



APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

The questions on this application are designed to determine your functional abilities. It is possible that, after review of your application, you may be asked to provide additional information through a personal or telephone interview. Eastern Sierra Transit may use outside professionals to assist with the review of the application. All information in this process will be kept strictly confidential. Your application will normally be processed within 21 days of receipt and you have the right to appeal any denial or conditions of this certification. If you need assistance filling out this application please call 760.872.1901 and someone will help you.

Name: _____ Date of Birth: _____
Last First M.I.

Street Address: _____ Apt. # _____

Mailing Address (if different): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home): _____ (work) _____

Emergency Contact: _____

Home phone: _____ Work phone: _____ Relationship: _____

What is the professionally diagnosed disability or condition that prevents you from using the fixed route buses?

Is this condition temporary? Yes No

If yes, please indicate the expected recovery date: ____/____/____

Please briefly describe how your disability prevents you from using the fixed route buses.

Does the condition ever change in ways that would affect your ability to travel on the fixed route bus? (example: auto-immune disorders such as Multiple Sclerosis)

Yes

No

If yes, please explain your answer

Are you able to complete any of your travel needs on the fixed route buses?

Yes

No

If yes, please explain. (This will not affect your chance of becoming ADA certified)

Would you be able to travel independently on paratransit, but not on a fixed route bus?

Do you travel with a personal care attendant? Yes

No

Do you use any of the following aids to mobility? (check all that apply)

Manual Wheelchair

Electric Wheelchair

Walker

Power Scooter

Crutches

Cane

Service Animal

Personal Assistant

White Cane

If you use a wheelchair or scooter, is it more than 30 inches wide and 48 inches long?

Yes

No

If yes, please describe:

Does the combined weight of the occupant and wheelchair or scooter exceed 600 pounds?

Yes

No

If yes, please describe:

Using a mobility aid on your own, how far can you travel on level ground?

If you use a manual wheelchair, are you able to self propel?

Yes

No

If no, please explain:

I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Paratransit Service. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in the loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify Eastern Sierra Transit if I no longer need to use ADA Paratransit Services. I understand that I am responsible for authorizing Professional Verification of my condition(s) and that an in-person evaluation may be requested.

Applicant Signature _____

Date _____

IF COMPLETED BY SOMEONE OTHER THAN APPLICANT

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Daytime Phone: _____

Signed: _____ Date: _____

Please return the completed application to:

Via U.S. Mail:

ADA Coordinator
Eastern Sierra Transportation Authority
P.O. Box 1357
Bishop, CA 93514

In Person:

Eastern Sierra Transit Authority	
Mammoth	Bishop
201 Commerce Drive	703 Airport Road
Mammoth Lakes, CA	Bishop, CA

PROFESSIONAL VERIFICATION

In order for the Eastern Sierra Transit Authority to evaluate your request for ADA Paratransit Eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals who we can contact if we need additional information. Examples of qualified professionals include:

- Physician (M.D. or D.O.) or registered nurse
- Physical or occupational therapist
- Psychiatrist, psychologist, or mental health counselor
- Vocational counselor, rehabilitation specialist or independent living skills trainer
- Licensed social worker or case manager
- Orientation and mobility instructor or travel trainer
- Ophthalmologist
- Credentialed Special Education Teacher

_____ Name of Qualified Professional	_____ Name of Qualified Professional
_____ Type of Profession	_____ Type of Profession
_____ Professional's Agency	_____ Professional's Agency
_____ Street Address	_____ Street Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Phone Number	_____ Phone Number
_____ e-mail Address	_____ e-mail Address

Authorization for Release of Information

I authorize the professional(s) listed above to release to the Eastern Sierra Transit Authority information about my disability or health condition and its effect on my ability to travel on the bus system. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 90 days from the date below.

Signature of Applicant or Responsible Party

Date

All medical information which you or a professional provide about your disability will be kept strictly confidential