



ADA PARATRANSIT FOR SAN LUIS OBISPO COUNTY

INFORMATION AND APPLICATION

FOR QUESTIONS, PLEASE CONTACT:

DAWN WILLIAMS, TRANSIT SYSTEMS ANALYST AT (805) 781-4363.

COMPLETED APPLICATIONS MAY BE SUBMITTED TO:

**REGIONAL TRANSIT AUTHORITY
1150 OSOS STREET, #206
SAN LUIS OBISPO, CA 93401
OR FAXED TO: (805) 781-1291**

APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

Instructions for completing this application:

- ✓ Be sure to read all the Runabout Information material
- ✓ All questions in the application must be answered. An incomplete application may delay processing.
- ✓ Provide verification of your disability and its effect on your ability to use the fixed-route bus services. Please have your health-care professional fill out the Health Care Professional verification portion on the application that follows.
- ✓ Once the application is complete, including the Health Care Professional verification, please return it to:

SLORTA
1150 Osos Street, Suite 206
San Luis Obispo, CA 93401

If you have questions or need assistance in completing the application, please call Dawn Williams, Transit System Analyst at (805) 781-4363.

INFORMATION MATERIALS

Thank you for your interest in Runabout, the ADA paratransit provider for San Luis Obispo County. Please read the information materials carefully, following the steps below. These materials explain transportation requirements of the Americans with Disabilities Act (ADA) and will help you assess if you may qualify for Runabout service.

- Step 1 Read carefully "What Is ADA?" and "What is Runabout?" on page 3 of this material.
- Step 2 If you think Runabout might be appropriate for you and you are interested in applying, please complete the application form included in this material.
- Step 3 Once SLORTA receives a completed application form, we will process the application and contact you by mail with our ADA paratransit eligibility determination. This process may take up to three weeks.

WHAT IS ADA?

ADA Facts:

- ADA stands for the Americans with Disabilities Act. Signed into the law in 1990, the ADA is a federal civil right law prohibiting discrimination against individuals with disabilities in a range of categories, including transportation.
- The ADA law mandated that improvements be made to public transit systems to make them accessible to persons with disabilities. Many of these improvements make public transit easier for everyone to use.
- One of the things that ADA mandated is that all new buses used for fixed-route bus services must have a lift or ramp to allow boarding by those passengers who cannot or have difficulty boarding the bus using steps.
- The ADA law also mandated that public transit systems provide ADA paratransit service for those persons whose disabilities prevent them from using accessible fixed-route bus services. This does not include disabilities that make use of fixed-route bus service difficult or inconvenient. The specific criteria for determining who is eligible for ADA paratransit are defined by ADA law.

WHAT IS RUNABOUT?

Runabout Facts:

- Runabout is the name of the ADA paratransit service for San Luis Obispo County.
- Runabout is sponsored by the San Luis Obispo Regional Transit Authority (SLORTA), local governments, and the other local fixed-route bus systems in the County.
- Only riders who meet the criteria specified by the ADA and who have been certified as eligible will have a guaranteed ride.
- Persons do not qualify for ADA certification automatically just because they have a disability.
- Persons do not qualify for ADA certification automatically on the basis of age.

- **ADA Eligibility is based on a person's functional limitations.**
- **Runabout also transports riders who are not ADA certified, however, we do not guarantee a non-ADA rider's reservation until 2 pm the day before the actual trip takes place.**
- **Runabout provides door-to-door transportation service.**
- **Since Runabout "complements" the fixed-route bus service, Runabout operates throughout San Luis Obispo County where there is regular fixed-route services.**
- **Service is provided in San Miguel, Paso Robles, Templeton, Atascadero, Santa Margarita, San Luis Obispo, Los Osos, Morro Bay, Cambria, Cayucos, San Simeon, Pismo Beach, Arroyo Grande, Grover Beach, Oceano, Shell Beach, Nipomo, and North Santa Maria and limited areas around these communities.**

Runabout Application

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Applicant Contact Information

Name: _____ Birthdate _____
Last First MI

Residence Address: _____

City: _____ State: _____ Zip Code: _____

If Apartment, name of complex: _____ Unit Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: (____) ____-____ Please check if this is a TDD Line [] (For hearing impaired)

Evening Telephone: (____) ____-____ Please check if this is a TDD Line [] (For hearing impaired)

Email Address: _____ Do you currently use Runabout? [] Yes [] No

Emergency Contact Information

Who should we contact in case of emergency or if we are unable to contact you at your regular number? (Family member, friend, neighbor, caseworker, etc.)

Name: _____ Relationship _____

Telephone: Day: (____) ____-____ Evening: (____) ____-____

Information About You

Please answer the following questions to help us determine your eligibility.

Alternative formats: Do you need future written information provided in an alternative format?

- No Yes, indicate: Large Print Braille Audio Tape
- Other: _____

Type of Disability: What type or types of disability prevent you from using the fixed route bus services (RTA, SLO Transit, SCAT, etc.)? Check all that apply.

