



APPLYING FOR ADA PRIORITY DIAL-A-RIDE SERVICE

In compliance with the Americans with Disabilities Act of 1990 (ADA), Riverside Transit Agency provides ADA Priority Service to anyone with a disability who cannot use the fixed route city bus system. If you have a disability that prevents you from using a lift-equipped RTA fixed route city bus some or all of the time, you may be eligible for Dial-A-Ride ADA Priority Service.

Dial-A-Ride is an origin to destination, advanced reservation transportation service operating in parts of Western Riverside County. **Service boundaries are any location within $\frac{3}{4}$ mile of a RTA fixed bus route. If your home or destination is beyond that, you may not qualify for service from that address. To check if your location is within the service area, call RTA Dial-A-Ride at (800) 795-7887.**

Applying for ADA service is a three-step process. All steps are necessary to complete the certification process.

1. Application completed for person applying for ADA service: It is important to complete all parts of this application – please print clearly and legibly. Applications that are not complete cannot be processed, which will delay the eligibility process.
2. Healthcare Professional Verification form completed by a treating licensed professional: In addition to this application, a Healthcare Professional Verification form must be completed by a licensed clinician that knows you best. For your convenience you have a choice of **licensed professionals** who can complete this form; Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, Licensed Clinical Social Worker (LCSW).
3. Please include a passport-sized current color photo with your application packet. It must be a forward facing photo with no hats or sunglasses. A California ID or a California Drivers license photo is NOT acceptable. A photo may be e-mailed to adacert@riversidetransit.com. Please include the first and last name and date of birth when emailing the photo.

IMPORTANT: Both documents must be completed and returned to RTA with a photo otherwise your certification will be considered incomplete which will delay the eligibility process. Upon completion of the certification process, RTA will notify within 21 days by mail regarding the decision made on your eligibility. If you have any questions, please call (951) 565-5002. Please note: If you qualify for ADA service, you will be sent an ADA ID card that includes your photo.



APPLICATION FOR ADA DIAL-A-RIDE SERVICE

**** PLEASE PRINT ****

Application Type New Renewal

PART 1 GENERAL INFORMATION ABOUT APPLICANT

Gender: Male Female

First Name: _____

Last Name: _____ MI: _____

Street Address: _____ Apt/#: _____

Nearest Cross Street to Street Address: _____

City: _____ State: _____

Zip Code: _____ Date of Birth: ____/____/____

Home Phone: () _____ Mobile: () _____

Mailing address (If different from above):

Address: _____ City: _____

State: _____ Zip Code: _____

Are you eligible for Medi-Cal? Yes No

If yes, what is your Medi-Cal Number: _____

Please give us the name and telephone number of someone we can call in an emergency.

First Name: _____ Last Name: _____

Phone: () _____ Relationship: _____

Did someone help you fill out this application? Yes No

First Name: _____ Last Name: _____

Phone: () _____ Relationship: _____

PART 2 INFORMATION ABOUT APPLICANT'S DISABILITY

Please read the following statements and check the one that best describes your disability or condition.

- I have a temporary disability and will only need Dial-A-Ride until I recover.
- I have a visual disability which prevents me from using the fixed route city bus.
- I have difficulty remembering all of the things I have to do when using the fixed route city bus.
- I can use the fixed route city bus for some trips but not others.
- I have a disability(s) that causes me to have Good day(s) and Bad day(s).
- I am able to ride the fixed route city bus independently.
- I believe I can learn to ride the fixed route city bus if someone taught me.
- I can never use the fixed route city bus by myself.

1. What is your disability(s) / diagnosis? Please list all disabilities that prevent you from using the fixed route city bus.

2. How does your disability prevent you from using the fixed route city bus? Please explain.

3. Is the disability described above temporary or permanent?

- Temporary, I expect the disability to last _____ months
- Permanent
- I don't know

PART 3 INFORMATION ABOUT APPLICANT'S MOBILITY AIDS

4. Please indicate below if you use any of the following mobility aids or equipment.

- None
- White Cane
- Scooter
- Cane
- Manual Wheelchair
- Portable Oxygen
- Walker
- Electric Wheelchair
- Leg Braces
- Service Animal (type) _____
- Crutches
- Other _____

4a. If you use a wheelchair, what is the combined weight of you and your wheelchair? _____ pounds

Note: RTA Dial-A-Ride vehicles may not be able to accommodate you if your wheelchair or scooter is longer than 51" or wider than 30" or if your total weight with your wheelchair is more than 800 pounds.

4b. How far can you travel using your wheelchair or scooter?

