San Benito County LOCAL TRANSPORTATION AUTHORITY

COUNTY EXPRESS

County Express expanded its services to include Fixed Route, Intercounty, and Paratransit services. As a result, County Express has been providing over 150,000 rides to San Benito County residents and visitors every year.

Dial-A-Ride is not available to residents living within less than three-quarters (¾) mile of Fixed Route Services. Persons with a disability that prevents him/her from independently using the Fixed Route Services in Hollister, may use County Express' Paratransit Service if he/she is qualified. The Paratransit service provides curb-to-curb service to and from the three-quarters (¾) mile area from a Fixed Route.

County Express follows the Americans with Disabilities Act (ADA) of 1990 eligibility standards for Paratransit services. People with disabilities in the following categories are eligible to receive Paratransit services.

Category 1 – Applicants who cannot independently use County Express Fixed Route service.

Category 2 – Applicants who can use or learn to use an accessible transit system, but the system is not fully accessible.

Category 3 – Applicants who have a specific impairment that prevents them from getting to or from a bus stop.

If you believe that you qualify for County Express's Paratransit service, please complete the attached application and mail it to:

San Benito County Local Transportation Authority
330 Tres Pinos Road, Suite C7
Hollister, CA 95023

All information provided during the certification process *will be kept strictly confidential.* The questions on this application are designed to provide assistance in determining your functional abilities. *A separate medical verification is not required as part of this application process.* However, you are asked to provide the names of two individuals who can confirm the information you provided in your application.

All information regarding the certification process and Paratransit services will be made available in accessible formats upon request.

Should you have any questions, please contact the Local Transportation Authority at (831) 637-7665.

SAN BENITO COUNTY LOCAL TRANSPORTATION AUTHORITY
INSTRUCTIONS AND APPLICATION FOR PARATRANSIT ELIGIBILITY

County Express' Paratransit services are for individuals that cannot independently use the Fixed Route service, the closest bus stop is not yet accessible, or there is a physical barrier to get to or from the bus stop. If you believe that you have a disability that prevents you from independently using the Fixed Route service in Hollister, please complete the following application.

When completing the application please be sure that:

- ✓ You have answered <u>all</u> questions clearly in ink or typed
- ✓ You have included the name, phone number & fax number of the licensed professional who is familiar with your disability or health related condition
- ✓ You have signed Part 4.

If you would like to have your doctor fill out the doctor's verification form at an upcoming doctor's visit, please check the box that says "Please send me a doctor's verification form," and the form will be sent to you. If you do not check the box, the Local Transportation Authority will send one to your doctor on your behalf.

If you are completing the application electronically, you will have to print out the entire application after you have completed it. Please remember to sign Part 4 as we do not currently accept electronic signatures. If you do not sign Part 4, your eligibility determination may be delayed.

It is important to **complete all parts** of this form. ***Applications that are not complete, legibly written, and signed will be returned, which will delay the eligibility determination.*** If you have any questions about the application, please call the Local Transportation Authority at (831) 637-7665.

Once the application has been received, the Local Transportation Authority will determine eligibility on a case by case basis. Eligibility is based on one or more of the criteria mandated by Federal law, the Americans with Disabilities Act (ADA).

Within 21 days of receipt of your application, a letter of determination will be sent to you. If you are eligible, a letter of approval and your Paratransit card will be sent to you. If are not eligible, the letter will explain reasons for the determination of ineligibility; and you have the right to appeal the ineligible decision within 60 days in writing. As part of the process, you may be required to do an in-person or telephone interview.

After completing the application, please submit it by mail or in person to the following address:

San Benito County Local Transportation Authority
330 Tres Pinos Road, Suite C7
Hollister, CA 95023

The information obtained in this certification *will be kept strictly confidential*. The questions on this application are designed to provide assistance in determining your functional abilities. It is possible that after review of your application, you may be asked to verify the information contained herein or you may be asked to provide additional information. This may require a telephone or personal interview.

It is important to **complete all parts** of this form. ***Applications that are not complete, legibly written, and signed will be returned, which may delay your eligibility determination.***

PART 1: GENERAL INFORMATION

Full Name (First, Middle, Last): _____

Date of Birth: _____ Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Daytime Phone: _____ Evening Phone: _____

Home Address: _____ City: _____ Zip: _____

Are you ☐ a new applicant or ☐ renewing your eligibility?

If renewing, what is your Paratransit I.D. Number? (Your I.D. number can be found on your eligibility card). _____

If mailing address is not the same as above, please provide below:

Mailing Address: _____ City: _____ Zip: _____

If assistance was provided in filling out this form, please indicate by whom:

Full Name (First and Last): _____ Phone: _____

Relationship: _____ Contact for more information directly? ☐ Yes ☐ No

Please provide the name and phone numbers of a person we can call in case of an emergency.

