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## **Western Contra Cost Transit Authority ADA Paratransit Service**

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Your application for The Americans With Disabilities Act (ADA) Paratransit Service is attached. This service is for those individuals who, because of a disability, are not able to use WestCAT regularly scheduled bus routes. Please read the information carefully and complete and return the form promptly so that we can get the certification process completed for you quickly.

To apply for eligibility, please fill out the attached application and return it to:

**WestCAT**  
601 Walter Ave.  
Pinole, CA 94564  
Attn: ADA Coordinator

We are committed to making this process as easy as possible for you. If you have any questions about this application, or if you need a copy in an accessible format (Braille, audiotape, or diskette), please give us a call at (510) 724-6320 or if you are calling from TTY- including Voice Carryover (VCO) and Hearing Carryover (HCO) using the California Relay Service for English call (800) 735-2929 or for Spanish call (800) 855-3000.

In addition to WestCAT, several cities in the Bay Area also provide limited paratransit services. Contact your local city or senior center about services they may offer.

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## Application for ADA Paratransit Service

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

In order to use ADA paratransit service, 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.

This information is also available in accessible formats upon request (large print, Braille, audiotape, etc.) However, the application must be filled out in English and must be typed or printed.

1. Please answer **FULLY** all of the questions on the form, and return it to WestCAT. 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 whether or not you are eligible. If you are determined to be capable of using regular bus and rail transit without the assistance of another person for all of your travel, **YOU WILL NOT BE ELIGIBLE** for paratransit.
3. The review will be based on your ability to use regular bus and rail transit. It may require additional information, such as a phone, or personal interview, or assessment with you, or consultation with your doctor or therapist.
4. You may be found:
  - a. Eligible for all your travel needs on paratransit (full eligibility):
  - b. Eligible for some trips on paratransit (conditional eligibility) depending on the nature of your disability; or
  - c. Not eligible for paratransit
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 paratransit in all of the Bay Area's nine counties, depending on any conditional restrictions.
7. If you do not agree with the decision on your eligibility, you may appeal the decision. Information on how to file an appeal will be included with your notice of eligibility.

## Please Print

### Personal/Contact Information

Name (first, middle, last):

\_\_\_\_\_

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

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

Mailing Address (if different from home):

\_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Primary Language (please check):  English  Other (specify) \_\_\_\_\_

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

Diskette/CDR  Audio tape  Braille  Large Print

Other \_\_\_\_\_

In case of emergency, whom should we contact?

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

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

## Tell Us About Your Disability / Health Related Condition

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

1. Which **disability or health related conditions** **PREVENT** you from using regular public transit without the help of another person (i.e. BART, bus, streetcar)?

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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.  
 Don't know.

5. Are the conditions you described:  
 Permanent                       Temporary                       Don't Know  
*If temporary, how long do you expect this to continue?*

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## 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"/> Power Wheelchair     | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> White Cane    | <input type="checkbox"/> Service Animal       | <input type="checkbox"/> Walker                |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Crutches             | <input type="checkbox"/> Manual Wheelchair     |
| <input type="checkbox"/> Leg Braces    | <input type="checkbox"/> Portable Oxygen Tank |  |
| <input type="checkbox"/> Other Aid     | _____   |  |
7. 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)
8. How many city blocks can you travel with your usual mobility aid and without the help 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     Ferry     Streetcar     Someone drives me  
 Other \_\_\_\_\_

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

- Always     Sometimes     Never

12a. If “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     No     Sometimes

*If no or sometimes, 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     No     Sometimes     Don't know, never tried it

*If no or sometimes, 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     No     Sometimes     Don't know, never tried it

*If no or sometimes, explain why:*

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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     No     Sometimes     Don't know, never tried it  
*If no or sometimes, explain why:*

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

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Please note: WestCAT Dial-A-Ride is accessible to persons with wheelchairs, electric scooters, and other mobility devices. **However, due to equipment weight restrictions, devices weighing more than 600 pounds when occupied cannot be accommodated on vehicle lifts.**

If you believe that your mobility device might fall into this category, please fill out the below information and we will arrange a time to meet with you personally to examine your mobility device and we will do our best to accommodate you. However, please keep in mind that devices exceeding these standards may not be transportable.

18. Is your mobility device oversized?    \_\_\_Yes    \_\_\_No

If "Yes", please explain:

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Does your mobility device weigh less than 600 pounds when occupied?

\_\_\_Yes    \_\_\_No    \_\_\_I don't know

**Have you answered all the questions and provided explanations  
where required?**

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**



## Applicant Certification

I **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 it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.**

**Sign here:**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Did someone help you in filling out this form?**     Yes                       No

If yes, Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

## Authorization to Release Medical Information

*(To be completed by applicant)*

I **hereby authorize** the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only 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:**

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Address:

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Medical Record or ID #, if known:

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**Sign here:**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PROFESSIONAL VERIFICATION FORM**  
**(APPLICATION FOR ADA PARATRANSIT SERVICE – ATTACHMENT A)**

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

Doctor's Name:

\_\_\_\_\_

Applicant's Name:

\_\_\_\_\_

Applicant's Date of Birth:

\_\_\_\_\_

**Licensed Medical or Mental Health Professional Verification Please Check one:**

- Medical Doctor (MD or DO)                       Optometrist     Psychologist (Ph.D.)  
 Physician Assistant                                       Chiropractor     Clinical Social Worker  
 Nurse Practitioner     Certified Orientation & Mobility Specialist  
 Recreational, Physical, or Occupational Therapist  
 MDS Nurse (Skilled Nursing Facility Only)

Please review the information contained on the application as provided by the Applicant or Applicant's representative.

**Instructions:** This individual is applying for Western Contra Costa Transit Authority (WestCAT) Paratransit Services. In accordance with the American's with Disabilities Act of 1990, paratransit service is available only for persons who because of a disability, are **prevented** from taking the regular fixed-route bus. WestCAT vehicles are equipped with lifts for people who cannot climb stairs. The individual 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. Incomplete answers will result in the application being returned to the Applicant. All healthcare information will be kept confidential. Please call (510) 724-0475 ext. 128 if you have any questions. Thank you for your time and cooperation.**

**1. Based on your knowledge of the Applicant's condition, is the information accurate?**

Yes       No       Somewhat

**If you checked "no" or "somewhat" 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**

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**Please explain how the Applicant's disability prevents them from using the regular fixed route bus system.**

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

Permanent                       Temporary – Until: \_\_\_\_\_

**4. Does the Applicant with his/her mobility device weigh more than 600 lbs.?**

Yes       No       Sometimes

**If sometimes, please explain:**

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

\_\_\_\_\_  
**Licensed Professional Signature**                      **License Number**                      **Date**

**Printed Name:** \_\_\_\_\_

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

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

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Thank you for your assistance in completing this form. WestCAT in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the Applicant's eligibility for Paratransit Services.**

Return your complete, signed application to:

***WestCAT***

601 Walter Avenue

Pinole, CA 94654

Attn: ADA Coordinator

**WestCAT**  
**ADA Paratransit Service**  
601 Walter Ave.  
Pinole, CA 94564