



mantecatransit

City of Manteca
Public Works Dept.
Transit Division
220 Moffat Blvd.
Manteca, CA 95336
(209) 456-8888

Dear Applicant:

Thank you for your interest in the Manteca Transit Dial-A-Ride Complementary ADA Paratransit Service. We look forward to assisting you with your transportation needs. Attached is an application for certification on Manteca Transit Dial-A-Ride Complementary 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 Paratransit, and Escalon eTrans. 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 San Joaquin RTD requires additional steps/paperwork, but all information provided to the City of Manteca will be forwarded to them on your behalf.*

Manteca Transit Dial-A-Ride Complementary 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, seniors age 62 and older, persons with disabilities whom are not ADA eligible and those receiving Medicare benefits, are also eligible to use Manteca Transit Dial-A-Ride through filling out a separate application. We do, however, encourage all passengers to experience the freedom of our accessible fixed-route services. Please ask our office more details about Manteca Transit fixed routes, if interested in a lower cost 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: Public Works Department, Transit Division, 220 Moffat Boulevard, Manteca, CA 95336. 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 Manteca Transit Dial-A-Ride Complementary ADA Paratransit Service policies, fare structure, reservation process and hours of operation, please visit the City's website at www.mantecatransit.com, email: transitadmin@ci.manteca.ca.us, 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 us at the information above.

Thank you!

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

Certification of Personal Care Attendant

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 Bus Operator 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: _____

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 Complementary ADA Paratransit Service.

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 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, Public Works Department, Transit Division, 221 Pine Street, Lodi, CA 95241

In Escalon: City of Escalon, Attn: Transit Coordinator, 2060 McHenry Avenue, Escalon, CA 95320

In Tracy: City of Tracy, Parks and Recreation Department, Tracy Transit Station, 50 East Sixth Street, Tracy, CA 95376

In Manteca: City of Manteca, Public Works Department, Transit Division, 220 Moffat Boulevard, Manteca, CA 95336

In Ripon: City of Ripon, Engineering Department, 259 North Wilma Street, Ripon, CA 95366

Before submitting your Complementary ADA Paratransit Service 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, fax or email the entire application to:

*City of Manteca, Public Works Department, Transit Division
220 Moffat Boulevard
Manteca, CA 95336
Fax: (209) (209) 923-8930
Email: transitadmin@ci.manteca.ca.us*

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

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize you to **release any information necessary to** determine **my eligibility** for ADA Paratransit service provided by the City of Manteca on Manteca Transit Dial-A-Ride ADA Complementary Paratransit Service.

The City of Manteca has assured me that the requested information will be held in strictest confidence, and will be used only to determine my eligibility for paratransit service.

Identification of Human Service Agency, Physician or Health Care Professional

(Please type or print clearly)

Name and Title of Professional _____

Address _____, _____, _____
(Number and Street) (City) (Zip Code)

Agency _____

Phone # _____ Fax # _____

Applicant Information

Date of Birth _____ SSN # (Last four) _____

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

MEDICAL PROFESSIONAL VERIFICATION FORM INSTRUCTIONS

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
2. Is unable to understand how to complete a bus trip.

To process this application, Manteca Transit needs information about the effects of the applicant's disability on his/her **functional capability** to ride the regular fixed route bus service. This information is necessary to determine whether he/she is eligible for paratransit service under the regulations of the Americans with Disabilities Act (ADA).

The information you provide in this form will aid the City of Manteca in making an ADA eligibility determination. For the benefit of the applicant, please answer the questions as fully and accurately as possible. All information will be kept confidential.

The individual's condition must **prevent** travel on a fixed bus route, either all of the time, temporarily, or only under certain circumstances. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for paratransit service. **Inconvenience, decreased comfort, and/or pain are not a basis for qualification.**

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 or email transitadmin@ci.manteca.ca.us if you have any questions. Thank you for your time and cooperation.

Human service agencies authorized to complete this form includes: Community Center for the Blind, Independent Living Center, ARC, San Joaquin County Behavioral Health Services, San Joaquin County Human Services Agency, San Joaquin County Veterans Services, United Cerebral Palsy, Manteca Unified School District, Open Doors, California Department of Rehabilitation and Valley Mountain Regional Center.

MEDICAL PROFESSIONAL VERIFICATION FORM

(Please type or print clearly. Do NOT use ICD-9 or DSM codes.)

Applicant's Name _____

Capacity in which you know the applicant _____

Medical diagnosis _____

_____ Date of Onset _____

Prognosis _____

1. Does the applicant 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"/> Personal Care Attendant | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

2. What category is the applicant's disability?

- Visual** **Physical** **Mental** Impairment

3. Applicant's Height _____ Weight _____

4. Is the applicant's condition temporary? ____Yes ____No

If Yes, expected duration: ____/ ____/ ____

5. Can the applicant wait outside without assistance for 15 minutes?

- Yes No

6. How far can the applicant travel with or without a mobility aid?

- Less than 1 block Less than 3 blocks
 Less than 6 blocks

7. Can the applicant cross the street without assistance?

- Yes No

If No, why _____

8. Can the applicant comprehend written or spoken instructions?

Yes

No

9. Can the applicant recognize a destination or landmark?

Yes

No

I hereby affirm under penalties of perjury that the statements made herein are true and correct.

Signature _____ **Date** _____

Please print your name and title: _____

License #: _____ Phone #: _____

Address: _____

Agency: _____

**PLEASE MAIL COMPLETED FORM TO:
City of Manteca, Public Works Department, Transit Division
Attention: Transit Coordinator
220 Moffat Boulevard, Manteca, CA 95336**

**ANY QUESTIONS, PLEASE CALL CITY OF MANTECA TRANSIT AT
(209) 456-8888 or email transitadmin@ci.manteca.ca.us**

Thank you for your assistance in completing this form on behalf of the applicant for Manteca Transit Complementary ADA Paratransit Service. The City of Manteca in accordance with the Americans with Disabilities Act of 1990, will only use the information provided to determine the applicant's eligibility for Manteca Transit Complementary ADA Paratransit Service.