



## ADA Paratransit Application Packet

Thank you for your interest in Tri Delta Transit's ADA paratransit service.

For your information and use, this packet contains the following:

- Information on the service and instructions for completing your application ..... Pages 1 - 4
- ADA paratransit application ..... Pages 6 - 14
- Medical Professional Verification form to be completed by your medical professional ..... Pages 16 - 18



Note: Read this packet thoroughly and carefully.

The application must be completed and signed in all designated areas to be processed.

**Accessible formats and language services are available upon request.**

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

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

如果需要中文信息，請致電 1-925-754-4040

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

Nếu cần thông tin bằng tiếng Việt, vui lòng gọi 1-925-754-4040.



# TRI DELTA TRANSIT

801 Wilbur Avenue Antioch, CA 94509

Accessible Services Department

Phone: 925-706-4398 Fax: 925-754-9631

## Important Application Information for ADA Paratransit Transportation Eligibility

Individuals whose disabilities prevent them from using fixed route bus service all or some of the time are eligible for ADA paratransit service.

To apply for ADA paratransit service, you must fully complete the attached application form and return it to Tri Delta Transit.

Once your fully completed application and the medical verification form from your medical professional are received and reviewed, we may need to contact you by phone, schedule a personal interview, or a functional evaluation. During a functional evaluation, we will review your ability to use accessible fixed route transportation. This helps us determine your eligibility.



**The application is reviewed within 21 days. You will receive notice of your eligibility determination by mail.**

If you are certified as ADA eligible, you can travel using Tri Delta Transit's ADA paratransit transportation service, as well as on paratransit systems throughout the nine-county Bay Area. If you are found to be capable of using fixed route bus service, you will not be eligible for ADA paratransit transportation. Information on how to file an appeal can be found in the ADA Paratransit Passenger Guide which will be included with your eligibility determination letter.

## **ADA Paratransit Application Instructions**

### **(Please read carefully)**

*Following is a list that will help you complete your application properly. This will help Tri Delta Transit process your application quickly, so, if approved, you can begin using ADA paratransit services.*

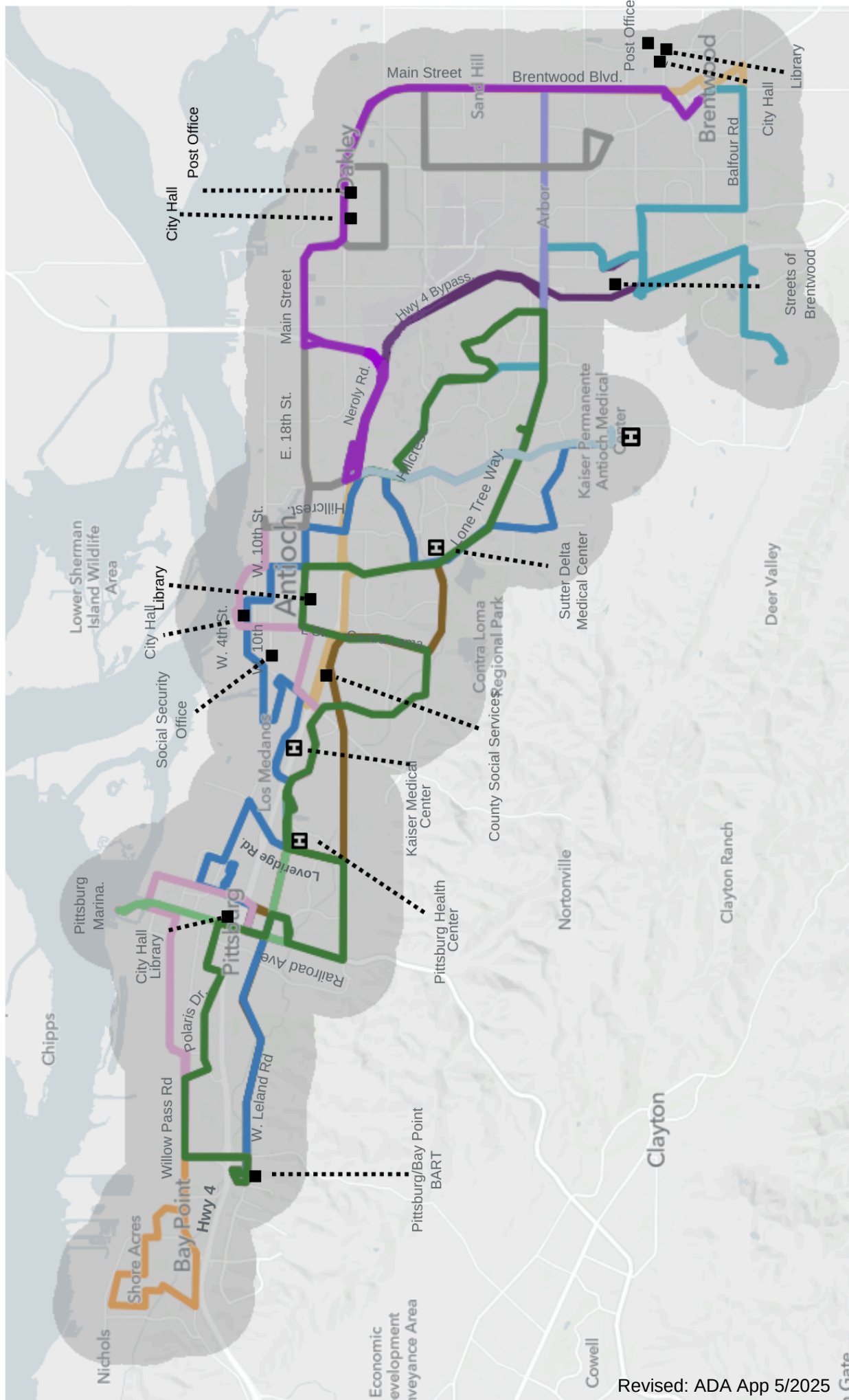
1. PRINT or TYPE full detailed responses to the questions on the application form. If you do not have an answer, write N/A (not applicable) next to the question. All the information on this application will be strictly confidential.

