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 bus system. If you have a disability that prevents you from using a lift-equipped RTA 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 ¾ 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, Registered Nurse, Physician Assistant, Licensed Clinical Social Worker (LCSW), etc.

3. **Please include a passport-sized 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.

**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) 565-5000. Please note: **If you qualify for service, you will be sent an ADA ID card that includes your photo. You must show this ID to the driver each time you board a Dial-A-Ride Vehicle to be eligible for service.**
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 city bus.

☐ I have difficulty remembering all of the things I have to do when using the city bus.
☐ I can use the 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 city bus independently.

☐ I believe I can learn to ride the city bus if someone taught me.
☐ I can never use the city bus by myself.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. How does your disability prevent you from using fixed route bus service? 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 will not be able to accommodate you if your wheelchair or scooter is longer than 52" or wider than 32" 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 service
- [ ] 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 buses?
   □ Yes □ No If yes, please explain_________________________
   _______________________________________________________
   _______________________________________________________

8. Does the weather ever keep you from using fixed route 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 bus to complete your trip?
    □ Yes □ No
    If no, please explain: ______________________________________
        ______________________________________________________

11. How far can you travel on your own or using a mobility aid?
    □ I can’t travel outside my house □ I can travel up to 4 blocks
    □ I can get to the curb of my house □ I can travel up to 5 blocks
    □ I can travel up to 1 block □ I can travel up to 6 blocks
    □ I can travel up to 2 blocks □ I can travel up to 7 blocks
    □ I can travel up to 3 blocks □ I can travel up to 8 blocks

12. Do any of these barriers prevent you from using the fixed route 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 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 bus stop?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain: _______________________________

____________________________________________________________

15. Are you able to independently transfer between fixed route 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 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 landmark
   □ Use a telephone to make and receive calls
   □ Give address and telephone number

Part 5  QUESTIONS ABOUT USING FIXED ROUTE BUSES

20. Have you taken the fixed route bus independently before?
   □ Yes  □ No
   If yes, when? ________________________________________________
   ____________________________________________________________

   If you have not taken the fixed route 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 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 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 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.

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