

## APPLICATION FOR ADA PARATRANSIT ELIGIBILITY Roseville Transit Dial-A-Ride

**New Application**

**Recertification**

Please print or type  
All questions must be answered

### **PART A: APPLICANT DATA**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

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

3. Home telephone: ( ) \_\_\_\_\_ Work telephone: ( ) \_\_\_\_\_

4. Emergency Contact Person: \_\_\_\_\_

Phone #: Day: ( ) \_\_\_\_\_ Night: ( ) \_\_\_\_\_

5. Do you normally use any of the following mobility aids?

\_\_\_\_\_ No

\_\_\_\_\_ Manual Wheelchair

\_\_\_\_\_ Electric Wheelchair

\_\_\_\_\_ Powered Scooter (3 or 4 wheels)

6. Do you need a personal care attendant (other than the operator of the passenger lift) to assist you to board, ride, or disembark from an accessible fixed-route bus?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

Please explain when an attendant is needed: \_\_\_\_\_

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**PART B: FUNCTIONAL INFORMATION**

7. Describe your physical, sensory, and/or mental limitations that prevent you from using a regular fixed-route bus.

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8. Are your disabilities.....

\_\_\_\_\_ Permanent      \_\_\_\_\_ Temporary  
\_\_\_\_\_ Variable      \_\_\_\_\_ Until  
\_\_\_\_\_ when: \_\_\_\_\_

9. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate intention to board?

\_\_\_\_\_ Yes

_____ No	Please Explain: _____ _____
_____ Sometimes	
_____ Sometimes	

10. Are you able to board and disembark from a fixed-route bus with a wheelchair/passenger lift without assistance (except from the bus driver)?

\_\_\_\_\_ Yes

_____ No	Please Explain: _____ _____
_____ Sometimes	
_____ Sometimes	

11. Are you able to handle/grasp coins (pay fare), tickets, railings, handles?

\_\_\_\_\_ Yes

_____ No
_____ Sometimes

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_

12. Are you able to keep your balance while seated on a moving fixed-route bus in normal operation?

\_\_\_\_\_ Yes

_____ No
_____ Sometimes

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_

13. Are you able to read, hear, and/or understand the information, schedules, or directions during a trip?

\_\_\_\_\_ Yes

_____ No
_____ Sometimes

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_

14. Are you able to signal the bus driver that you want to disembark at a certain bus stop? (Assume the driver announces all major stops)

\_\_\_\_\_ Yes \_\_\_\_\_ No

15. Are you able to find your way between familiar locations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

16. Are you prevented from traveling to or from a bus stop for one or more of the following reasons? (Check all that apply to you.)

\_\_\_\_\_ Not Applicable

\_\_\_\_\_ Extreme sensitivity to heat

\_\_\_\_\_ Allergic/environmental sensitivities

\_\_\_\_\_ Hyper-fatigue, frailty

\_\_\_\_\_ Night-blindness

\_\_\_\_\_ Other. Please Explain: \_\_\_\_\_  
\_\_\_\_\_

17. Are you able to wait outside at the bus stop without assistance or support for up to 15 minutes?

\_\_\_\_\_ Yes

_____ No
_____ Sometimes

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

**PART C: APPLICANT SIGNATURE**

I hereby certify that the information given in this application is correct.

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

**PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM**

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

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

Phone where you can be reached: (      ) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature of other person completing this form:

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

**PART E: AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

To be completed by Applicant.

I hereby authorize the release of information to the Roseville Department of Public Works about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA Paratransit Service.

Name of Professional:\*\* \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

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.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\*\*Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.