



## Senior Paratransit Application Packet

Thank you for your interest in Tri Delta Transit senior paratransit transportation service.

This packet contains the following:

- General information about senior paratransit transportation and the application process
- Service area map
- Senior paratransit application



Please read this packet thoroughly and carefully.  
The application must be completed and signed to be processed.

If information is needed in another language, please contact 1-925-754-4040.

Spanish: Si necesita información en español, llame al 1-925-754-4040

Chinese: 如果需要中文信息, 請致電 1-925-754-4040

Tagalog: Kung kailangan ng impormasyon sa Filipino,  
mangyaring tumawag sa 1-925-754-4040

August 2022



# TRI DELTA TRANSIT

801 Wilbur Avenue Antioch, CA 94509

Phone: 925-754-6622 Fax: 925-757-2530

www.trideltatransit.com

## Important Application Information for Senior Paratransit Transportation

- You must be 65 years of age or older to be registered for and use senior paratransit transportation.
- Travel is limited to Tri Delta Transit's service area in Eastern Contra Costa County. (See map, page 2)
- Service operates during the following hours:
  - Monday - Friday 6:30 a.m. to 5:30 p.m.
  - Saturday 10:00 a.m. to 5:30 p.m.
  - Sunday/Holidays No service available
- All rides are shared and subject to availability.

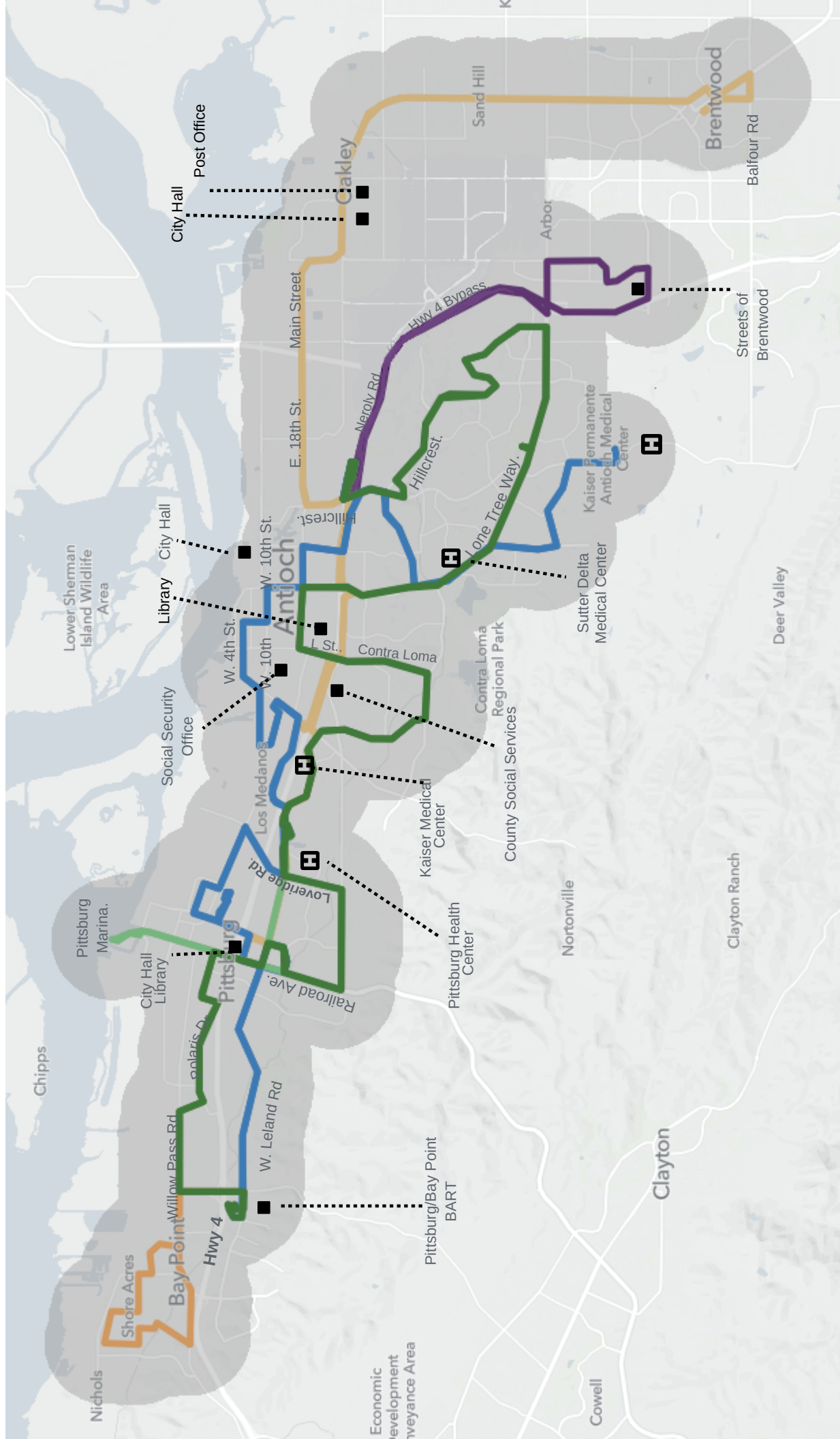
All information that you include  
on your application will be kept confidential.

