



## **Information for Applicants for Americans with Disabilities Act Certification**

If you have a substantial disability and are unable to use regular fixed route bus services you may apply for certification under the Americans with Disabilities Act (ADA) by completing and filing the ADA application for certification forms.

We will respond to your application within twenty-one (21) calendar days from the date your application has been received and accepted as complete by the Tuolumne County Transit office. All individuals involved in the Tuolumne County ADA paratransit eligibility process will maintain confidentiality at all times.

When you have been certified for ADA services you will receive or be eligible for the following:

- ⇒ Written certification of ADA paratransit eligibility
- ⇒ Priority Dial-A-Ride service over non-ADA eligible patrons
- ⇒ Use of ADA paratransit services in other counties and states

Eligibility for ADA services is revocable at any time. Procedures for the appeal of eligibility revocation will be made available upon request.

If you have a disability and choose not to apply for ADA certification, you may still use the Tuolumne County Transit Dial-A-Ride services for seniors and persons with disabilities, however, ADA certified persons have priority scheduling for their trips.

The subparts and sections of the Americans with Disabilities Act governing eligibility are attached.

*(Larger Print Available Upon Request)*

Americans with Disabilities Act of 1990  
Subpart f, paratransit as complement to fixed route service  
Section 37.123, ADA paratransit eligibility – standards

- (e) The following individuals are ADA paratransit eligible:
- (1) Any individual with a disability who is unable, as a result of a physical or mental impairment (including vision impairment), and without the assistance of another individual (except operator of a wheelchair lift or other boarding assistance device), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
  - (2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.
    - (i) An individual is eligible under this paragraph with respect to travel on an otherwise accessible route on which the boarding or disembarking location with which the individual would use is one which boarding or disembarking from the vehicle is precluded as provided in s37.167 (g) of this part.
    - (ii) An individual using a common wheelchair is eligible under this paragraph if the individual's wheelchair cannot be accommodated on an existing vehicle (e.g., because the vehicle's lift does not meet the standards of part 38 of this title), even if that vehicle is accessible to other individuals with disabilities and their mobility wheelchairs.
    - (iii) With respect to rail systems, an individual is eligible under this paragraph if the individual could use an accessible rail system, but---
      - (a) there is not yet an accessible car per train on the system; or
      - (b) key stations have not yet been made accessible.
  - (3) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such a system.

- (i) Only a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility under this paragraph. A condition which makes traveling to boarding a location or from a disembarking location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility under this paragraph.
  
- (ii) Architectural barriers not under the control of the public entity providing fixed route service and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility under this paragraph, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location.

# Tuolumne County Transit

## Request for Certification of ADA Paratransit Eligibility



The information obtained in this certification process will only be used by Tuolumne County Transit for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Telephone Number (*home*) \_\_\_\_\_ (*work*) \_\_\_\_\_
4. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_



5. **What is the disability that prevents you from using our fixed route services?**

\_\_\_\_\_

Is this condition temporary? \_\_\_\_\_ If YES, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. **How does this disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if necessary.**

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

7. **Are there any other effects of your disability of which we need to be aware?**

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

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Tuolumne County Transit.

**8. Do you use any of the following aids to mobility? (Check all that apply)**

- Manual Wheelchair       Electric Wheelchair       Powered Scooter  
 Cane       Crutches       Personal Care Attendant  
 Guide Dog

**9. Do you require a Personal Care Attendant when you travel using transit?**

- Yes     No

**10. Please answer the following questions:**

**Can you travel 200 feet without assistance?**

- Yes     No     Sometimes \_\_\_\_\_

**Can you travel ¼ mile without assistance?**

- Yes     No     Sometimes \_\_\_\_\_

**Can you travel (insert maximum corridor dimension) without assistance?**

- Yes     No     Sometimes \_\_\_\_\_

**Can you climb three 12-inch steps without assistance?**

- Yes     No     Sometimes \_\_\_\_\_

**Can you wait outside without support for 10 minutes?**

- Yes     No     Sometimes \_\_\_\_\_



**11. I hereby certify that the information given above is correct.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**12. If this application has been completed by someone other than the person requesting ADA certification, that person must complete the following:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**In order to allow Tuolumne County Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.**

The following:  Physician  Health Care Professional  Rehabilitation Professional (*check one*) is familiar with my disability and is authorized to provide information to Tuolumne County Transit as required to complete this certification.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Tuolumne County Transit

## Request for Professional Verification



To Whom It May Concern:

The attached authorization form has been submitted by \_\_\_\_\_, who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that Tuolumne County Transit provide paratransit services to persons who cannot utilize available fixed route services. This information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter.

**Capacity in which you know the Applicant:** \_\_\_\_\_

**Medical Diagnosis of condition causing disability:**

Is the condition temporary?  Yes  No If YES, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If the Applicant has a Disability Effecting Mobility:** \_\_\_\_\_

Is the Applicant . . .

**Able to walk 200 feet without assistance?**

Yes  No  Sometimes \_\_\_\_\_

**Able to travel ¼ mile without assistance?**

Yes  No  Sometimes \_\_\_\_\_

**Able to climb three 12-inch steps without assistance?**

Yes  No  Sometimes \_\_\_\_\_

**Able to wait outside without support for 10 minutes?**

Yes  No  Sometimes \_\_\_\_\_

**Does this person use any mobility aids? If so, what?** \_\_\_\_\_

\_\_\_\_\_