- 0-1 block
- 2 blocks
- 3 blocks
- 4 blocks
- 5 blocks
- 6 blocks
- 7 blocks
- 8 blocks or more

5. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you when traveling?) Yes No

How do they help you? _____

PART 4 INFORMATION ABOUT APPLICANT'S ABILITIES

6. What form of transportation do you currently use?

- Fixed route city bus
- Dial-A-Ride service
- Drive yourself
- Someone drives you
- Other _____

7. Does your disability or condition change from day to day in a way that makes it very difficult to use the fixed route city buses?

Yes No If yes, please explain_____

8. Does the weather ever keep you from using fixed route city buses?

Yes No If yes, please explain_____

9. When crossing a street what do you look or listen for?

- Do not cross streets without assistance
- Listen for traffic sounds
- Look for a crosswalk signal
- Look for traffic and cross when safe

10. Are you able to locate the appropriate fixed route city bus to complete your trip?

Yes No

If no, please explain: _____

11. How far can you travel on your own or if using a mobility aid?

- | | |
|--|--|
| <input type="checkbox"/> I can't travel outside my house | <input type="checkbox"/> I can travel up to 4 blocks |
| <input type="checkbox"/> I can get to the curb of my house | <input type="checkbox"/> I can travel up to 5 blocks |
| <input type="checkbox"/> I can travel up to 1 block | <input type="checkbox"/> I can travel up to 6 blocks |
| <input type="checkbox"/> I can travel up to 2 blocks | <input type="checkbox"/> I can travel up to 7 blocks |
| <input type="checkbox"/> I can travel up to 3 blocks | <input type="checkbox"/> I can travel up to 8 blocks |

12. Do any of these barriers prevent you from using the fixed route city bus service? (Check all that apply)

None Hills Lack of curb cuts Lack of sidewalks

Uneven surfaces Rough Terrain Other_____

13. Do you have a vision problem that would prevent you from using the fixed route city buses?

Yes No

Restricted fields Legal blindness Total blindness

Light sensitivity Night blindness

Please explain: _____

14. Are you able to independently get to and from a fixed route city bus stop?

Yes No Sometimes

If no or sometimes, please explain: _____

15. Are you able to independently transfer between fixed route city buses to reach your destination?

Yes No Sometimes

If no or sometimes, please explain: _____

16. Are you able to get on and off the fixed route city bus?

(Note: All RTA buses have a wheelchair lift or ramp and many have a "Kneeler" which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus using the wheelchair lift or ramp.)

Yes No

If no, please explain _____

17. What would you do if you found yourself at the wrong place?

Phone home

Ask someone for assistance

Don't know

Panic

Other _____

18. How do you communicate your needs to the driver?

Verbal

Visual

Sign

Unable

19. Are you able to do the following? (Check all you can do)

- Ask for, understand, and follow directions
- Tell what time it is
- Recognize a destination or landmark (such as McDonald's, Target store)
- Use a telephone to make and receive calls
- Give address and telephone number
- None of the above

Part 5 QUESTIONS ABOUT USING FIXED ROUTE BUSES

20. Have you taken the fixed route city bus independently before?

- Yes
- No

If yes, when? _____

If you have not taken the fixed route city bus before, why?

(All RTA buses are wheelchair equipped with lifts or ramps)

- I do not know how to get bus information
- For cognitive reasons, unable to navigate the bus system
- Unable to read information (language barrier excluded)
- Cannot get to the bus stop
- Other (explain) _____

21. Do you now use fixed route city buses on your own?

- Yes
- No
- Sometimes

If yes or sometimes, check all that apply:

- I use route(s) # _____ for simple direct trips
- I use route(s) # _____ for complex trips using transfers

22. Have you ever received travel or mobility training for using the fixed route city bus system?

- Yes
- No

If yes, to/from __ School __ Workshop __ Work __ Route # __ Other

Please explain _____

23. Is there any additional information you would like to share regarding your disability or condition that prevents you from using the fixed route city bus system? No Yes, please explain _____

RELEASE OF INFORMATION

By signing this form, I understand I am giving consent for Riverside Transit Agency to use and disclose my protected health information for the following purpose and activities:

- 1) To transfer information to medical professionals for review, transportation providers and mobility services.
- 2) Permission to contact my healthcare provider to verify my disability and treatment plan for purposes of paratransit eligibility.
- 3) The information provided is true and correct to the best of my knowledge. I understand that falsification of information will result in denial of service.

RTA appreciates your cooperation in this process and assures you that your protected health information will be managed strictly confidential.

Print Name _____

(Or legal guardian if under 18 years old)

Signature _____

Date ____ / ____ / ____

Mail completed Application with photo and completed Healthcare Professional Verification form to:

**Riverside Transit Agency
Certification Department
P.O. Box 59968
Riverside, CA 92517-1968
Email: adacert@riversidetransit.com**