



Paratransit Service Application

For Office Use only	
PPS #	_____
Date	_____
Initial	_____
Senior Center	_____

Name: _____
Last Name First Name Middle Initial

Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Cell: (____) _____ **TDD/TTY:** (____) _____ **Email:** _____

Home Address: _____
Street Address Apt. # City Zip Code

Name of Housing Facility (if applicable): _____

Birth Date: ____ / ____ / ____ **Male** **Female**
Month Day Year

Do you manage your own affairs and deal with your own mail? Yes No
If "No", to whom should important correspondence be mailed?

Name: _____ **Relationship:** _____

Daytime Phone: (____) _____ **Cell or Evening Phone:** (____) _____

Email: _____

Mailing Address: _____
(if different from above) Street Address or PO Box Apt. # City State Zip Code

1. 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 _____

2. 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

3. Do you use any of the following mobility aids or specialized equipment?
 Cane White Cane Walker
 Manual Wheelchair Power Wheelchair Power Scooter
 Service Animal Portable Oxygen Tank Other: _____

4. 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 600 lbs 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 carry you. 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 your own lap belt if using a mobility device.

5. 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 to carry your own typical equipment and personal belongings and board separately from your mobility device without assistance? Yes No

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

- Auditory Cardiac Cognitive Disorder Diabetes Physical Disorder
- Pulmonary Seizer Speech Disorder Visual Disorder
- Other (please explain) _____

7. Is the above condition you describe: Permanent Temporary until: _____

Personal Care Attendant

8. A personal care attendant is someone whose help you need for 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 Sometimes

If yes or sometimes, complete all of the information below and sign. Pleasanton Paratransit reserves the right to provide our own assessment and, if necessary, require your need for an attendant.

Explain how your attendant helps you _____

9. **Emergency Contact Person:** _____

Relationship to you: _____ Daytime Phone: (____) _____

Cell Phone: (____) _____ Evening Phone: (____) _____

10. **What is your living arrangement?** Live alone Live w/ spouse/partner
 Live with adult children Live in a skilled nursing facility/nursing home
 Live in assisted living/residential care home Other: _____

11. **What is your race/ethnicity?** African American Asian/Pacific Islander
 Caucasian Hispanic/Latino Native American
 Other: _____

12. **What language(s) do you speak?** Preferred Language: _____
Other Language(s): _____

13. **If you need future information provided to you in an accessible format, please check which format you prefer:**

Large Print Audiotape Braille CD/Electronic File

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I understand that fraudulently claiming to travel with an attendant to avoid paying the fare for a companion may result in suspension of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

I have read and understand my responsibilities as outlined in the Pleasanton Paratransit Rider's Guide.

Applicant's Signature: _____ Date: _____

Care Provider's Signature: _____ Date: _____

Person who assisted you with application/Phone #: _____

Please check here if you are on limited resources and would like to receive information about the City of Pleasanton Community Services Fee Assistance Program. Funds for this program are issued to residents who meet eligibility requirements and may be used for transportation fees.

Please return completed form to:

City of Pleasanton Paratransit Services
5353 Sunol Blvd.
Pleasanton, CA 94566
(925) 931-5376