You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations.

2. The application must be signed to be processed. A location where a signature is needed is indicated by an arrow. Signatures are needed on the following pages:
  - Applicant Certification, page 11
  - Paratransit Rider Responsibility, page 12
  - Certification for Personal Care Attendant, page 13
  - Authorization to Release Medical Information, page 14
3. Important: have your physician or medical professional complete and sign the Medical Verification Form, pages 16-18. This must be completed and included with your application for it to be complete.

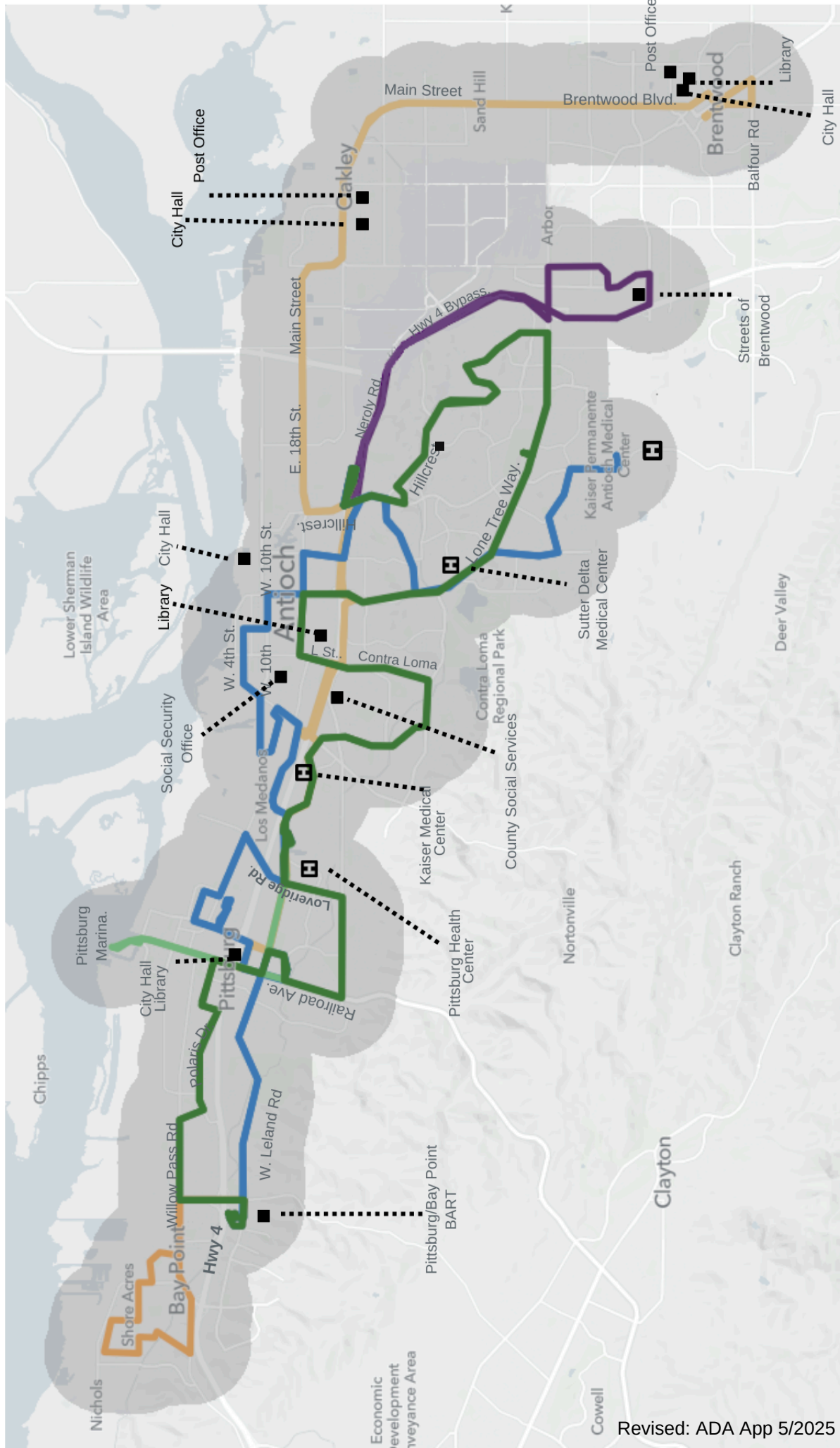
Once fully completed and signed, with all forms included, return the application to Tri Delta Transit. If you picked up or were mailed a packet, use the enclosed addressed envelope to mail it to Tri Delta Transit. If you downloaded the application from the website, address an envelope to Tri Delta Transit ADA Paratransit Certification, 801 Wilbur Avenue, Antioch, CA 94509 or fax it to 1-925-754-9631. If you are faxing the application, make sure to fax both sides of the application.

If you have any questions, please review the ADA Paratransit Riders Guide or contact the **Accessible Services Department at 1-925-706-4398 or by email at [AccessibleService@eccta.org](mailto:AccessibleService@eccta.org)**.



shaded area = service area





Revised: ADA App 5/2025

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## ADA Paratransit Application (Please Print or Type)

Complete all questions or if not applicable write N/A. Sign the application in all places indicated by the arrows and return by mail in the envelope provided or address an envelope to Tri Delta Transit, 801 Wilbur Ave., Antioch CA 94509, email to: [AccessibleServices@eccta.org](mailto:AccessibleServices@eccta.org), 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: \_\_\_\_\_

MOBILE PHONE #: (\_\_\_\_\_) \_\_\_\_\_

HOME PHONE#: (\_\_\_\_\_) \_\_\_\_\_

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

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

Primary language (check one) ☐ English ☐ Other (specify): \_\_\_\_\_

If you need any further written 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: \_\_\_\_\_

Mobile Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

## **Tell us about your disability/health related condition**

Please answer the following questions in detail – your specific answers to the questions will help us to determine your eligibility.

1. What is your disability or health related condition(s) that PREVENT you from using regular public transit without the help of another person (i.e. bus, BART)?

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2. Briefly explain how your condition prevents you from using regular public transit without the help of another person.

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3. When did you first experience the conditions you described above?

☐ 0 - 1 year ago    ☐ 1 – 5 years ago    ☐ Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

☐ Yes, good on some days, bad on others.    ☐ No, doesn't change.

