

## LASSEN RURAL BUS DIAL-A-RIDE APPLICATION

Thank you for your interest in applying for transportation services with Lassen Rural Bus. The dial-a-ride service offered by LRB is designed for those aged 60 and up as well as members of our disabled community.

(Disabled persons - means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not affected. 49 CFR (S) 609.3)

To apply for Dial-a-Ride service please complete and return the attached application form, together with verification of your age, to Lassen Rural Bus (LRB) in the envelope provided.

### Proof of Age

A copy of one of the following forms of identification that shows your birthdate will serve as proof of age:

- \* Driver's license (copy)
- \* State issued ID card (copy)
- \* Birth Certificate (copy)
- \* Passport showing date of birth (copy)

If you have a disability please complete the entire application or provide a copy of any agency issued ID card for reduced or disabled service.

Should you need help filling out the application form, or if you have any questions about Dial-a-Ride service, please call **252-7433** for assistance.

# INFORMATION FORM FOR LRB DIAL-A-RIDE SERVICE

Once Lassen Rural Bus receives this completed application form, and proof of your age, it could take up to three (3) weeks to process. Your ID card and information on how to use the service will be mailed to you. If you do not receive your card in 21 days please call 252-7433.

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SSN (LAST 4 DIGITS) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ GATE CODE \_\_\_\_\_ CROSS STREET \_\_\_\_\_ CITY \_\_\_\_\_

NAME OF APARTMENT COMPLEX OR CARE FACILITY, if applicable \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ - \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_ - \_\_\_\_\_

*Please provide the name of a LOCAL family member or friend to contact in an emergency:*

Name: _____	Relationship: _____
Address: _____	City: _____ State: _____ Zip: _____
Day phone: _____	Night phone: _____ Cell: _____

1. Do you have a visual disability?  Yes  No

If yes, please describe: \_\_\_\_\_

2. Do you need the assistance of another person to travel?  Yes  No  Sometimes

3. Are you able to independently get into and out of the bus?  Yes  No

4. Do you have a physical or mental impairment?  Yes  No

5. Do you use a mobility device?  Yes  No (If yes please check all that apply)

Manual wheelchair  Power wheelchair  Scooter  Other \_\_\_\_\_

6. **PLEASE NOTE:** A wheelchair or other mobility device must be able to fit onto paratransit lifts. This means it must be no more than 30" wide and 48" long when measured 2" from the floor and must weigh less than 600 pound: when occupied. If you use a mobility device:

a: Is your mobility device oversized?  Yes  No If yes please explain \_\_\_\_\_

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

c: Can you transfer from your mobility device into a passenger seat?  Yes  No

Please tell us anything we may need to know to provide you with excellent service: \_\_\_\_\_

Use another sheet of paper if necessary.

Please be aware that Lassen Rural Bus Dial-a-Ride also provides the complimentary ADA paratransit service for the city system. Federal regulations require that ADA paratransit trips must take priority over any other non-ADA programs and therefore it is possible that limitations may be placed on the dial-a-ride service in the future. If you are concerned about limited service under the regular dial-a-ride system, you have a disabling condition, you may want to consider applying for ADA service.

**Note:** ADA service eligibility requires a more detailed screening process. The evaluation for ADA para-transit eligibility is based solely upon your physical or mental ability to independently use fixed route public transportation. Considerations based on your age and or economic status will not be used as qualifications for ADA service. If your disabling condition only keeps you from using fixed route transit under certain circumstances, ADA eligibility for paratransit usage may be granted on a restricted or conditional basis.

It is possible to be eligible for both dial-a-ride and ADA paratransit service. If you wish to apply for ADA paratransit service continue with the application that follows. If you only want to apply for dial-a-ride service please sign and date below.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form in the envelope provided to:

Lassen Rural Bus - DAR Application  
701-980 Johnstonville Road  
Susanville, CA 96130

**Please Note:** *Incomplete applications will be returned*

# LASSEN RURAL BUS ADA ELIGIBILITY

New Application

Recertification

*Please print - ALL questions must be answered*

## **PART A: APPLICANT DATA**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Emergency contact person: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Night phone #: \_\_\_\_\_

5. Do you normally use any of the following mobility aids?  No  Yes

Please select

Electric wheelchair  Manual wheelchair  Powered scooter ( 3 or 4 wheels)

6. Do you need a personal care attendant (other than the bus driver) to assist you to board, ride, or disembark from an accessible fixed route bus?

