ADA Paratransit Application

Overview – Services Available

B-Line ADA Paratransit provides curb-to-curb transportation service in accordance with the Americans with Disabilities Act of 1990 (ADA). This service is provided to individuals who, because of a physical or mental disability, are unable to use the regular Fixed Route bus service in Butte County. The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the B-Line Fixed Route bus system, and in doing so apply for B-Line ADA Paratransit. Age, distance from a bus stop or inability to drive are conditions which are not taken into consideration in making an eligibility determination.

Travel Training
If you are interested in receiving free travel training to learn how to use our regular Fixed Route buses, please call Mains'l at 530-894-2057, extension 372. You can also call B-Line at 530-809-4616 for information.

B-Line must have the completed Paratransit Eligibility Application including the Healthcare/Social Service Release of Information portion to begin the determination of eligibility. We will return the application to you if we are missing any signatures or other information.

In accordance with ADA regulations, a determination of eligibility will be made within 21 calendar days after receipt of your **completed** application.

B-Line Paratransit
326 Huss Drive, Suite #150, Chico, CA 95928 Email: Acarriere@bcag.org
Phone: (530) 809-4616 Fax: (530) 879-2444 Web: www.BLineTransit.com

Personal/Contact Information

New Applicant ☐ Renewal ☐ Last Name First Name MI

Street Address: Apt/Bldg #

City: State: Zip Code:

Home Phone: - - Work or Cell Phone: - - Date of Birth - -

Email Address: Gender: ☐ Male ☐ Female

Do you need a Personal Care Attendant? ☐ Yes ☐ No ☐ For Certain Trips

Checking Yes on Personal Care Attendant means you need someone to travel with you in order to successfully complete a trip. A PCA is not provided to you; it is your responsibility to bring one and they travel free of charge.

Did you require assistance with this paratransit application process or will you need assistance with future correspondence/recertification? Yes ☐ No ☐

If yes, to whom should important correspondence be mailed?

Last Name First Name Contact Phone: - -

Secondary Contact Mailing Address: Relationship to Applicant: ______________________

Please provide the name and telephone number of someone we can call in case of an emergency:

Last Name First Name Contact Phone: - -

Office Use Only (Do Not Write in this Box)

ID #_________________________________ **Expiration Date:**_________________________

Date Received:___________________________ **Date Issued:**___________________________

Certifier:________________________________ **Eligibility Category:**______________________

Comments:

Disability/Health– Related Information

Please answer the following questions in detail. Your answers will help us in determining your eligibility.

1. **What is your medical condition(s)/disability?**

____

____

2. **How does it prevent you from using the B-Line fixed route bus?**

____

____

____-

3. **Date of onset/when your disability first began: ______________________**

4. **Please read the following statements and check the one that best describes your disability:**

- ☐ I have a temporary disability and will only need paratransit service until I recover.
- ☐ I have difficulty remembering all of the things I have to do to use the city bus.
- ☐ I am able to ride the city bus independently.
- ☐ I have a visual disability which prevents me from using the city bus.
- ☐ I have a disability that causes me to have Good Days/Bad Days.
- ☐ I can never use the city bus by myself.
- ☐ I can use the city bus for some trips but not others.
- ☐ I believe I can learn to ride the city bus if someone taught me.

5. **Please indicate if you use any of the following mobility aids/equipment:**

- ☐ I do not require any assistive devices
- ☐ Service Animal
- ☐ Communication Board
- ☐ Manual Wheelchair
- ☐ White Cane
- ☐ Picture/Alphabet Board
- ☐ Power/Electric Wheelchair
- ☐ Cane
- ☐ Prosthesis
- ☐ Sport Wheelchair
- ☐ Walker
- ☐ Leg Braces
- ☐ Scooter
- ☐ Crutches
- ☐ Other (describe) ____________________
- ☐ Segway
- ☐ Portable Oxygen

☐ **I understand that if my mobility device is longer than 48” or wider than 30”, or if the combined weight of the applicant and the device is more than 600 pounds, I will not be able to ride B-Line vehicles/equipment.**

Ability to Use Regular (Fixed Route) B-Line Buses

All regular fixed route buses have wheelchair lifts, handrails and kneelers (steps that lower to curb level) or ramps for ease in boarding.

