

Dear Applicant,

Thank you for your interest in the Manteca Transit Dial-A-Ride/ADA Paratransit services. We look forward to assisting you with your transportation needs. Attached is an application for certification on Manteca Transit's Dial-a-Ride/ADA Paratransit service. In addition, this application can also be accepted by other transit agencies throughout San Joaquin County, making travel throughout the county easier than ever. This includes Lodi VineLine, Tracy TRACER, and Escalon Transit. On page 1 of this application you will indicate which agencies you would like to apply for; you may apply to as many agencies as you wish. Please note, certification on the San Joaquin RTD requires additional steps/paperwork, but all information provided will be forwarded to their agency on your behalf.

The Dial-A-Ride/ADA Paratransit service is available for those individuals who are unable, due to physical or mental disabilities, to independently use the accessible, fixed-route bus system. As an added service, riders age 62 and older, and those receiving Medicare benefits, are also eligible to use Manteca Transit Dial-A-Ride. We do, however, encourage all passengers to experience the freedom of our accessible fixed-route services. Manteca Transit fixed-route allows you to travel without an appointment and at a lower cost.

#### Dial-a-Ride/ADA Application Process

Your completed application will be carefully reviewed to ensure that only qualified persons are approved. Upon completion of review, a letter of certification or denial will be mailed to you within 21 days. If your application was denied, you have the right to appeal this decision.

#### Appeals Process

To appeal the decision, you must file a written appeal within 60 days of your denial. Appeal letters may be mailed to City of Manteca, Attention: Finance Department, 1001 W. Center Street, Manteca, CA 95337. A meeting will be scheduled to hear your appeal, at which time you will have the opportunity to submit any additional information to support your qualifications for service. You will be notified of the appeal decision within 30 days of the hearing.

For more detailed information on the City of Manteca's Dial-a-Ride/ADA Paratransit service policies, fare structure, reservation process and hours of operation, please visit the City's website at <http://www.ci.manteca.ca.us/mantecatransit/> or stop by the Manteca Transit Center at 220 Moffat Boulevard, Manteca, or call (209) 456-8888.

Please read and complete all sections of the attached application carefully. Incomplete applications will be returned. If you have any questions please contact Manteca Transit at (209) 456-8888.

Sincerely,

Georgia Lantsberger  
City of Manteca Project Analyst



**Please answer the following questions related to your disability/health condition as thoroughly as possible. Your detailed responses will assist us in understanding your specific limitations and will help us in determining your eligibility.**

1. Please indicate the use of any of the following mobility aids or equipment:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane     |
| <input type="checkbox"/> Powered Scooter   | <input type="checkbox"/> Leg Braces          | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Crutches          | <input type="checkbox"/> Prosthetic Device   | <input type="checkbox"/> Walker   |
| <input type="checkbox"/> Oxygen Tank       | <input type="checkbox"/> Service Animal      | <input type="checkbox"/> None     |

2. Is your mobility device oversized?  Yes  No  N/A

a. If yes, please explain: \_\_\_\_\_

b. Does your mobility device weigh less than 600 pounds when occupied?  Yes  No

c. \*Does your mobility device exceed 30" in width or 48" in length?  Yes  No

**\*Please Note:** A wheelchair or other mobility device is defined in ADA Regulations § 37.3 as "a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered." In addition, Part 38 specifications describe the maximum dimensions for occupied wheelchairs at 30" wide and 48" in length.

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 (please explain below)  No

\_\_\_\_\_  
\_\_\_\_\_

### Type of Disability:

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

6. **What** is your disability and **how** does it make it **impossible** for you to use the fixed route service? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. 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:

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever used any of these transit services? Check all that apply:  
 Fixed Route    ADA Paratransit/Dial-A-Ride    RTD Hopper    Other \_\_\_\_\_
9. How many blocks from your residence is the nearest accessible bus stop?  
 Less than 1 Block    2 to 4 Blocks    4 or more Blocks    Don't know
10. Can you independently get on and off a ramp-equipped or lift-equipped bus?  
 Yes    No    Sometimes    Don't know   If No or Sometimes, please explain why:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Would your ability to use public transit be affected by weather, environmental, architectural or other barriers that block your path of travel? (i.e., temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)  
 Yes    No   If Yes, please explain why:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Can you ask for, understand, and follow directions?    Yes    No    Sometimes  
 If No or Sometimes, please explain why:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Can you cross a busy intersection?    Yes    No    Sometimes  
 If No or Sometimes, please explain why:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. If you are approved for ADA Paratransit Services will you require a personal care attendant?  
 Yes    No    Sometimes   If "Yes" or "Sometimes", please complete the  
 Personal Care Attendant Information on the following page.

