Public Works – Alternative Transportation
401 Vernon Street
Roseville, California 95678-2649
(916) 774-5293 • *Fax* (916) 746-1333 • *TDD* (916) 774-5220
transportation@roseville.ca.us • www.roseville.ca.us/transportation

Please read this document before completing the Dial-A-Ride Complementary ADA Paratransit Service Eligibility application. Keep this document for future reference.

Dial-A-Ride Complementary ADA Paratransit Service

If you have a disability preventing you from using the Local bus service, you are eligible to receive curb to curb, and upon request, origin to destination priority service on Dial-A-Ride (DAR) in compliance with the Americans with Disabilities Act (ADA). The City of Roseville staff determines ADA eligibility through an application process. The application is used to determine the extent of your disability as it relates to using the Local bus system.

Application Process

If the Alternative Transportation office is contacted prior to beginning the application process, the applicant's name will be added to the Pending List allowing use of DAR with ADA privileges. The applicant will have 60 days in which to return the application before their name is removed from the Pending List. However, the application may still be returned.

All questions must be answered in full or the application will be considered incomplete. An incomplete application will be returned and will delay processing. Please keep in mind, the more detailed information you can provide, the better you will enable staff to make the most appropriate determination. ***All information supplied is <u>confidential</u> and will only be used to determine if you can ride our Local bus system or if you are eligible for Paratransit Service.*** Faxes or copies of a completed application are not acceptable. *Please print your answers clearly.*

A friend or relative may fill out this application on your behalf. If someone fills out the form for you, *Part D* of the application must be completed. If you have any question, need help filling out this application, or need an alternative format, please contact the Alternative Transportation staff.

Once a completed application is received, written notification will be sent within 21 days indicating whether or not you are eligible for Complementary ADA Paratransit Service.

Eligibility Criteria

Applicants for ADA Paratransit Eligibility will need to fall into one of three defined categories that functionally prevent individuals from gaining access to or riding on Local service.

Category 1
Any individual, who cannot, as a result of a mental or physical disability, independently board, ride, or disembark from any vehicle which is readily accessible to and usable by individuals with disabilities.

Category 2
Any individual with a disability who could use accessible local transit, but accessible Local service is not in use at the time.

Category 3
Any individual with a disability who has a specific impairment-related condition which prevents him or her from getting to and from an accessible Local service stop or station.

To further clarify eligibility criteria, the ADA established the following functional criteria as the basis for determining ADA Paratransit Eligibility:

- The inability to walk to or otherwise gain access to bus stops;
- The inability to board, ride, or disembark from Local service transit buses; or,
- The inability to remember destinations or ride on routes that new or unfamiliar to the rider.

Type of Eligibility

Applicants may be granted conditional or unconditional eligibility, based on the nature of the disability.

Approvals

If approved, you will receive an Eligibility Notification letter. This letter will state eligibility and the specific date eligibility will expire, and will include two complimentary passes to travel to the Alternative Transportation office to obtain your Photo ID card. *Please bring the Eligibility Notification letter when coming to the Alternative Transportation office.*

ADA passengers must show the driver their ADA Photo ID card to validate their ADA eligibility.

> *Roseville Transit ADA Photo ID card*
> This card entitles the cardholder to discount fare for the ADA cardholder and discount fare for one companion.
>
> *Roseville Transit ADA with Attendant Photo ID card*
> This card entitles the cardholder to discount fare for the ADA cardholder, free fare for one personal care attendant, and discount fare for one companion.

Denials

If denied, a letter indicating the reason(s) for the denial and how to appeal the decision will be mailed. Denial of eligibility applies only to priority ADA Paratransit service. **You may continue to use the Dial-A-Ride service on a non-priority basis***.* Also, you may be eligible for a discount. Contact the Alternative Transportation office for more information. If there is any change in the ability to utilize Roseville Transit services in the future, a new application for ADA Paratransit Eligibility may be submitted.

Right to Appeal

If an individual is denied ADA Paratransit eligibility, the decision may be appealed. Submit an appeal to the City's Director of Public Works in writing or if the individual's disability prevents a written appeal, then by telephone to (916) 774-5293. Appeals must be received within 60 days of the date of the denial letter.

