



# Pleasanton Paratransit Service Application

**LAST NAME** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **FIRST** \_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_  **MALE**  **FEMALE** **EMAIL ADDRESS** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **TDD/TTY** \_\_\_\_\_

**NAME OF HOUSING FACILITY (IF APPLICABLE)** \_\_\_\_\_

**DO YOU MANAGE YOUR OWN AFFAIRS**  **YES**  **NO**

**IF NO, PLEASE PROVIDE ALTERNATE NAME AND ADDRESS BELOW**

**LAST NAME** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

## AUTOMATIC NOTIFICATIONS

Please place a check in the box of how you want to be notified about your rides (you may select more than one option):

	Telephone Call	Email	Text Message
Reminder the night before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of booking	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of cancellation	N/A	<input type="checkbox"/>	<input type="checkbox"/>

**What is your living arrangement?**  Live alone  Live w/spouse or partner  Live with adult child

Live in a skilled nursing facility/nursing home  Live in assisted living/residential care home

Other: \_\_\_\_\_

**What is your race/ethnicity?**  African American  Asian/Pacific Islander  Caucasian

Hispanic/Latino  Native American  Other: \_\_\_\_\_

**Preferred Language:** \_\_\_\_\_

**How do you currently travel to your most frequent destinations?** (Check all that apply)

- ADA Paratransit (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)
- Drive myself       Someone drives me       Buses/BART       Taxi
- Pleasanton Paratransit Service       Other \_\_\_\_\_

**Have you been certified as eligible for rides with an ADA paratransit service?**

(i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)

- Fully eligible     Conditionally eligible      Rider Identification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Not eligible/Denied     Have not applied       Don't know

**Do you use any of the following mobility aids or specialized equipment?**

- Cane     White Cane     Walker       Manual Wheelchair     Portable Oxygen Tank
- Power Wheelchair     Power Scooter     Service Animal     Other: \_\_\_\_\_

**Do you need a wheelchair lift to get in and out of a vehicle?**     Yes     No     Don't know

**MOBILITY DEVICE**

*Please note: Pleasanton Paratransit buses are designed to accommodate a "common wheelchair" which is defined by the ADA Regulations as up to 30" wide and 48" long when measured 2" from the floor and weigh less than 600lbs when occupied (mobility device rider, typical equipment and personal belongings, combined). Transfer chairs are not allowed. If your mobility device is larger or heavier, when occupied, you may be asked to come in for an evaluation and Pleasanton Paratransit may not be able to assist. This is for your own safety. Pleasanton Paratransit vehicle lifts are manufactured to handle up to approximately 600 pounds as regulated by the ADA. Riders must provide their own lap belt if using a mobility device.*

**Based on the above description, is your mobility device oversized?**       Yes     No

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

**If your mobility device's total weight exceeds 600 pounds while occupied, would you be able to carry your own typical equipment and personal belongings and board separately from your mobility device without assistance?**     Yes     No

**Please describe your disability or disabling health condition – check all that apply:**

- Auditory       Cardiac       Cognitive Disorder     Diabetes       Physical Disorder
- Pulmonary     Seizures       Speech Disorder       Visual Disorder
- Other (please explain) \_\_\_\_\_

**Is the above condition you describe:**     Permanent     Temporary until: \_\_\_\_\_

**PERSONAL CARE ATTENDANT**

*A personal care attendant is someone who assists with you daily life activities (eating, dressing, personal hygiene, carrying packages, finding your way, etc.). An attendant does not always have to be the same person. Pleasanton Paratransit Drivers are not personal care attendants, nor does Pleasanton Paratransit provide attendants.*

**Do you travel with a personal care attendant?**       Yes     No

**If yes, complete the following information and sign. Pleasanton Paratransit reserves the right to provide our own assessment and, if necessary, require your need for an attendant. Please explain how your attendant helps you:**

\_\_\_\_\_

\_\_\_\_\_