6. Do you use the regular fixed route bus INDEPENDENTLY?

☐ **Yes/Sometimes** ☐ **No**

7. When is the last time you independently used the fixed route bus?

☐ In the past month ☐ In the past five years ☐ Never
☐ In the past year ☐ In the past ten years

8. Are there certain days/times you can use the fixed route bus but not others?

☐ Yes ☐ No ☐ Sometimes
☐ Don't know

If you have chosen Yes/Sometimes, please explain: ______________________________

9. How would you describe the terrain where you live (e.g. flat, hilly, dirt roads, lack of sidewalks, etc.)?

____

10. How far from your home is the nearest public bus stop?

☐ Less than 1 block ☐ 1-2 blocks ☐ 3-4 Blocks
☐ 5 or more blocks ☐ I don't know

11. Have you ever successfully completed travel training?

☐ Yes ☐ No

If you have chosen Yes, please elaborate with time frames & dates:

12. Do you have hearing problems that would prevent you from using a fixed route bus?

☐ Yes ☐ No

If you have chosen Yes, please explain:

13. Do you have a breathing problem that would prevent you from using a fixed route bus?

☐ Yes ☐ No

If you have chosen Yes, please explain:

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14. Do you have a memory problem that would prevent you from using a fixed route bus?

☐ Yes ☐ No

If you have chosen Yes, please explain:

15. Do you have a balance problem that would prevent you from using a fixed route bus?

☐ Yes ☐ No

If you have chosen Yes, please explain:

16. Do you have a visual problem that would prevent you from using fixed route bus?

☐ Yes ☐ No

If you have chosen Yes, please explain:

17. Do you have a problem independently crossing the street?

☐ Yes ☐ No

If you have chosen Yes, please explain:

18. How far can you travel on your own or when using a mobility aid?

☐ I can get to the curb in front of my home
☐ I can travel up to ¼ mile (3 blocks)
☐ I can travel up to ½ mile (6 blocks)
☐ I can travel up to ¾ mile (9 blocks)
☐ I can travel further than ¾ mile

19. Do any of the following barriers prevent you from using the bus?

☐ Cold
☐ Snow
☐ Lack of Sidewalks
☐ Good/Bad Day
☐ Unable to walk/wheel 50 feet (1 block)
☐ Unable to walk/wheel ¾ mile (9 blocks)
☐ Air Pollution (pollen – allergies)
☐ Heat
☐ Night Blindness
☐ Lack of curb cuts
☐ Unable to transfer buses
☐ Unable to walk/wheel ¼ mile (3 blocks)
☐ Lack of strength and endurance (hyperfatigue)
☐ None
☐ Rain
☐ Hills
☐ Bus stop not accessible
☐ Light sensitivity (sunny, overcast, etc.)
☐ Unable to walk/wheel ½ mile (6 blocks)
☐ Uneven travel path (dirt road, potholes, etc.)

Applicant's Certification and Release of Information

Healthcare/Social Services Professional *Please provide information for the professional who can best document the applicant's abilities.*

Name: ____

Profession: ____

Agency: ____

Address: ____

Phone #: ____

I certify that the information in this application is true and correct. I understand that knowingly falsifying any information may result in the denial of service by the Butte County Association of Governments/Butte Regional Transit (B-Line). I understand that all information will be kept confidential and only information required to provide the services I request will be disclosed to those who perform the services.

By signing below, I understand that I am giving my consent for B-Line to use and disclose my protected health information for the purposes of providing transit services.

I understand that my health care/social service provider may be contacted to verify information stated in my application for purposes of paratransit eligibility. I understand that my health information may be used by B-Line's transit provider, Transdev. I understand that it is my responsibility to notify B-Line if my condition changes and if my condition changes after I have been determined eligible, I may be asked to reapply. I also understand that I may revoke this consent at any time by notifying B-Line in writing of my intent to revoke this consent form.

I understand I have a right over my health information, including the right to restrict the use of my health information, to examine and obtain a copy of this application and to request corrections.

____

Applicant Signature   Date

HIPAA Release Form

This is giving your healthcare or social services office permission to speak to B-Line about your disability and functional mobility.

Please complete **all sections** of this HIPAA release form. If any sections are left blank, this form will not be accepted.

Date: _________________________

I, _________________________________, give my permission for the following office to share information with Butte Regional Transit (B-Line) regarding my functional mobility and disability status:

Healthcare/Social Services Office____.

The reason for this disclosure is strictly for use in the paratransit application process by Butte Regional Transit Paratransit Staff. It will not be shared with anyone else. Butte Regional Transit strives to protect all passenger data and will store and dispose of any personal information in a secure manner.

This authorization is only valid until the paratransit application is processed, up to 21 days from receipt of the application. Authorization can be revoked at any time by submitting a request in writing to B-Line Paratransit at:

B-Line Paratransit
326 Huss Drive, Suite 150
Chico, CA 95928

Please sign below.

X ___________________________

Applicant Signature

If you are filling this form out for someone else, please indicate your legal ability to sign for the applicant in the space below:

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