



### ADA Paratransit Eligibility Application Instructions

Americans with Disabilities Act (ADA) paratransit service is specialized transportation service for persons who are unable to independently use fixed route bus service, due to a disability or health related condition some or all of the time. Paratransit service is provided by public transportation systems as part of the requirements of ADA.

In order to use ADA paratransit services, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Please answer **FULLY** all of the questions on the form, and return it to Placer County Transit (PCT) or Tahoe Truckee Area Regional Transit (TART). Incomplete applications will not be processed, and will be returned to you for completion.
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a notice as to the terms of your eligibility. If you are determined to be capable of using fixed route bus service, **YOU WILL NOT BE ELIGIBLE** for ADA paratransit services.
3. The review will be based on your ability to use fixed route bus service. It may require additional information, such as a phone call, personal interview, or assessment with you, or consultation with your doctor or therapist.
4. You may be found:
  - Eligible for all of your travel needs on ADA paratransit service (full eligibility);
  - Eligible for some trips on ADA paratransit service (conditional eligibility) depending on the nature of your disability; or
  - Not eligible for ADA paratransit service.
5. Please note that if your functional abilities change, your eligibility status may also change.
6. If you are certified as eligible, you will be able to use ADA paratransit services or local fixed routes, depending on any conditional restrictions.
7. If you do not agree with the decision on your eligibility, you may appeal. Information on how to file an appeal will be included with your notice of eligibility.

Placer County Transit  
(530) 885-BUSS (2877)  
(916) 784-6177  
Email: [pct@placer.ca.gov](mailto:pct@placer.ca.gov)  
Website: [www.placer.ca.gov/transit](http://www.placer.ca.gov/transit)

Tahoe Truckee Area Regional Transit  
(530) 550-1212  
Email: [tart@placer.ca.gov](mailto:tart@placer.ca.gov)  
Website: [www.placer.ca.gov/tart](http://www.placer.ca.gov/tart)

Placer County  
Request for Certification of Americans with Disability Act  
Paratransit Eligibility

Revised October, 2018



**PLACER COUNTY TRANSIT**  
***"We're going your way!"***



**TART**

Tahoe Truckee Area Regional Transit

The information obtained in this certification process will only be used by the County of Placer (TART) or (PCT) for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

1) Name \_\_\_\_\_

\_\_\_\_\_

2) Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address if Different than above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Phone: \_\_\_\_\_

4) Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

5) What is the disability which prevents you from using our fixed route bus service?

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Is this condition temporary? **YES**      **NO**

If yes, when is the condition expected to subside? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo      Day      Year

6) How does this disability prevent you from using fixed route bus services? Use an additional sheet if necessary.

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7) Are there any other effects of your disability that we need to be aware of?

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8) Do you use any of the following mobility aids?

\_\_\_\_\_Manual Wheelchair

\_\_\_\_\_Battery Powered Wheelchair

\_\_\_\_\_Powered Scooter

\_\_\_\_\_Cane

\_\_\_\_\_Crutches

\_\_\_\_\_Guide Dog      \_\_\_\_\_Other Service Animal

If you use a wheelchair or a scooter, what is it's:

Length \_\_\_\_\_ inches      Width \_\_\_\_\_ inches

Does the total weight of your wheelchair or scooter and yourself exceed 800 pounds?

**YES**

**NO**

*Please note that we may not be able to accommodate wheelchairs or scooters that exceed these specifications when occupied: 48 inches in length, 32 inches in width, 800 pounds (including the individual).*

9) Do you require the assistance of a Personal Service Attendant on your rides?

**YES**

**NO**

10) What is the maximum distance you can travel without the assistance of another person?

\_\_\_\_\_ Yards

11) Does your disability prevent you from travelling this distance in snow, ice or over certain terrain? (Explain)

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12) Can you climb up and down three 12-inch steps to get on and off a bus?

**YES**

**NO**

**Sometimes**

13) What is the maximum period of time you can wait outside without support?

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14) Is this time period affected by extremes of hot or cold weather?

**YES**

**NO**

If Yes, please describe: \_\_\_\_\_

15) Do you currently use and transit or paratransit service in the region?

**YES**

**NO**

If yes, what transit or paratransit service do you currently use?

16) I hereby certify that the information given above is correct.

Signed \_\_\_\_\_

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

17) If this application has been completed by someone other than the person requesting certification, that person must also complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Return completed applications to either TART or PCT:

Tahoe Truckee Area Regional  
P.O. Box 1909  
Tahoe City, CA 96145  
Email: [tart@placer.ca.gov](mailto:tart@placer.ca.gov)  
530-550-1212

Placer County Transit  
11460 F Ave  
Auburn, CA 95603  
Email: [pct@placer.ca.gov](mailto:pct@placer.ca.gov)  
530-885-2827 | 916-784-6177

Authorization to release personal information  
(To be completed by applicant. A doctor's statement is not required)

I hereby authorize the release of information to the Placer County Department of Public Works and Facilities 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 understand 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)

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

\_\_\_\_\_  
Date

\*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

Tahoe Truckee Area Regional  
P.O. Box 1909  
Tahoe City, CA 96145  
Email: [tart@placer.ca.gov](mailto:tart@placer.ca.gov)  
530-550-1212

Placer County Transit  
11460 F Ave  
Auburn, CA 95603  
Email: [pct@placer.ca.gov](mailto:pct@placer.ca.gov)  
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