



# Regional Transit

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**Accessible Services**  
**1409 28<sup>th</sup> Street, Suite 208**  
**Sacramento, CA 95816**

**PHONE: 916-557-4685 or 916-557-4686 (TDD) • FAX: 916-455-3924**  
**Business/Office Hours: Monday-Friday 8 a.m. to 5 p.m.**

[paratransit@sacrt.com](mailto:paratransit@sacrt.com)  
[www.sacrt.com/accessibleservices.stm](http://www.sacrt.com/accessibleservices.stm)

Thank you for inquiring about eligibility for ADA Paratransit Service. Sacramento Regional Transit's Paratransit Service is a "Safety Net" for people with physical, cognitive or visual disabilities that are functionally unable to independently use the RT fixed route service either all of the time, temporarily or only under certain circumstances. Enclosed are the ADA Paratransit Application and Eligibility Brochure that explains ADA Paratransit Service. Please read the Eligibility Brochure carefully before completing your application.

## **The Steps in the Eligibility Process**

1. Request the application packet.
2. Read the Eligibility Brochure that is enclosed.
3. Complete all questions on the Paratransit Application that follows this page.
4. Mail your signed and completed application and professional verification form to:  
*Sacramento Regional Transit District, Accessible Services, PO Box 2110, Sacramento, CA. 95812-2110.* **An incomplete application will be returned and will delay processing.**
5. 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.
6. If you do not receive written notice of RT's decision within 21 days, you may request paratransit services until a decision has been made by calling (916) 557-4685 or (916) 557-4686 (TDD).



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

walk       drive a car       ride in someone's car       taxi       bicycle

Paratransit       RT bus       RT light rail train       Other: \_\_\_\_\_

List your common trips and the places you most often travel to in the spaces indicated below. Please refer to the following as an example:

**Trip destination:**

Building Location / Name UC Davis Medical Group, Internal Medicine – Dr. Smith

2825 J Street, Suite 300      Sacramento      95816

Number and Street

City

ZIP Code

**A. Trip destination:**

Building Location / Name \_\_\_\_\_

Number and Street

City

ZIP Code

**B. Trip destination:**

Building Location / Name \_\_\_\_\_

Number and Street

City

ZIP Code

**C. Trip destination:**

Building Location / Name \_\_\_\_\_

Number and Street

City

ZIP Code

**Do you have a cognitive or physical disability that, some or all of the time, causes you to be unable to get on, ride or get off the fixed-route buses or light rail trains by yourself, without the help of another person?**    Yes (If yes, explain)    No:

**What types of disabilities cause you to be unable to use RT's buses or trains?**

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

**When was your disability diagnosed?** \_\_\_\_\_  
Month/Year

**Is your disability considered Stable?**    Yes    No

**Is your disability considered Progressive?**    Yes    No

**Is your disability temporary?**

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

**Do you need someone to travel with you when you travel in the community or when you use the accessible fixed-route buses or light rail trains?**

- Yes; sometimes    Yes; always    No

**Have you ever had training on how to travel around the community or how to use RT's accessible fixed-route buses or light rail trains?**

- Yes    No    Never ridden bus/light rail

**Can you wait for a regular RT bus or light rail train?**

- Yes  
 No  
 Only if there is a bench or shelter  
 No more than 15 minutes

**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

## MOBILITY AID AND/OR EQUIPMENT INFORMATION

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> white cane                            | <input type="checkbox"/> powered wheelchair      | <input type="checkbox"/> walker           |
| <input type="checkbox"/> support cane                          | <input type="checkbox"/> 3-wheel scooter/cart    | <input type="checkbox"/> walker with seat |
| <input type="checkbox"/> crutches                              | <input type="checkbox"/> manual wheelchair       | <input type="checkbox"/> portable oxygen  |
| <input type="checkbox"/> leg brace                             | <input type="checkbox"/> power assist wheelchair | <input type="checkbox"/> prosthesis       |
| <input type="checkbox"/> service animal                        | <input type="checkbox"/> communication board     | <input type="checkbox"/> no mobility aid  |
| <input type="checkbox"/> other ( <i>please specify</i> ) _____ |  |   |

If you checked manual wheelchair, power wheelchair, or powered scooter/cart, please provide the following information:

The ADA requires RT to transport mobility aids defined as common wheelchairs. A "common wheelchair" is:

- 30 inches or less at the widest
- 48 inches or less at the longest
- 600 pounds or less with you sitting in it

Does your mobility aid fall within this definition?

- Yes  I'm not sure
- No, it does not (*please explain*): \_\_\_\_\_

## CURRENT USE OF RT'S FIXED-ROUTE BUSES AND LIGHT RAIL TRAINS

Do you use RT's fixed-route buses and/or light rail trains by yourself?

- Yes  No

If yes, how often? \_\_\_\_\_ Which routes do you use? \_\_\_\_\_

When was the last time you used RT's fixed-route by yourself? \_\_\_\_\_

## **FUNCTIONAL ABILITIES: USING FIXED-ROUTE BUSES AND LIGHT RAIL TRAINS**

**What best describes your functional ability to use the fixed-route buses and light rail trains? (CHECK ALL THAT APPLY)**

- I can get to and from bus stops/stations if the distance is not too far.
- The severity of my disability or health condition can change from day to day. I can ride the fixed-route buses and light rail trains when I am feeling well, but not at other times.
- I have a disability or health condition which causes me to be unable to ride the fixed-route buses and light rail trains if the weather is extremely hot.
- I have a disability or health condition which causes me to be unable to ride the fixed-route buses and light rail trains if the weather is extremely cold.
- I am unable to travel on the fixed-route buses and light rail trains when there is rain and wind due to my disability or health condition.
- I cannot climb stairs to get on and off the fixed-route buses and light rail trains, and need the lift/ramp lowered.
- I can get to and from bus stops only if there are curb-cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the fixed-route buses and light rail trains.
- I can use the fixed-route buses and light rail trains if it is someplace I go all the time.
- I am unable to travel on the fixed-route buses and light rail trains during periods of darkness due to my disability or health condition.
- I use RT for some trips, but sometimes I am unable to use the bus or light rail trains due to high air pollution (smog).
- I can never use the fixed-route buses and light rail trains by myself.
- I am not really sure if I can use the fixed-route buses and light rail trains by myself.

- I am not able to use the fixed-route buses and light rail trains by myself for other reasons.  
Please explain:

## 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 Paratransit services, or if at times I can ride the RT fixed-route buses and light rail trains. I understand that falsification of information could result in a loss of Paratransit services as well as a penalty under the law.

I also understand that, at no expense to me the Regional Transit District 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 RT 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 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 # \_\_\_\_\_



**This concludes the applicant's portion of the application.  
The following page MUST be completed by a Professional.**

**PROFESSIONAL VERIFICATION (REQUIRED)**

**To The Applicant - Please have this page completed by a professional before mailing your application to RT.** 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.

**→ MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT ←**

**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
- certified orientation & mobility specialist

The ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. ADA paratransit eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, ability to drive, language ability, or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for 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 \_\_\_\_\_