





# Application for ADA Paratransit Service Certification

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. Under the ADA, transit agencies operating a fixed-route system must provide a comparable paratransit system for people with disabilities who cannot use the fixed-route system. Omnitrans' paratransit (Access) service is a pre-reservation, shared-ride, curb-to-curb service. Its service area is defined as up to  $\frac{3}{4}$  mile on either side of an existing bus route. Service is available on the same days and times that routes in the area are operating.

If you have a disability which prevents you from using a lift-equipped Omnitrans regular bus  some or all of the time, you may be eligible for Omnitrans' paratransit  van (also known as Access) service some or all of the time.

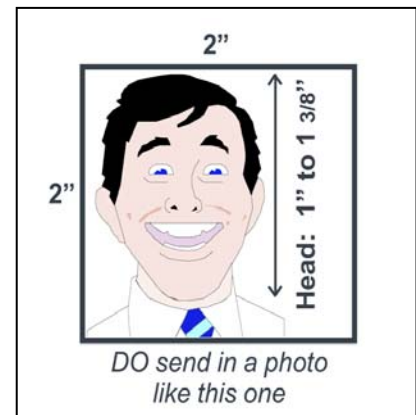
To be certified for the use of Omnitrans' ADA paratransit (Access) service, you need to submit a written application. A wallet-sized (2" x 2") photograph must be included with your application. This color photo must be a front facing view of head and shoulders only. **\*No scarves, sunglasses, headbands or other feature-obscuring accessories will be allowed.\*** (Exceptions: Prescription glasses and head coverings worn for religious reasons).

Eligibility is determined by three factors:

1. Individual's ability to get to/from the bus stop
2. Individual's ability to board/exit the bus
3. Individual's cognitive ability to navigate the regular bus system

Operational issues are not used to determine eligibility, including:

- Age
- Distance to bus stop
- Lack of bus service to an area
- Overcrowded buses
- Weather conditions
- Inability to speak English



All information will be kept confidential. Only the information required to provide the requested service will be disclosed to those who perform those services. Your answers will not be shared with any other person or company. Once all the information needed to make an eligibility determination is collected, Omnitrans will respond to you by mail within 21 calendar days. If you are determined eligible to use the service, your Photo Identification card will be mailed to you within 10 business days of receiving your certification letter.

If you are determined to be Not Eligible for ADA paratransit service, or are dissatisfied with your eligibility type, you may appeal the decision by submitting a written request to Omnitrans within 60 days after the receipt of your denial/approval letter. Simply submit a letter stating that you wish to appeal the decision and why you feel you should be eligible for ADA paratransit service. Attach copies of any other pertinent information. Appeals received by Omnitrans, will be referred to an appeal specialist or review panel. You may be asked to come in for an appeal interview. The appeal recommendation is the final determination. The appeal process should take no longer than 30 days. You may only re-submit an application if your condition worsens.

It is important that all parts of the application are completed and a photo is attached to the application. If the application is not complete, or there is no photo attached, it will be returned to you for completion which will delay the application process.

Please return your completed application in person or mail it to:

**Omnitrans-ADA Certification**

1700 West 5th Street

San Bernardino, CA 92411

**Business Hours**

Monday through Friday-8 AM to 5 PM

If you have questions, please call (909) 379-7100. TDD\*: (909) 384-9351

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\* Telecommunications Device for the Deaf



## SECTION 3 – MOBILITY INFORMATION

1. Which of these mobility/communication aids or equipment do you use to help you get where you need to go? (Please check all that apply to you.)