See the Senior Paratransit Passenger Guide for more information.  
For help with the application, call Accessible Services at 1-925-754-6622.





# SATURDAY - Senior Paratransit Service Area



shaded area = service area  
 Map is approximate area.

**SATURDAY**

## Senior Paratransit Application Instructions

Following is a list that will help you complete your application properly. This will help Tri Delta Transit process your application quickly so you can begin using Tri Delta Transit's senior paratransit transportation service.

- Answer every question on this application. If you do not have an answer, write N/A (not applicable) next to the question.
- The application must be signed to be processed. If the application is not signed, the document will be returned to you.
- Both pages of the application must be submitted. If a page is missing, the application will be returned to you.

*Once fully completed and signed, return to Tri Delta Transit.*

*Mail:*

*If you picked up or were mailed a packet, use the enclosed return envelope. If you downloaded the application from the website, address an envelope to:*

*Tri Delta Transit Paratransit Certification*

*801 Wilbur Avenue*

*Antioch, CA 94509*

*or*

*Fax:*

*1-925-754-9631*

*If you are faxing the application, make sure to fax both sides of the application.*

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## Senior Paratransit Application (Please Print)

Complete all questions or if not applicable write N/A. Sign the application and return the two pages by mail to Tri Delta Transit, 801 Wilbur Ave., Antioch CA 94509 or fax to 1-925-754-9631.

Name (first, middle, last): \_\_\_\_\_

Date of birth: \_\_\_\_\_  Female  Male

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Preferred Phone #: (\_\_\_\_) \_\_\_\_\_

Secondary #: (\_\_\_\_) \_\_\_\_\_

TDD/TTY phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Primary language: \_\_\_\_\_ Other (specify): \_\_\_\_\_

If you need information provided to you in an accessible format, please check which format you prefer:

Diskette/CDR  Audio tape  Braille  Large print

Other (specify) \_\_\_\_\_  Not applicable

In case of emergency, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_) \_\_\_\_\_

If there is a medical emergency, where do you want to be transported?

Hospital: \_\_\_\_\_ City: \_\_\_\_\_



Do you use any of the following mobility aids or specialized equipment?  
(Check all that apply.):

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Cane       | <input type="checkbox"/> Walker            | <input type="checkbox"/> Portable oxygen tank |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Power wheelchair  | <input type="checkbox"/> Service animal       |
| <input type="checkbox"/> Crutches   | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Power scooter     | <input type="checkbox"/> None                 |

I, (initial here) \_\_\_\_\_ understand that I must notify Tri Delta Transit if any of the following change during the course of my registration with Tri Delta Transit's senior paratransit service:

- Name, address and telephone number
- Emergency contact's name and phone number
- Type of mobility device

I, (print your name) \_\_\_\_\_ certify that the information in this application is true and correct. I understand all information will be kept confidential, and I request that only the information required to provide the services will be disclosed to those who perform the service.

Applicant's signature: \_\_\_\_\_

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

*Once fully completed and signed, return pages 6-7 together to Tri Delta Transit by mail or fax (see front page of application or page 3 of packet for the address and fax number).*

*Once your application is processed and you are registered, you will be notified by mail. Applications can take up to 14 days to process.*