County Connection Link
2477 Arnold Industrial Way Concord, CA 94520-5326 (925) 680-2138 Fax (925) 852-6719

# ADA Paratransit Application Packet

Thank you for your interest in County Connection LINK Paratransit service.

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



**This application packet is available in accessible formats such as large print or audio recording. Please contact 925-680-2138 for more information.**

# Application for ADA Paratransit Service

IMPORTANT INFORMATION FOR APPLICANTS

The Americans with Disabilities Act (ADA), requires all public transportation systems in the United States to provide a special type of adaptive public transportation service, known as “ADA paratransit,” for persons who are unable to independently use regular accessible public transit (some or all of the time), due to a disability or disabling health condition.
In order to use ADA paratransit service, you must be certified as eligible. This packet includes information and forms you need to apply for County Connection LINK paratransit eligibility. Eligibility for paratransit is based on how a disability affects a person’s ability to use the fixed-route transit system, not simply on the presence of a disability.

To apply for eligibility, you must fully complete the application form. Your application will be processed within 21 days after the complete application has been received. An application is considered complete once enough information has been submitted for our analysts to make an informed determination regarding your eligibility for LINK paratransit.

After reviewing your application, if we need more information, we may need to:

- Contact you by phone
- Schedule an in-person interview or a functional evaluation.
- Consult with your doctor, health professional, or other specialist about your condition and abilities.

If a determination takes longer than 21 days, you may be given eligibility that allows you to use the paratransit system as of the 22nd day until a final decision about your eligibility is made. This does not apply if we are unable to finish processing your application due to missing or insufficient information.

You will receive notice of your eligibility determination by mail. Applicants may be found:

- Unconditionally eligible, meaning you can use paratransit service for all trips;
- Conditionally eligible, meaning you may use paratransit for some trips and you are able to use regular bus or rail service for other trips; or
- Not eligible, if it is determined that you are able to independently use regular bus or rail transit for all your trips.

If you are certified as eligible, you will be eligible to travel on ADA paratransit throughout the nine-county Bay Area. If you are found ineligible or conditionally eligible, and you do not agree with your eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice.

## INSTRUCTIONS FOR APPLICANTS

1. Please PRINT OR TYPE full responses to all of the questions on the application form. Your detailed responses and explanations will help us make an appropriate determination. Be sure to respond to ALL questions or your application will be considered incomplete. Incomplete applications will be returned.
2. 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. **All information that you supply will be kept strictly confidential.**
3. You must provide SIGNATURES in three places to complete the application:
   - Applicant Certification (Page 10)
   - Authorization for your Doctor or other professional reference to release information about your condition to County Connection (Page 11)
   - Authorization for County Connection to release information about your paratransit application status and eligibility determination to a third party (Page 12)
4. Fax or mail the completed application to:

County Connection
Attn. LINK Eligibility Department
2477 Arnold Industrial Way
Concord, CA 94520

Fax: 925-852-6719

***For help with the application process or to check on the status of your application call (925) 680-2138, or email ADALink@cccta.org***

***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** ☐ English ☐ Other *(specify)*_____

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

☐ Audio tape ☐ Braille ☐ Large Print ☐ Other *(specify)*
_____

**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. What is your Disability or Health Related Condition(s) that **PREVENTS** you from using regular public transit (i.e., bus, BART, streetcar) without the help of another person?

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

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
   *If temporary, how long do you expect this to continue?*

_____

## 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):*

☐ Cane ☐ Power Wheelchair ☐ Communication Devices
☐ White Cane ☐ Service Animal ☐ Walker
☐ Power Scooter ☐ Crutches ☐ Manual Wheelchair
☐ Leg Braces ☐ Portable Oxygen Tank
☐ Other Aid *(specify)* _____

7. If you use a wheelchair or other mobility device, is your mobility device larger than 30 inches by 48 inches, measured 2 inches above the floor?

☐ Yes ☐ No ☐ I'm not sure

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/someone who helps me
☐ I live independently (without the assistance of another person)

9. How many city blocks can you travel **with or without a mobility aid** and without the help of another person? _____

10. 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:_____
_____

11. 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

12. 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 *(specify)* _____

13 Do you require the assistance of a Personal Care Attendant (PCA)?
(A PCA is someone who **must assist** you with daily life activities:
Dressing, personal hygiene, carrying packages, finding your way)

☐ Yes, I need assistance with_____
_____
_____

☐ No, I do not need assistance when I travel.