None

White Cane

Brace

Service animal

Cane

Manual wheelchair

Picture board

Walker

Powered wheelchair

Alphabet board

Crutches

Powered scooter/cart

Portable oxygen

Prosthesis: (Specify) \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

If you use a wheelchair/scooter/cart: (if applicable)

a) Is it WIDER than 30 inches:  Yes  No  Do not know

b) Is it LONGER than 48 inches:  Yes  No  Do not know


c) Is the total combined weight of you and your mobility device more than 600 pounds?  Yes  No  Do not know

2. With or without the use of a mobility aid, how many blocks can you go?

Less than 2 blocks

2 to 4 blocks

More than 4 blocks

3. If you were to ride the regular Omnitrans bus  would you need a Personal Care Attendant (PCA) with you?

Always → → → → →

To help me get to or from the bus stop

Sometimes → → →

To help me get on or off the bus

No

To help me when I get where I'm going

4. Have you ever had any training to learn how to use a regular bus?

Yes → → → → →

The training was at: \_\_\_\_\_

No

I learned: (Check all that apply to you)

General bus travel

How to ride one or two specific routes

I finished the training

I did not complete the training

## SECTION 4 – DISABILITY OR HEALTH CONDITION INFORMATION

1. What is the nature of your disability or condition that affects your ability to use the regular bus system? (Check all that apply)

### A. General Medical Conditions

None

Cancer

Kidney Failure

Pneumonia

Diabetes

Organ Transplant

AIDS

Other: (Specify) \_\_\_\_\_

### B. Bone and Joint Conditions

None

Amputation of: (Specify) \_\_\_\_\_

Broken Bone: (Specify) \_\_\_\_\_

Arthritis

Fusion

Scleroderma

Osteo-arthritis

Ankylosing Spondylitis

Osteoporosis

Rheumatoid Arthritis

Other: (Specify) \_\_\_\_\_

### C. Brain/Nerves/Muscle Conditions

None

Alzheimer's Disease

Hemiplegia

Post-polio

Brain Injury

Huntington's Chorea

Quadriplegia

Cerebral Palsy

Multiple Sclerosis

Spina Bifida

Dementia

Muscular Dystrophy

Stroke

Epilepsy

Paraplegia

Vertigo/Dizziness

Guillian-Barre

Parkinson's Disease

Other: (Specify) \_\_\_\_\_

### D. Heart and Circulatory Conditions

None

Angina

Edema

High Blood Pressure

Heart Attack

Congestive Heart Failure

Heart Surgery

Peripheral Vascular Disease

Other: (Specify) \_\_\_\_\_

**E. Lung and Breathing Conditions**

- None
- Allergies                       Cystic Fibrosis                       Lung Cancer
- Asthma                               Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Other: (Specify) \_\_\_\_\_

**F. Vision/Hearing/Speech Conditions**

- None
- Aphasia                               Diabetic Retinopathy    Deaf-Blind
- Cataracts                               Partially Sighted               Deaf
- Glaucoma                               Night Blindness               Hard of Hearing
- Totally Blind                       Visual Field Deficit
- Other: (Specify) \_\_\_\_\_

**G. Developmental/Mental Conditions**

- None
- Autism                               Dwarfism                               Mood Disorder
- Psychosis                               Thought Disorder
- Developmental Disability:               Mental Retardation:
- Mild     Mild
- Moderate                                       Moderate
- Severe     Severe
- Other: (Specify) \_\_\_\_\_

**2. Has your health condition or disability been documented by a medical doctor?**

- Yes       No

**3. Is your health condition or disability temporary?**

Yes → → How long do you expect it to last? # of years \_\_\_\_\_

No → → → → → → How long have you had this condition or disability?

Do not know → →  Since birth # of years \_\_\_\_\_

4. Please indicate which of the following BEST describes the condition of your mobility: (Check ONE box only)

- Severely limited under all circumstances
- I have good days and bad days
- I can only go to specific locations
- I am currently receiving treatment and I hope to improve
- I am able to travel independently under all circumstances
- Other, please describe: \_\_\_\_\_

### SECTION 5 – FUNCTIONAL TRANSIT SKILLS

Check the box that most appropriately applies to your ability to *independently* perform the following skills.