Recertification

Thirty days before the end of the ADA eligibility period, City staff will mail a recertification application to the last known address. To continue eligibility for Complementary ADA Paratransit Service, the recertification application must be returned prior to the eligibility expiration indicated on the ADA Photo ID card. *If the recertification application is not received within 60 days, Complementary ADA Paratransit Service will discontinue.*

Temporary Eligibility

An individual may be granted temporary ADA eligibility if the disability or incapacity lasts more than 90 days and is long-term, but is not permanent.

Visitor Status

Visitor status provides rides for up to 21 days in a year, priority service, curb to curb, and upon request, origin to destination service.

ADA Certified

If you are ADA certified from a transit agency outside of the City of Roseville, contact the Alternative Transportation office so that your name can be placed on the *Visitor List* granting you presumptive eligibility. Receiving service beyond 21 days requires an eligibility determination by the City of Roseville.

Non-ADA Certified

Persons with disabilities visiting the City of Roseville should contact the Alternative Transportation office in advance of arriving to determine eligibility for ADA visitor status. Receiving service beyond 21 days requires an eligibility determination by the City of Roseville.

Mobility Devices

Roseville Transit can transport passengers with wheelchairs and mobility devices that do not exceed 30 inches in width and 48 inches in length (measured two inches above the ground) and less than 600 pounds when occupied. All devices must be secured to be transported. **Passenger with devices that exceed these measurements or cannot be secured satisfactorily may be refused transportation.**

Roseville Transit Dial-A-Ride

DAR is a shared-ride transit service that operates within the city limits of Roseville. Passengers are transported in small buses that are ADA compliant and equipped with wheelchair lifts and securement areas.

DAR may be used for medical appointments, shopping, commuting to work, meetings, parties, sports events, recreation, visiting and much more.

DAR does not provide emergency or gurney service. Also, it cannot be used for transporting school-age children to and from school, or school-sponsored activities, regardless of whether they are traveling alone or are accompanied by an adult.

Passengers may reserve rides at least one day in advance and up to 14 days in advance. Passengers receive a 30-minute pick-up window when they make their reservation. The DAR bus can arrive anytime within the 30-minute pick-up window. Passengers must be ready and waiting for the bus at the designated pick-up location and plan for a ride time up to one (1) hour. Drivers will wait for passengers at the designated pick-up location for no longer than two (2) minutes.

Upon request drivers can assist passengers to board or disembark the vehicle and may assist ADA certified passengers to their destination providing it is feasible. Drivers are not permitted to assist passengers with packages. Passengers may take as many packages as they can carry and safely stow.

Drivers cannot accept tips or gratuities. If a passenger wishes to express gratitude, please email transportation@roseville.ca.us or send a letter to MV Transit, Attn: Rich Frost, 2005 Hilltop Circle, Roseville, 95747.

Same-Day Trips

Ride requests for the same day of travel will be provided when space is available for a premium fare, currently $7.50 each way.

Subscription Trips

On a space available basis, request for ongoing (subscription) rides will be accommodated. Subscription rides continue automatically until the subscription is cancelled. Passengers must call to cancel their subscription ride on days when they do not want to use the service.

Cancelling a Ride

If you need to cancel your ride, call (916) 745-7560 **more than two hours before the beginning of your scheduled 30-minute pick-up window.** Otherwise, you will be recorded as a no-show. Cancellations are accepted 24 hours, 7 days a week. *Please be sure to cancel your pick-up and return trip.*

No-show Policy

On February 17, 2010, City Council approved a $7.50 fee for each no-show.

The no-show policy states passengers will receive a no-show when:

- They fail to cancel a reserved or subscription ride at least two hours before the 30-minute scheduled pick-up time; or,
- They are absent from the pick-up location at the schedule pick-up time; or,
- They are not ready at the schedule pick-up time. As a courtesy the bus will wait 2 minutes before proceeding to the next pick-up.

Please note that if the passenger is a no-show for the pick-up, the return trip is not automatically cancelled.