5. Are the conditions you described:

☐ Permanent    ☐ Temporary. Expected recovery date: \_\_\_\_\_



## Tell us about your capabilities and usual activities

6. 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"/> Communication Devices     |
| <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"/> Portable Oxygen Equipment |
| <input type="checkbox"/> Leg Braces     | <input type="checkbox"/> Power Scooter     | <input type="checkbox"/> Other Aid _____           |
| <input type="checkbox"/> Not applicable |  |  |

7. How many city blocks can you travel with your usual mobility aid and without the help of another person? \_\_\_\_\_

8. Please check the box that best describes your current living situation:

- ☐ 24-hour care or Skilled Nursing Facility
- ☐ Assisted Living Facility
- ☐ I receive assistance from someone that comes to my home to help with daily living activities
- ☐ I live with family members who help me
- ☐ I live independently (without the assistance of another person)

9. Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response):

- ☐ I could wait by myself for ten to fifteen minutes
- ☐ I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
- ☐ I would need someone to wait with me because: \_\_\_\_\_
- \_\_\_\_\_

10. Which of the following statements best describes you?

(Check only one response):

- ☐ I have never used regular public transit
- ☐ I have used regular public transit but not since the onset of my disability
- ☐ I have used regular public transit within the last six months

## Tell us about your travel needs

11. How do you currently travel to your frequent destinations?

(Check all that apply):

- ☐ Buses      ☐ Paratransit      ☐ Drive myself      ☐ BART  
☐ Taxi      ☐ Someone drives me  
☐ Other \_\_\_\_\_

12. Do you travel with the help of another person?

- ☐ Always      ☐ Sometimes      ☐ Never

If you checked "always" or "sometimes", what type of help do they provide?

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13. Would you be able to get to and from the public transit stop nearest your home?

- ☐ Yes      ☐ Sometimes      ☐ No

If you checked "sometimes" or "no", explain why: \_\_\_\_\_

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14. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- ☐ Yes      ☐ Sometimes      ☐ No      ☐ Don't know, never tried it

If you checked "sometimes" or "no", explain why: \_\_\_\_\_

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15. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

- ☐ Yes      ☐ Sometimes      ☐ No      ☐ Don't know, never tried it

If you checked "sometimes" or "no", explain why: \_\_\_\_\_

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## Tell us about your travel needs continued

16. Would you be able to get on or off a public transit bus if it has a lift, a ramp, or a kneeler that lowers the front of the bus?

☐ Yes ☐ Sometimes ☐ No ☐ Don't know, never tried it

If you checked "sometimes" or "no", explain why: \_\_\_\_\_

\_\_\_\_\_

17. Please add any other information that you would like us to know about your abilities.

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Have you answered all the questions and  
provided explanations where requested?  
*Incomplete applications will be returned.*

## ADA Paratransit Applicant Certification

(Please Print or Type)

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

I understand that a professional familiar with my functional abilities to use public transit must complete pages 16 thru 18 in order to assist in the determination of eligibility.

SIGN HERE:

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

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

Did someone help you fill out this form? ☐ Yes ☐ No

If yes, Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_


## ADA Paratransit Application Rider Responsibility

I, (print your name) \_\_\_\_\_, understand that it is my sole responsibility, or that of my Power of Attorney or Conservator, to contact Tri Delta Transit with any of the following changes during the course of my registration with Tri Delta Transit's ADA paratransit service:

- My name, address and telephone number
- Emergency contact's name and phone number
- Type of mobility device
- Change (s) to physical or mental condition
- Change to the need for a personal care attendant

Please note: It is your responsibility to notify us if your disability improves enough to change the status of your eligibility. If your condition improves after receiving the determination of eligibility or we discover that you submitted false information, your eligibility will be suspended or you may be asked to submit a new application.

SIGN HERE:

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

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

*Once fully completed and signed, return pages 6-17 together to Tri Delta Transit by mail or fax (see page 2). Applications take approximately 21 days to process, after which you will be contacted by mail.*

***Thank you for applying for Tri Delta Transit's  
ADA paratransit service.***

## Certification for Personal Care Attendant

A personal care attendant is someone whose help you need for daily life activities (eating, dressing, personal hygiene, carrying packages, finding your way, etc.). An attendant does not always have to be the same person.