- Physical Disability Visual Impairment/Blindness Developmental Disability
- Mental Illness Other: _____ None

Please provide a brief description of your disability and why it prevents you from using the fixed route bus services:

Is your disability:

- Permanent Temporary, I expect it to last for another _____ months.
- I don't know

Service Animal: Do you use a service animal?

- No
- Yes Please describe what type of animal and for what purpose the animal was trained:

Personal Care Attendant (PCA): Do you require a PCA when riding Runabout? (A Personal Care Attendant is someone designated by you to assist you with one or more daily life functions and is as necessary to your mobility as a mobility device.)

- No Yes Sometimes, Please explain: _____

Mobility Aids: Will you use any of the following when you ride Runabout? Check all that apply.

- Manual Wheelchair Cane Portable Oxygen
 Powered Wheelchair White Cane Crutches
 Powered Scooter Walker Other: _____

Please Note: A wheelchair or other mobility device must be able to fit onto our bus lifts. This means it must be no more than 30 in. wide and 48 in. long, and weigh less than 600 pounds when occupied.

Current Travel Information

Do you ever use any of the following types of transportation to make your trips? Please check your answers in the appropriate box for each type of trip.

Trips	Fixed Route Bus	Runabout	Dial-A-Ride	Ride-On	Taxi	Other (Please List)
Work						
Medical						
Shopping						
Errands						
School						
Church						
Other Trips						

Please list three trips which you would make most frequently using Runabout if you are determined eligible. For each trip, please indicate how you make that trip today.

<u>From (Place and Address)</u>	<u>To (Place and Address)</u>	<u>Current Travel Mode</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Identify Health Care Professional

The following health care professional is knowledgeable about my primary disability and is authorized by me to provide information to Runabout and the San Luis Obispo Regional Transit Authority (SLORTA) that is required to determine my eligibility for ADA Paratransit Services.

Name of Health Care Professional: _____

Indicate the type of health care professional (Check one box):

- Licensed Physician Licensed Rehabilitation Specialist
- Licensed Physical Therapist Licensed Occupational Therapist
- Licensed Social Worker Licensed Optometrist/Ophthalmologist
- Certified Audiologist Certified Speech Pathologist
- Certified Psychologist Orientation and Mobility Specialist

Certification of Applicant

I hereby certify that, to the best of my knowledge, information given in this application is correct and I authorize the health care professional identified above to provide information to Runabout and the San Luis Obispo Regional Transit Authority.

Signature of Applicant: _____ **Date:** _____

If someone other than the applicant completed this application, the following information must be provided:

Name of person completing Application: _____

Relation to Applicant: _____

Daytime Telephone: (_____) _____ - _____

FOR OFFICE USE ONLY

Runabout Service Area (3/4 mile corridor) In Out Application Approved? Yes No

Comments:

Health Care Professional Verification

THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY THE HEALTH CARE PROFESSIONAL PREVIOUSLY IDENTIFIED ON PAGE 7.

Dear Health Care Professional:

You have been identified by _____(applicant) as knowledgeable about his/her primary disability. This person is applying to the San Luis Obispo Regional Transit Authority (SLORTA) for Runabout, the ADA Paratransit Program for San Luis Obispo County.

To process the application, SLORTA needs information about the effects of the applicant’s disability on functional abilities to use fixed route bus services. This information is necessary to determine whether the applicant is eligible for Runabout services under the regulations of the Federal Americans with Disabilities Act (ADA).

Federal law mandates that complementary Paratransit Bus Service be available to persons whose disabilities **prevent the use of fixed route bus services**. This does not include persons who find it uncomfortable or difficult to get to or from fixed route bus stops. Disability is not an automatic qualifying determinant for ADA Paratransit Bus Service. We ask you, as a professional, to give us accurate information regarding the functional abilities of the applicant.

- 1. Applicant is currently your patient. Yes No
- 2. Does this applicant have a functional or cognitive disability that can be documented? Yes No

If No, please draw a line through questions 2 through 6, complete the signature section and give the application back to the applicant.

3. What is the condition causing the disability? _____

4. What is the expected duration of the disability? _____

- 5. What mobility aids does the applicant currently use?
 Manual Wheelchair Powered Scooter Cane Crutches
 Powered Wheelchair Walker White Cane Portable Oxygen
 Other; please specify _____

6. Please indicate the applicant's ability to independently perform the following functions, using the most effective mobility aide:

Can the applicant:	Little or no difficulty	Discomfort and/or inconvenience	Severe pain and additional impairment	Impossible or likely to cause a serious medical crisis
Travel independently to and from the nearest bus stop, up to 3/4 mile?				
Identify the correct bus stop to get on and off a fixed route bus?				
Go up and down three 10-inch steps, using a handrail if needed?				
Get on and off a transit bus with a passenger lift or ramp?				
Ask for, understand and carry out instructions to take a trip?				

7. Specify why the applicant's disability prevents use of regular fixed route bus service:

I hereby certify this information is true and correct to the best of my knowledge.

Signature_____Date_____

Print Your Name and Title_____

License/Certification Number_____ State_____

Address_____

Telephone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

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