Yes  No  Sometimes

Please explain when an attendant is needed: \_\_\_\_\_

\_\_\_\_\_

**PART B: FUNCTIONAL INFORMATION**

7. Describe your physical, sensory, and/or mental limitations that prevent you from using a regular fixed route bus:

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8. Are your disabilities:  Permanent  Temporary

If temporary, when will it end: \_\_\_\_\_

9. 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

Please explain: \_\_\_\_\_

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

Yes  No  Sometimes

Please explain: \_\_\_\_\_

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

Yes  No  Sometimes

Please explain: \_\_\_\_\_

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

- Yes
- No
- Sometimes

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

13. Are you able to signal the bus driver that you want to disembark at certain bus stops?

- Yes
- No

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

- Yes
- No

15. 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)*

- None are applicable to me
- Extreme sensitivity to heat
- Extreme sensitivity to cold
- Frailty
- Allergic/environmental sensitivities
- Hyper-fatigue
- Night blindness

Other: Please explain - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- Yes
- No
- Sometimes

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**PART C: APPLICANTS SIGNATURE**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number where you can be reached: ( ) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature of other person completing this form:

\_\_\_\_\_

Date: \_\_\_\_\_



**PART E: AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

*To be completed by Applicant*

I hereby authorize the release of information to the Lassen Rural Bus System 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 further understand that I may revoke this authorization at any time.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

## *PROFESSIONAL VERIFICATION*

*( To be completed by physician or other qualified licensed professional )*

**TO THE APPLICANT:** It is requested and recommended that you have this section signed and completed prior to submitting your application to the Lassen Rural Bus office for review in order to assist in the eligibility process. Any one of the professionals listed on the previous page may complete this form.

**TO THE PROFESSIONAL:** To process this application the Lassen Rural Bus (LRB) needs information about the effects of the applicant's disability on his or her functional ability to use fixed route bus services. This information is necessary to determine whether he or she is eligible for paratransit services under the regulations of the Americans with Disabilities Act.

According to the ADA, paratransit service will serve as a "safety net" for only those persons who do not have the functional capability to ride regular city buses (LRB fixed route). The individual's condition must make the use of fixed route transportation either literally impossible or must present difficulties that are so substantial that a reasonable person with the condition would be deterred from making his or her desired trip. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for paratransit service. Also, inconvenience and/or decreased comfort are not a basis for qualification. At the same time, unavailability of fixed route service by itself does not constitute eligibility for a person who could otherwise take the same trip on the bus, were service available.

Please consider LRB's accessible features (*lifts on all buses for standees and wheelchair users; designated priority seating; boarding and securement assistance from drivers; and stop announcements by drivers*) when completing this form. **We ask you, as a qualified professional to give us accurate information regarding the functional abilities of the applicant.** All information will be kept confidential. Thank you for your assistance.

Please review the applicant's completed application. In your professional opinion and based upon your knowledge of the applicants's disability, are the answers to questions 1 through 16 correct?

Yes  No

If any of the applicant's responses are inaccurate, or if you can provide any additional information, please describe below (*please be as specific as possible*):

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Is there any other information we should know about the applicant's disability that may impact the applicant's ability to use LRB's fixed route system?

Yes  No  Sometimes

Please explain: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am familiar with the applicant's functional abilities. I have reviewed the application and agree that the individual has conditions that affect his or her ability to use the LRB fixed route system, due to his or her medical, physical, or mental disability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your Name and Title: \_\_\_\_\_

If applicable, professional license, registration, or certification # \_\_\_\_\_ State \_\_\_\_\_