14. 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****:*_____
_____

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

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

_____

_____

16. 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****:*

_____

_____

17. 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**:*

_____

_____

18. The County Connection offers free travel training to anyone interested in learning how to ride the County Connection fixed-route buses. Would you be interested in having this training?
☐ Yes ☐ No

**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.

**Sign here:**


Applicant's signature _____

**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 Verify Disability or Health Related Condition

*(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:**

_____

**Address:**

_____

**City: _____, State:_____,**
**Zip Code:_____**

**Phone #_____**

**Medical Record or ID #, if known:**

_____

**Sign here:**


Applicant's signature _____

Date _____

## Authorization to Disclose Application Status and Paratransit Eligibility Determination

*(To be completed by applicant)*

**I hereby authorize** County Connection LINK Paratransit to disclose my paratransit application status and eligibility determination to the following individual or entity. I understand that if I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to County Connection.

**Name of individual or entity who may be notified of my paratransit application status and eligibility determination:**

_____

**Address:**

_____

**City: _____, State: _____,**

**Zip Code:_____**

**Phone #_____**

**Sign here:**

Applicant's signature _____

Date _____


**This concludes the LINK application form.**

# Clipper Access: formerly known as Regional Transit Connection (RTC) Discount ID Card

County Connection participates in the Clipper Access Program. This program allows people with disabilities, and those traveling with a personal attendant, to ride public transit in the Bay Area at a reduced fare. The Clipper Access card also works like a regular Clipper card—you can add money or passes to it and use it on many transit systems.

Please note that the Clipper Access Program does not apply to paratransit services. However, if you are already approved for paratransit in the Bay Area, you can also qualify for a Clipper Access ID card.

If you are age 65 or older, you should apply for a Senior Clipper card instead. It offers the same fare discounts and does not expire.

To apply for a Clipper Access ID card, you must visit a Bay Area transit agency location so your photo can be taken. If you do not have a valid Medicare card or a DMV disability placard, you will need to ask your doctor to complete a form confirming your disability. Your application will be reviewed, and if approved, your Clipper Access card will be mailed to you.

Once you receive your Clipper Access card, you can start using it right away for reduced fares on participating transit systems. Be sure to show your card when you pay your fare.

If you would like to apply for a Clipper Access ID card to use on County Connection buses, BART, ferries, or other public transit services, please complete the attached application and include a photo. You may also visit the County Connection office to have your photo taken.

If you have any questions, please contact the Eligibility Department at 925-680-2138.

# OPT-IN FORM
## Clipper Access Card

The Clipper Access card provides discount fares for people with qualifying disabilities on **fxed route transit only**, such as the train, ferry or bus in the San Francisco Bay Area. **This discount card is not for paratransit services.** If approved for ADA-paratransit, you will be eligible for the Clipper Access card. The Clipper Access card is for eligible riders under 65 years old, unless your disability requires an attendant, which allows riders to stay in Clipper Access past 65.

You may complete this Optional form with your application for ADA-paratransit services or you can choose to apply for the Clipper Access card at a later date through the Clipper Access Basic Eligibility Application available at the Clipper Access 511.org page. The Clipper Access card also requires a photo of the rider to print on the card. Clipper Access staff will reach out to you requesting a photo if one is not submitted with the application form.

**Applicant Information**

**Full Name (required):** _____

**Birthdate (M/D/Y) (required):** _____ / _____ / _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

**Preferred communication method (required):** US Mail O Braille (Mailed) O Email O

Preferred Written Language: English O Spanish O Tagalog O Chinese O Other: _____

Preferred Phone Number: O Home O Cell _____ Additional: _____

**I would like my card mailed to (required):** my address above O a transit agency for pickup O

(transit agency name)_____

Attendant Card needed?: Yes O No O

**Name of Transit Agency where ADA-paratransit eligibility was established:**

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*I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the Clipper Access Program. I also agree to provide additional information that may be requested and/or allow Clipper Access to contact the above agency as part of this process. I understand that by applying to the Clipper Access program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy. These are available at the Clipper Access 511.org page, ClipperCard.com and are provided with your card if your application is approved. If an attendant card is provided, I certify that I will permit my attendant to use this card only when they are serving as my travel attendant, and I am using my Clipper Access Card to pay my fare. I understand that any misuse of the Attendant card and its benefits will result in permanent loss of the Attendant card privilege. I further understand that unauthorized use of this card may constitute fare evasion and result in a citation and fine to the attendant.*

**Signature (required):**_____ **Date:**_____