding, riding, and disembarking from an accessible bus, and does NOT require ADA certification for priority status.

I certify that I am a medical professional by the State of California. I am currently treating the applicant listed on the front of this application for a qualifying disability, the applicant is disabled as defined by the above criteria, and the information I have provided is true and correct **under penalty of perjury** according to the laws of the State of California.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Clinic or Agency Name

Office Number: (____) _____ - _____

Address

Fax Number: (____) _____ - _____

City, State, Zip Code

BY SIGNING BELOW I ACKNOWLEDGE THAT THE ABOVE IS TRUE AND CORRECT

License Professional's Name (Printed)

License #

License Professional's Name (Signature)

Date