

# **PARATRANSIT ELIGIBILITY INFORMATION & APPLICATION**

Plumas Transit Systems operates in accordance with the Americans with Disabilities Act (ADA) and is designed to serve individuals whose disabling conditions or functional limitations prevent them from using regular, fixed-route services.

## **ADA Paratransit Eligibility Criteria**

The following individuals are considered ADA paratransit eligible:

(1) Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable individuals with disabilities.

(2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

(i) An individual is eligible under this paragraph with respect to travel on an otherwise accessible route on which the boarding or disembarking location which the individual would use is one at which boarding or disembarking from the vehicle is precluded as provided in 49 CFR § [37.167\(g\)](#) of this part.

(ii) An individual using a common wheelchair is eligible under this paragraph if the individual's wheelchair cannot be accommodated on an existing vehicle (e.g., because the vehicle's lift does not meet the standards of part 49 CFR § [38](#)), even if that vehicle is

(3) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

(i) Only a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility. A condition which makes traveling to boarding location or from a disembarking location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility.

(ii) Architectural barriers not under the control of the public entity providing fixed route service and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location.

### **How Do I Apply?**

If you believe you qualify, complete Part A of this application and then give both Parts A and B to a Health Care Provider who is familiar with your condition to have them complete Part B. Your signature on the application authorizes this professional to provide information to the participating paratransit system regarding your eligibility for ADA paratransit services and any needed clarification of functional limitations due to your disabling condition. The application must be properly and fully completed in order to be considered.

#### **What Happens After I Turn in my Application?**

You will be contacted within 21 business days by staff to schedule your functional assessment. Your eligibility is based on the following factors:

- a. Information you provided on your application
- b. Information provided by your healthcare professional
- c. A brief assessment of your actual functional abilities
- d. A review of available transportation options in the area in which you desire to travel

If you have questions or have not been contacted within 21 business days of submitting your application, please contact Plumas Transit Systems at (530) 283-2538. If, at that time, a determination of your eligibility has not been made, you will be temporarily eligible for the paratransit services until such time as your application can be reviewed.

You will receive notice of your eligibility determination by mail. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 days, you may be given eligibility to use the paratransit system until a final decision about your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of this application.

If you have any questions concerning this process please contact Plumas Transit Systems at (530) 283-2538.

## PARATRANSIT ELIGIBILITY APPLICATION

### PART A – APPLICANT’S INFORMATION

To be completed by applicant or other authorized person, please print. Complete all of Part A and sign. Submit to a Health Care Provider to complete Part B.

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Mailing Address (if different from home address): \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ TTD Number (if applicable): \_\_\_\_\_

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

Please explain nature of your disability or limitation that prevents you from using fixed-route bus service. Describe your specific needs in the space provided.

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**Please list the name of the Health Care Provider who will be verifying your application.**

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

Phone Number: \_\_\_\_\_

I certify that the information contained in Part A of this application is correct and I hereby authorize the above-named professional to provide verification of my condition.

This authorization will be valid for one year from the date signed unless otherwise noted.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If you have any questions regarding the completion of this application please contact Plumas Transit Systems at: 711 E. Main Street, Quincy CA 95971, Phone (530) 283-2538.***

## **PARATRANSIT ELIGIBILITY APPLICATION CERTIFICATION OF HEALTH CARE PROVIDER**

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the regular fixed-route services provided by the transit systems in the region. For those persons who are not able to use the regular fixed-route services, with the accommodations provided, the transit system may allow them to use paratransit services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

**Please note:** All regular fixed-route and connector services available within the region are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. In order to be eligible for the paratransit services, the individual must be **unable** to access these services due to conditions which prevent them from getting to or from a fixed-route bus stop, or transferring between vehicles, and/or conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle. Individuals for whom performing these tasks is inconvenient or uncomfortable are **not eligible** for services, and you are asked to verify this information.

It is extremely important that you provide specific information about the individual's **functional limitations** so that eligibility determination can be made.

Please follow these steps to verify this application:

1. Read the applicant's statements provided in Part A in its entirety
2. Fill out Part B completely using the provided Paratransit Eligibility Criteria.
3. Return completed application to applicant within 7 days of receipt (applicant is responsible for returning application to paratransit provider).
4. Be aware that you may be contacted for further information about applicant's abilities.
5. If you have questions, contact the paratransit provider at:

Plumas Transit Systems  
711 E. Main Street  
Quincy, CA 95971  
(530) 283-2538

## **PART B – CERTIFICATION OF HEALTH CARE PROVIDER**

I hereby certify that the applicant qualifies as ADA Eligible based on the aforementioned information.

The disability is: \_\_\_\_\_Permanent\_\_\_\_\_Temporary until: \_\_\_\_\_ (Date)

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Organization/Practice: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

**\*Please return this form to the applicant**