Tri Delta Transit paratransit drivers are not personal care attendants, nor does the Americans with Disabilities Act require Tri Delta Transit to provide you with an attendant. Tri Delta Transit reserves the right to contact your healthcare professional to verify your need for an attendant.

### Verification

I, (print your name) \_\_\_\_\_, certify that (check one):

- ☐ I do not require a personal care attendant.
- ☐ Due to my disability or health related condition, I require the services of a personal care attendant to assist me and to travel with me when I use Tri Delta Transit ADA paratransit transportation.

I understand that fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service

SIGN HERE:



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

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



## Authorization to Release Medical Information (To be completed by applicant)

*I authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to Tri Delta Transit. This information will only be used to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization and that I may revoke it at any time.*

Name of professional who may release my medical information:

\_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

Medical Record or ID #, if known: \_\_\_\_\_

SIGN HERE:

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

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



*This concludes the applicant's portion of the form. Please have your treating physician review your application, complete pages 16 – 18, and sign the form before submitting the application to Tri Delta Transit.*

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## Medical Professional Verification Form

(To be completed by a licensed medical or mental health professional)

Applicant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Licensed Medical or Mental Health Professional Verification

Please check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical Doctor (MD)                         | <input type="checkbox"/> Optometrist       | <input type="checkbox"/> Psychologist (Ph.D) |
| <input type="checkbox"/> Orthopedic Doctor                           | <input type="checkbox"/> Neurologist       | <input type="checkbox"/> Psychiatrist        |
| <input type="checkbox"/> Nurse Practitioner                          | <input type="checkbox"/> Spinal Specialist | <input type="checkbox"/> LCSW                |
| <input type="checkbox"/> Physical, or Occupational Therapist         | <input type="checkbox"/> Ophthalmologist   | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Certified Orientation & Mobility Specialist |  |  |

Instructions: This applicant is applying for Tri Delta Transit ADA paratransit transportation services. In accordance with the Americans with Disabilities Act of 1990, ADA paratransit service is available only for persons who, because of a disability, are prevented from taking the regular fixed-route bus. All Tri Delta Transit public transit buses are equipped with ramps/lifts for people who cannot climb stairs. The applicant could be prevented in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus, or successfully navigate to a destination or 2) is unable to understand how to complete a bus trip.

For the benefit of the applicant, please answer the following questions as fully and accurately as possible. Please be specific when answering the questions or write N/A (not applicable). Incomplete answers will result in the application being returned to the applicant. All healthcare information will be kept confidential. **Call Tri Delta Transit's Accessible Services Department at 1-925-706-4398 if you have any questions.**

*Please also review the information contained on the applicant's ADA paratransit application (pages 6-10) as provided by the applicant or applicant's representative.*

## Medical Professional Verification Form continued

1. Based on your knowledge of the applicant's condition, is the information provided on their ADA paratransit application accurate?

☐ Yes      ☐ Somewhat      ☐ No

If you checked "somewhat" or "no" please explain:

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2. What specific conditions contribute to the applicant's mobility and/or cognitive limitations? Please define the degree of impairment and include visual acuity, DSM codes, GAF or IQ scores, if applicable.

NOTE: Age or the inabilities to drive are not qualifying factors.

DIAGNOSIS \_\_\_\_\_

DISABILITY \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

DEGREE OF IMPAIRMENT \_\_\_\_\_

Please explain how the applicant's disability prevents them from using the regular bus system:

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3. The disability that prevents the applicant from accessing the regular bus system is:

☐ Permanent      ☐ Temporary – Expected recovery date: \_\_\_\_\_

4. Does the applicant with his/her mobility device weigh more than 600 pounds?

☐ Yes      ☐ No

## Medical Professional Verification Form continued

5. Does the applicant require a Personal Care Attendant (PCA) when traveling?

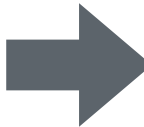
☐ Yes    ☐ Sometimes    ☐ No

Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip.

If you checked "sometimes", explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I certify under penalty of perjury under the laws of the State of California that the information provided on the Medical Professional Verification portion for this application is true and correct.*



**SIGN HERE and COMPLETE:**

Licensed professional's signature: \_\_\_\_\_

License number: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_

Thank you for your assistance in completing this form. Tri Delta Transit, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for ADA paratransit service.