## PERSONAL CARE ATTENDANT INFORMATION

A personal care attendant is someone whose help you need for daily life activities such as eating, dressing, personal hygiene, carrying packages, finding your way, etc.

Manteca Transit drivers do not serve as personal care attendants, nor does Manteca Transit provide personal care attendants for its passengers.

If you answered Yes or Sometimes to the need for a personal care attendant, please complete the information below:

*Please Print all information clearly:*

Applicant's Name \_\_\_\_\_

Your Personal Care Attendant's Name \_\_\_\_\_

Explain how your Personal Care Attendant assists you: \_\_\_\_\_

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### Certification of Need for Personal Care Attendant

I certify that due to my disability or health-related condition, I require the services of a personal care attendant to assist me and travel with me when I use Manteca Transit Dial-a-Ride/ADA Paratransit services.

I understand that fraudulently claiming the need to travel with a personal care attendant to avoid paying for a companion fare may result in suspension of service.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Certification of Applicant

I hereby certify that, to the best of my knowledge, the information I have provided in this application is complete and correct to the best of my ability. I understand that this application will be returned to me 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 in Pages 6-7 of this application, 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 \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

Primary Contact Telephone Number \_\_\_\_\_

**Before submitting your application for review, the last two pages must be completed by your health care provider or human services agency. Once completed and signed, please mail the entire application to:**

**Manteca Transit  
City of Manteca Transit Center  
Attention: DAR/ADA Coordinator  
220 Moffat Boulevard  
Manteca, CA 95336**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (209) 456-8888**

# Licensed Medical, Mental Health or Human Services Agency Verification

This form must be completed and signed by a physician or Human Services agency representative and returned with your completed application

## Human Services agencies authorized to complete this form include:

- Community Center for the Blind
- Independent Living Center
- Association for Retarded Citizens
- San Joaquin County Department of Mental Health
- San Joaquin County Area Aging Agency and Department of Veteran's Services
- United Cerebral Palsy
- California Department of Rehabilitation
- Valley Mountain Regional Center

**Instructions to certifying official:** The applicant named herein is applying for Manteca Transit Paratransit Services. In accordance with the American's With Disabilities Act (ADA) of 1990, Paratransit service is available only for persons who, because of disability, are prevented from using the regular accessible fixed-route bus system. All Manteca Transit buses are equipped with lifts or ramps for people who cannot climb stairs. The applicant may be prevented from using the fixed route bus system in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus, or successfully navigate to a destination; or 2) is unable to understand how to complete a bus trip.

For the benefit of the Applicant, please complete the following questions as fully and accurately as possible. Please be specific when answering the questions. Incomplete answers will result in the application being returned to the applicant. All healthcare information will be kept confidential. Please call (209) 456-8888 if you have any questions. Thank you for your time and cooperation.

1. Based on your knowledge of the Applicant's condition, is the information provided in this application accurate?  Yes  No  Somewhat If "No" or Somewhat, please explain:

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2. What specific conditions contribute to the Applicant's mobility and/or cognitive limitations? Please define the degree of impairment. (Note: Age or inability to drive are not qualifying factors)

DIAGNOSIS / DISABILITY / DATE OF ONSET / DEGREE OF IMPAIRMENT:

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Please explain how the Applicant's disability prevents them from using the regular fixed route, accessible bus system:

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3. The disability that prevents the Applicant from accessing the regular fixed route bus system is:     Permanent     Temporary: From \_\_\_\_\_ to \_\_\_\_\_
  
4. Does the Applicant, with his/her mobility device, weigh more than 600 lbs?  
 No     Yes; please list applicant's present weight \_\_\_\_\_
  
5. Does the Applicant require a Personal Care Attendant (PCA) when travelling? (Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her daily personal needs and/or to facilitate travel for a specific trip.)  
 Yes     No     Sometimes    If "Sometimes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of Licensed Physician or Human Services Agency:**

I hereby certify under penalty of perjury under the laws of the State of California that the information provided on the Professional Verification portion of this application is true and correct.

Signature of Physician/HSA Representative: \_\_\_\_\_

License Number: \_\_\_\_\_                      Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_                      Title: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Thank you for your assistance in completing this form on behalf of the applicant for ADA paratransit service. Manteca Transit, in accordance with the American's with Disabilities Act of 1990, will only use the information provided to determine the applicant's eligibility for Paratransit Services.