Full Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Phone: _____

DO NOT WRITE BELOW THIS LINE

Record Number: _____
I.D. Number: _____
Date Received: _____
Application Received: ___ Complete ___ Incomplete
Application Sent Back: ___ No ___ Yes Date: _____
Eligibility Default Date: _____
Date of 1st Attempt Contact: _____
Date of 2nd Attempt Contact: _____
Date of 3rd Attempt Contact: _____
Date of Doctor Approval: _____

Status: ___ Approved ___ Denied ___ In Progress
Determination Date: _____
Expiration Date: _____
Processed By: _____
Approved By: _____
Database Entry Date: _____
Progress Notes: _____

PART 2: CURRENT USAGE AND ACCESS OF FIXED ROUTE

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

1. Have you ever used County Express' Fixed Route bus service or similar service in other areas?
   - ☐ Yes, usually _____ times a week.
   - ☐ Yes, but I stopped because _____.
   - ☐ I have never used fixed route buses.

2. If you currently do not use the Fixed Route buses, is there something that might help you ride them? (Check all that applies)
   - ☐ Yes, if bus stops were closer to where I live and where I need to go.
   - ☐ Yes, if I could learn to use the County Express system.
   - ☐ Yes, if route and schedule information was easily accessible.
   - ☐ Yes, if *(describe)* _____.
   - ☐ No, nothing would help me ride the Fixed Route buses.

3. How far from your home is the nearest bus stop?
   - ☐ Less than 1 block. ☐ 1-2 blocks. ☐ 3-4 blocks. ☐ 5 or more blocks.
   - ☐ I don't know.

PART 3: DISABILITY AND/OR HEALTH-RELATED CONDITIONS

1. What is your disability or health-related condition that prevents you from using Fixed Route service? How does your disability or health-related condition prevent you from using the Fixed Route service?

   _____

   _____

   _____

   _____

   a. The conditions you described are: ☐ Permanent ☐ Temporary
   b. If temporary, what is the date of expected recovery? _____
   c. If pregnant, what is your due date? _____

2. Does your health condition or transportation disability change from day to day in a way that affects your ability to use public buses?

   ☐ Yes, good on some days, bad on others. ☐ No, doesn't change. ☐ I Don't Know

   a. If "Yes" or "I Don't Know" is selected please briefly explain below.

      _____

      _____

      _____

3. For the following (a-g), indicate whether you independently are able to perform the following functions.

   a. Are you able to understand directions needed to complete a trip or public transit? (This does not refer to being unaccustomed to the English language.)
      ☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

b. Are you able to correctly identify the bus stop and/or bus?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

c. Are you able to get to and from the nearest bus stop?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

d. Are you able to wait at least 15 minutes at a bus stop?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

e. Are you able to grasp handles or railings, coins, or tickets while boarding and existing the bus?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

f. Are you able to maintain balance and tolerate the movements of the bus when seated?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

g. Are you able to easily access the bus stop and/or the bus?
☐ Yes ☐ No ☐ Sometimes ☐ I'm Not Sure

Provide explanation for <u>all</u> "No," "Sometimes," and "I'm Not Sure" answers below. If there are no explanations provided, the application will be considered incomplete and may delay your eligibility determination. (Attach additional pages if the space provided is not enough.)

_____
_____
_____
_____
_____
_____
_____

4. Please indicate below if you use any of the following mobility aids or equipment. Check all that applies.

☐ Cane	☐ Walker	☐ Stroller / Carseat
☐ Manual Wheelchair	☐ Motorized Wheelchair	☐ Powered Scooter / Cart
☐ Respirator / Oxygen Tank	☐ Service Animal	☐ Crutches,
☐ Leg Brace	☐ White Cane	
☐ Other: _____	☐ I do not require assistive devices.	

5. Do you require a Personal Care Attendant when you travel using the bus? ☐ Yes ☐ No

a. If you do, please provide the following information.

Personal Care Attendant's Full Name: _____

Home Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Alternate Phone: _____

b. Please provide an emergency contact for your Personal Care Attendant.

Full Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Phone: _____

6. Are you a customer of another Paratransit System? ☐ Yes ☐ No
   a. If you are, please provide the following information and a photocopy of your current card.

   Name of Paratransit System: _____ Expiration Date: _____

7. Are you a current Medicare recipient? If yes, please provide a copy of your current Medicare card. ☐ Yes ☐ No

8. If you are not approved for Paratransit service, would you be interested in more information about County Express Courtesy Card? ☐ Yes ☐ No

PART 4: APPLICATION CERTIFICATION AND PROFESSIONAL AUTHORIZATION

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

I hereby authorize the professional(s) listed below to provide any information required to complete this certification. The information released will be used solely to determine my eligibility and I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

Applicant/Guardian's Signature _____ Date_____

Name of **Primary** Physician or Caseworker: _____

Office Number: _____ Fax Number: _____

Address: _____ City: _____ Zip: _____

Name of **Secondary** Physician or Caseworker: _____

Office Number: _____ Fax Number: _____

Address: _____ City: _____ Zip: _____