Public Works
Alternative Transportation
401 Vernon Street
Roseville, California 95678-2649

Roseville ADA Paratransit Service Eligibility Application

All information you supply is confidential and will only be used to determine if you are eligible for Roseville ADA Paratransit Service.

☐ **New Application** ☐ **Recertification**

PART A: Applicant Data – Please print or type

Date _____ ☐Mr. ☐Mrs. ☐Miss ☐Ms.

Name _____

Address _____ Apt. # _____

City _____ Zip _____ Birth Date _____

Home # _____ Alternate # _____

PART B: Emergency Contact Information

Please provide a local emergency contact.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

PART C: Mobility Information

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

☐ Yes. Check all that apply.
- ☐ Manual Wheelchair
- ☐ Electric Wheelchair
- ☐ Powered Scooter (3 or 4 wheels)
- ☐ Walker
- ☐ Cane
- ☐ Service Animal

☐ None

2. Do you need a personal care attendant (PCA) to assist you board, ride, or disembark from an accessible fixed-route bus? *The bus driver does not assume the role of PCA.*

☐ No ☐ Yes ☐ Sometimes

Explain when a PCA is needed: _____

_____

_____

_____

PART D: FUNCTIONAL INFORMATION

3. What is your disability or health-related condition that prevents you from using a regular fixed-route bus? Describe all physical, sensory, and/or mental limitations in detail. Do not use acronyms.

_____

_____

_____

_____

_____

4. Are your disabilities?

☐ Permanent ☐ Temporary from _____ to _____

5. 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 ☐ Sometimes - Explain _____

_____

6. 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 ☐ Sometimes - Explain _____

_____

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

☐ Yes ☐ No ☐ Sometimes - Explain _____

_____

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

☐ Yes ☐ No ☐ Sometimes - Explain _____

_____

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

☐ Yes ☐ No ☐ Sometimes - Explain _____

_____

10. 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 ☐ Sometimes - Explain _____

_____

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

☐ Yes ☐ No ☐ Sometimes - Explain _____

_____

12. Are you prevented from traveling to or from a bus stop due to extreme sensitivity to heat? ☐ Yes ☐ No

13. Are you prevented from traveling to or from a bus stop due to allergic or environmental sensitivities? ☐ Yes ☐ No

14. Are you prevented from traveling to or from a bus stop due to hyper-fatigue or frailty? ☐ Yes ☐ No

15. Are you prevented from traveling to or from a bus stop due to night blindness? ☐ Yes ☐ No

16. Are you prevented from traveling to or from a bus stop for any other reason? 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 - Explain _____

_____

PART E: APPLICANT SIGNATURE

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

Applicant's Signature _____ Date: _____

PART F: PERSON OTHER THAN APPLICANT COMPLETING FORM

Print Name: _____

Address: _____

Phone where you can be reached: ( ) _____

Relationship to Applicant: _____

Signature: _____ Date: _____

PART G: AUTHORIZATION TO RELEASE PERSONAL INFORMATION

This section is to be completed by the applicant.

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

Name of Professional*: _____

*Professional is an individual knowledgeable of your disability or disabilities and functional travel abilities such as a rehabilitation specialist, disability evaluator, mental health case worker, or physician.

Agency/Organization: _____

Phone Number: ( ) _____

I realize that I have the right to receive a copy of this authorization and that I may revoke this authorization at any time.

_____ _____

Name of Applicant (Please Print) Date Signed

_____

Signature of Applicant