



APPLICATION FOR CITY OF ELK GROVE *E-VAN* PARATRANSIT SERVICE

The City of Elk Grove's ADA Paratransit *e-van* is a "Safety Net" for people with physical, cognitive or visual disabilities that are functionally unable to independently use the fixed-route service either all of the time, temporarily, or only under certain circumstances.

**Eligibility Certification is conducted at:
City of Elk Grove, Transit Services
8401 Laguna Palms Way
Elk Grove, CA 95758
PHONE: 916-627-3555/FAX: 916-627-4804**

Steps in the Eligibility Process

1. Complete the Paratransit Application that follows this page.
2. Mail or fax your signed and completed application and Professional Verification statement from your healthcare provider when required to: ***City of Elk Grove Transit Services, Attn: ADA Certification, 8401 Laguna Palms Way, Elk Grove, CA 95758 or Fax to 916-627-4804, Attn: Transit Services. An incomplete application will be returned and will delay processing.***
3. You may be asked to attend an in-person interview. Your eligibility will be determined within 21 days from the date you complete your telephone and/or in-person interview and functional assessment. You will be notified by letter as to your eligibility status.
4. If you do not receive written notice of the City of Elk Grove's decision within 21 days, you may request paratransit services until a decision has been made by calling (916) 627-3555



Please complete all sections of this form. **All information will remain confidential.**

PART A - APPLICANT INFORMATION (PLEASE PRINT)

New Application or **Recertification**

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt# _____

Apt. Complex/Care Facility _____
(if applicable)

Mailing Address _____
(if different from street address)

City _____ State _____ Zip _____ County _____

Phone (daytime) _____ (evening) _____

Cellular # _____ TTY for hearing impaired _____
(if applicable)

Date of Birth ____/____/____ Sex: Male Female
Month Day Year

Please send me written information in an alternate format.

Large Print Audio Tape Braille CD

Other: _____

Please provide the name of a LOCAL relative/friend in case of an emergency:

Name _____ Relationship _____

Phone (daytime) _____ (evening) _____



PART B - FUNCTIONAL INFORMATION

How do you travel now? Please check all that apply to you.

- walk drive a car ride in someone's car taxi bicycle
 e-tran e-van RT bus/light rail train Other: _____

What types of disabilities cause you to be unable to use the accessible fixed-route buses and light rail trains?

- physical disability visual impairment/blindness developmental disability
 mental illness recent surgery other _____

Diagnosed when: _____ Stable or Progressive: _____

Is your disability temporary?

- Yes, I expect it to last _____ months.
 No, it is permanent.
 I don't know.

Do you need to travel with someone who will assist you with your trip?

- No Yes Sometimes

Please explain when you need the help of another person to make your trip:

Can you maintain balance while seated on a moving vehicle?

- Yes No

How far can you go on level ground (with your mobility aid, if you use any)?

- Up to 1 block 2 blocks 3 blocks 4 or more blocks

Are you able to climb three (3) 12" steps using a handrail?

- Yes No Only with great difficulty



PART C - CURRENT USE OF ACCESSIBLE FIXED-ROUTE BUSES & LIGHT RAIL

Have you ever used the fixed route bus system (Examples- e-tran or Sacramento Regional Transit)?

Yes No *If yes, how often?* _____

Yes, I used to but stopped because _____

No, I have never tried because _____

PART D - MOBILITY AID AND/OR EQUIPMENT INFORMATION

Which of these mobility aids do you use? Please check all that apply to you.

- white cane
- support cane
- crutches
- leg brace
- service animal
- other (*please specify*) _____
- powered wheelchair*
- 3-wheel scooter/cart*
- manual wheelchair *
- power assist wheelchair
- communication board
- walker
- walker with seat
- portable oxygen
- prosthesis
- no mobility aid

* "Wheelchair" means a three or more wheeled mobility device.

Is your mobility device oversized?

Yes No Does not apply

If yes, please explain _____

Does your mobility device weigh less than 600 pounds when occupied?

Yes No

Do you know how much you and your wheelchair weigh together?

Yes No

If yes, please provide the total weight: _____ lbs

Can you transfer from your mobility device into a passenger seat?

Yes No



PART E - APPLICANT CONDITION DETAIL

Please explain what and how your disability or health-related condition prevents you from using public transit – please be specific. Do not use acronyms.

PART F - CERTIFICATION OF APPLICANT

I understand the information I provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use **e-van** Paratransit services, or if at times I can ride the fixed-route buses and light rail trains. I understand that falsification of information could result in a loss of **e-van** Paratransit services as well as a penalty under the law.

I also understand that, at no expense to me the City of Elk Grove may require that I participate in an in-person functional evaluation of my travel skills and agree to such a functional evaluation if one is necessary.

I agree to notify the City of Elk Grove if my condition changes, if my mobility device has been replaced, if I have a new mobility device, or if I no longer need to use **e-van** Paratransit service.

_____ Date _____
(Signature of Applicant or Guardian if Applicable)

Person Completing Application *If Not* the Applicant:

Printed Name _____ Relationship to Applicant _____

Signature _____ Date _____

Daytime Phone # _____ Evening Phone # _____



PROFESSIONAL VERIFICATION (REQUIRED)

To The Applicant - Please have this page completed before mailing your application to the City. Any one of the professionals listed below may sign the application. If the signature page is not signed by one of these professionals, the application will be returned to you, and completion of your ADA eligibility evaluation will be delayed.

To the Professional - Please check your professional title:

- physician physician’s assistant registered nurse/nurse practitioner
- psychiatrist psychologist case/resource manager
- chiropractor physical therapist occupational therapist
- special education teacher certified speech therapist
- vocational rehabilitation counselor certified orientation & mobility specialist

The ADA regulations state that persons are eligible for **e-van** paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomfoted by or find difficult) independently using lift-equipped public transit service. Depending on their disability, people can be eligible sometimes, or all of the time. ADA **e-van** paratransit eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, ability to drive, discomfort with riding the bus, language ability, or age. The information you provide will help determine under what circumstances this applicant’s disability causes him/her to be unable to travel using lift-equipped buses or light rail trains and therefore would need to travel using a shared-ride **e-van** paratransit service.

NAME OF APPLICANT: _____

Please describe the medical diagnosis, physical or cognitive disability which causes the applicant to be unable to independently use a lift-equipped bus or light rail train some, or all of the time:

Is this condition temporary? No Yes for: 4 mos 6 mos 9 mos 12 mos

This person is is not able to self-supervise daily activities

Last date of face-to-face contact with this applicant was _____ / _____ / _____

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature _____ Date _____ / _____ / _____

Printed Name _____ Phone _____

Clinic/Agency _____ Address _____

City _____ State _____ ZIP _____

If Applicable: Professional License/Registration/Certification# _____ State _____