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Dial-A-Ride Complementary ADA Paratransit Service Eligibility Application

All information you supply is confidential and will only be used to determine if you are able to ride our Local bus system or if you are eligible for DAR Complementary ADA Paratransit Service.

☐ **New Application** ☐ **Recertification**

PART A: Applicant Data – Please print or type

Name _____ ☐Mr. ☐Mrs. ☐Miss ☐Ms.

Address _____ Apt. # _____

City _____ Zip _____ Birth Date _____

Home # _____ Alternate # _____

PART B: Emergency Contact Information

Please provide a *local* emergency contact.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

PART C: Mobility Information

1. Do you normally use any of the following mobility aids?

   ☐ No ☐ Yes
   ☐ Manual Wheelchair ☐ Electric Wheelchair
   ☐ Powered Scooter (3 or 4 wheels)

Roseville Transit can transport passengers with wheelchairs and mobility devices that do not exceed 30 inches in width and 48 inches in length (measured two inches above the ground) and less than 600 pounds when occupied. All devices must be secured to be transported. **Passenger with devices that exceed these measurements or cannot be secured**

satisfactorily may be refused transportation.

2. Do you need a personal care attendant (other than the operator of the passenger lift) to assist you to board, ride, or disembark from an accessible fixed-route bus?

   ☐ Yes ☐ No ☐ Sometimes

   Explain when an attendant is needed: _____

   _____

   _____

   _____

PART D: FUNCTIONAL INFORMATION

3. What is your disability or health-related condition that prevents you from using a regular fixed-route bus? Describe all physical, sensory, and/or mental limitations in detail. Do not use acronyms.

   _____

   _____

   _____

   _____

   _____

4. Are your disabilities?

   ☐ Permanent ☐ Temporary from _____ to _____

5. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate intention to board?

   ☐ Yes ☐ No ☐ Sometimes - Explain _____

   _____

6. Are you able to board and disembark from a fixed-route bus with a wheelchair/passenger lift without assistance (except from the bus driver)?

   ☐ Yes ☐ No ☐ Sometimes - Explain _____

7. Are you able to handle/grasp coins (pay fare), tickets, railings, handles?

☐ Yes ☐ No ☐ Sometimes - Explain _____

8. Are you able to keep your balance while seated on a moving fixed-route bus in normal operation?

☐ Yes ☐ No ☐ Sometimes - Explain _____

9. Are you able to read, hear, and/or understand the information, schedules, or directions during a trip?

☐ Yes ☐ No ☐ Sometimes - Explain _____

10. Are you able to signal the bus driver that you want to disembark at a certain bus stop? (Assume the driver announces all major stops)

☐ Yes ☐ No ☐ Sometimes - Explain _____

11. Are you able to find your way between familiar locations?

☐ Yes ☐ No ☐ Sometimes - Explain _____

12. Are you prevented from traveling to or from a bus stop for one or more of the following reasons? (Check all that apply to you.)

a. ☐ Yes ☐ No Extreme sensitivity to heat
b. ☐ Yes ☐ No Allergic/environmental sensitivities
c. ☐ Yes ☐ No Hyper-fatigue, frailty
d. ☐ Yes ☐ No Night-blindness
e. ☐ Other Please Explain: _____

13. Are you able to wait outside at the bus stop without assistance or support for up to 15 minutes?

☐ Yes ☐ No ☐ Sometimes - Explain _____

_____

PART E: APPLICANT SIGNATURE

I hereby certify that the information given in this application is correct.

Applicant's Signature _____ Date: _____

PART F: PERSON OTHER THAN APPLICANT COMPLETING FORM

Print Name: _____

Address: _____

Phone where you can be reached: ( ) _____

Relationship to Applicant: _____

Signature: _____ Date: _____

PART G: AUTHORIZATION TO RELEASE PERSONAL INFORMATION

This section is to be completed by the applicant.

I hereby authorize the release of information to the Roseville Department of Public Works about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA Paratransit Service.

Name of Professional:** _____

Agency/Organization: _____

Phone Number: ( ) _____

I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

_____ _____

Name of Applicant (Please Print) Date Signed

_____

Signature of Applicant

**Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.