*I can:*

|  | Always                   | Sometimes                | Never                    |
|--|--------------------------|--------------------------|--------------------------|
| 1. Understand how to take a trip on a public bus   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Read and understand a bus schedule              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tell time                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Count bus fare or change                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize bus route numbers or train lines      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize landmarks e.g. church or street signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Hold on to a handrail                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Breathe without difficulty                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Remember a transit agency's phone number        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Use a telephone                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Transfer from a sitting to a standing position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Maintain balance                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Climb three 10" inch steps                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Remember directions to a location              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Walk or wheel independently                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Wait at a bus stop for 20 minutes              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Cross streets                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Shop in a grocery store                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Function without danger to myself and others   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 6 – TRAVEL INFORMATION**

**1. What form of transportation do you currently use?**

Always    Sometimes    Never

- A. Regular Fixed Route Bus  Always  Sometimes  Never
- B. Dial-A-Ride/OmniLink Van  Always  Sometimes  Never
- C. Drive Myself  Always  Sometimes  Never
- D. Someone Drives Me  Always  Sometimes  Never
- E. Use Access with Omnitrans Disability Card  Always  Sometimes  Never
- F. Other (specify) \_\_\_\_\_  Always  Sometimes  Never

**2. How many blocks are there from your residence to the nearest bus stop?**

- Less than 2 blocks                       2 to 4 blocks
- 5 to 7 blocks                               More than 7 blocks
- Do not know

**3. Can you independently travel from your residence to your nearest bus stop?**

- Yes             Sometimes\*             No\*             Do not know/Have never tried

**\*If Sometimes or No, please indicate the barrier(s) that prevent you from accessing your nearest bus stop:**

- The stop has no curb cut for my wheelchair/scooter/cart
- Uneven surface of the road
- The street is too steep
- Unable to cross street(s)
- Get confused and cannot find my way
- Cannot walk/wheel that far away
- When the weather is too hot
- When the weather is too cold
- When it is too dark outside (night blindness)
- When it is too bright outside (light sensitive)

**4. Are there any other conditions which limit your ability to use the Regular Fixed Route Bus System?**

- No     Yes (Please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7 – PROFESSIONAL VERIFICATION AUTHORIZATION**

*In order to allow Omnitrans to evaluate your ADA Paratransit Service application, sometimes it is necessary to contact your health care or rehabilitation professional to confirm the information you have provided.*

*Please complete and sign the following authorization.*

I authorize the following organization (physician’s office, hospital, rehabilitation center, etc) to provide Omnitrans with information regarding my disability and its affect on my ability to get around on my own.

**Name of Healthcare Professional or Agency:**

**Contact Person’s Name:**

**Contact Person’s Title:**

**Address:**

**City:**

**State:**

**Zip:**

**Telephone Number: (     )     -**

**Applicant’s Signature/Mark:**

**Printed Name of Applicant:**

**Date:**

**Co-Signed by:**

*(Guardian or Person assisted with this application)*

**Printed Name of Co-Signed:**

**Relationship to Applicant:**

## **SECTION 8 – UNDERSTANDING THIS APPLICATION FORM**

**I understand the purpose of this application form is to determine if I, the applicant am eligible to use Omnitrans' ADA paratransit (Access) service according to the guidelines of the American with Disability Act.**

**I understand that this application cannot be processed if it is not complete. I understand that Omnitrans may contact my healthcare professional/agency to verify my disability. I understand that a representative from Omnitrans may need to talk to me or see me at a later date to clarify or get further information.**

**I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.**

**I understand the application process can take up to 21 days from the time Omnitrans receives a completed application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given instructions on how to obtain an ADA photo identification card.**

**I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined not eligible for ADA paratransit service or if I am dissatisfied with my eligibility type.**

**I understand if Omnitrans receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed.**

**I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service as well as penalty under the law.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Applicant's Signature/Mark)**

**Co-signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Guardian or Person assisted with this application)**

**Relationship to Applicant:**