



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:
