

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

1. Do you use any of the following aids for mobility? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

Please Note: A wheelchair or other mobility device must meet the definition of a "common wheelchair" as specified in the ADA regulations, i.e., "not more than 30" wide and 48" long when measured 2" above the floor, and must weigh less than 600 pounds when occupied".

2. Is your mobility device oversized? Yes No

a. If yes, please explain: _____

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

Yes No

3. Is your condition temporary? Yes No

If yes, expected duration: ___/___/___

4. Does your condition change from time to time due to medications, medical treatments, other? Yes No

If yes, please explain

Type of disability:

5. I have a **Visual** **Physical** **Mental** Impairment

6. **What** is your disability that prevents you from using the fixed route service?

7. **How** does your disability make it *impossible* for you to use the fixed route service?

8. How far can you continuously walk **OR** advance your manual wheelchair without the help of another person? (i.e., number of blocks) _____

Could you travel further if you stopped to rest?

- Yes No Sometimes

(If No or Sometimes, please explain why)

9. Have you ever used any of these transit services? Check all that apply:

- Fixed Route Dial-A-Ride/Paratransit RTD Hopper Other _____

10. How many blocks from your residence is the nearest accessible bus stop?

- Less than 1 Block 2 to 4 Blocks 4 or more Don't know

11. Can you independently get on and off a lift-equipped bus?

- Yes No Sometimes Don't know

(If No or Sometimes, please explain why)

12. Is your ability to use public transit affected by weather or environmental/architectural barriers that block your path of travel? (e.g. temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)

- Yes No (If Yes, please explain why)

13. Can you ask for, understand, and follow directions?

- Yes No Sometimes

(If No or Sometimes, please explain why)

14. Can you cross a busy intersection?

- Yes No Sometimes

(If No or Sometimes, please explain why)

15. If you are approved for Dial-A-Ride/Paratransit Services will you require a personal care attendant?

Yes

No

Certification of Applicant

I hereby certify that, to the best of my knowledge, the information I have given in this application is correct and the application will be returned if it is not complete.

I understand that the results of the review will be based on my ability to use the fixed route system. Verification of my disability by my physician or health care professional, identified below, does not guarantee my eligibility for ADA certification of paratransit service.

Signature of Applicant _____

Date _____

If someone other than the applicant completed this application, the following information must be provided.

Name of person completing the application _____

Relation to the applicant _____

Daytime phone # _____

Please return this application once completed to the following locations where you live:

In Lodi: City of Lodi, Transit Division, 221 Pine Street, Lodi, CA 95241

In Escalon: City of Escalon, Community Development Department, 1855 Coley Avenue Escalon, CA 95320

In Tracy: TRACER, 520 Tracy Boulevard, Tracy, CA 95376

In Manteca: City of Manteca, Finance Department, 1001 West Center Street, Manteca, CA 95337