



CITY OF RIO VISTA

One Main Street, Rio Vista, California 94571
Phone: (707) 374-6451 Fax: (707) 374-5063

City Council:
Mayor Eddie Woodruff
Vice Mayor Bill Kelly
Council Member Sanmukh Bhakta
Council Member Cherie Cabral
Council Member Jan Vick

Dear Passenger,

Thank you for your interest in Rio Vista Delta Breeze. The Route Deviation and Solano Paratransit service is available to persons that meet the requirements of the Americans with Disabilities Act (ADA) that cannot ride fixed route transit because of your disability. The ADA is a law, which requires accessible transportation for persons with disabilities, which closely matches the service offered by Rio Vista Delta Breeze. This application will ask questions about your ability to access Rio Vista Delta Breeze and its facilities.

The ADA was created to assure that all persons with disabilities, who are unable to use the regular fixed route bus service or access fixed route bus stops, have complementary transportation to the regular fixed route bus service. This means that a person who is unable to use the regular bus should be able to travel on the same days, during the same hours, and in the same general area as the fixed route bus travels (within a $\frac{3}{4}$ of a mile corridor), for a fare, which is not more than twice the one way adult fare of a fixed route bus ride. Rio Vista Delta Breeze is designed to meet these requirements.

According to the ADA, each person who may qualify for paratransit **must** complete an eligibility application form. This form will help determine if you are eligible to use these services based on the definitions of the ADA. The eligibility process is related more closely to your functional ability to use the bus and requires you to answer the enclosed questionnaire very carefully. You are encouraged to have someone help you with the questionnaire if you have questions.

An ADA ID Card with a registration number will be mailed to you within 21 days, if you are determined to be ADA eligible for ADA paratransit service. You will also be notified within 21 days, if you are determined to be ineligible for ADA paratransit service.

If you have any questions about this application, or any part of the eligibility process, you may call me at (707) 374-5337 or 711 for TDD/TTY users through the California Relay Service.

Sincerely,

John Andoh
Transit Coordinator

Rio Vista Delta Breeze & Solano Paratransit ADA Application

The City of Rio Vista provides public transportation for persons who are prevented from independently using a fixed route system for some or all of the time due to their disabilities. The eligibility criteria for this program is mandated by the Americans With Disabilities Act (ADA) of 1990, a federal civil rights law that ensures equality for persons with disabilities.

Please apply only if you are functionally unable to independently use fixed route bus service some or all of the time.

Eligibility will be based primarily on the information provided in the accompanying ADA application form. It is very important to take the time to fill out the form thoroughly. The reviewer needs to understand the applicant's functional ability, whether a disability is physical or cognitive. The questions on the application form are designed to obtain information on the functional ability of the applicant.

The ADA paratransit service provided by Solano Paratransit is complementary to fixed route buses that connect to Rio Vista Delta Breeze. The Route Deviation Service is available on Rio Vista Delta Breeze fixed routes by deviating up to $\frac{3}{4}$ of a mile off the normal fixed route. No transit service is provided on Saturday, Sundays or major holidays.

The City of Rio Vista contracts with MV Public Transportation, Inc to operate Rio Vista Delta Breeze. The City of Rio Vista, Public Works Department, Transit staff processes applications and monitors the quality of service provided by MV.

Any question regarding Solano Paratransit or Rio Vista Delta Breeze can be referred to the City of Rio Vista, Public Works Department, Transit at: (707) 374-5337, fax: (707) 374-5319, or write to us at One Main Street, Rio Vista, CA 94571.

ADA Application Instructions

The City of Rio Vista, through Rio Vista Delta Breeze Route Deviation Services and Solano Paratransit provides ADA paratransit transportation services for persons who are **unable** some or all of the time from using Rio Vista Delta Breeze fixed route buses due to a disability.

This criteria is mandated by the Americans With Disabilities Act (ADA) of 1990, a federal civil rights law that ensures equality for persons with disabilities. The enclosed regional application form is used by all nine Bay Area counties to ensure consistency in determination of eligibility throughout the region.

STEP ONE

Please read these instructions. If you:

- 1. Have a disability AND**
- 2. Your disability PREVENTS you from using Rio Vista Delta Breeze some or all of the time**

Only then should you complete and return this application form to:

**City of Rio Vista, Public Works Department,
Transit
One Main Street
Rio Vista, CA 94571**

All questions must be answered or the application will be returned as **incomplete**. Please **print clearly in ink or type your answers**. If you do not understand a question, do not leave it blank; answer it as best as you can in your own words. Feel free to use additional pages as needed. If you require the application form and/or other information in another format, you may request it from the City of Rio Vista, Public Works Department, Transit. The application is available on computer diskette or on audiotape. **All answers must be completed in English.**

STEP TWO

After we receive your application, your application will be **reviewed**, as long as it is **complete**. All questions on the application have to be answered, readable and the application must be signed.

If the questions are not answered, or if the writing is not readable, or the application is not signed – your application is incomplete and will be returned to you or your contact person, which will delay the process.

Upon receiving a fully completed form, your eligibility will be processed within 21 days.

Once the application is ready for review, more information may be needed to make **Determination of Eligibility**. The reviewer may contact you for an interview on the phone, in person or for contacting a licensed professional who is familiar with your disability. Please note that verification from a physician does not automatically qualify you for **ADA Paratransit Eligibility**.

STEP THREE

Once the application is complete, **Determination of Eligibility** is made by the City of Rio Vista, Public Works Department, Transit staff. Eligibility is based solely on whether you are prevented from using Rio Vista Delta Breeze some or all of the time due to your disability under one or more of the following criteria as mandated by Federal law, the ADA. **Please remember that ADA Eligibility is based on your functional inability to use the bus system, some or all of the time, not on the presence of a disability.**

- Category 1** Inability of individual to independently use the bus.

- Category 2** Bus serving the particular location to which the individual wishes to travel is not yet accessible.

- Category 3** Inability of individual to get to or from the bus stop.

STEP FOUR

If you are determined **ELIGIBLE** for services, you will receive a letter, which would include your identification card establishing eligibility for ADA paratransit service and a Riders Guide on how to use ADA paratransit service.

If you are determined **NOT ELIGIBLE** under the three ADA criteria, you will receive a **Denial Letter**. This letter outlines the specific reason why your application for ADA paratransit services was denied. If you disagree with the eligibility decision, you have the right to an **Appeal**. You may obtain

an Appeals Request Form from the City of Rio Vista, Public Works Department, Transit. You must complete and submit this form as requested. **This Appeals Request Form must be completed and returned within sixty (60) days** of the decision for the denial to the City of Rio Vista, Public Works Department, Transit. An Appeals Panel reviews the case and makes a final decision.

GENERAL INFORMATION

The City of Rio Vista, Public Works Department, Transit office is located at 789 St. Francis Way, Rio Vista, CA 94571 at the City of Rio Vista Corporation Yard – ***by appointment only***. For applications, please call (707) 374-5337, TTY/TDD 711 through the California Relay Service.

Upon request, appointments can be made for staff persons to provide information about the service and the application process in Spanish.

The City of Rio Vista Public Works Department, Transit Office is accessible by riding Rio Vista Delta Breeze Route 51. The bus stop to get off at is at the corner of St. Francis Way @ Virginia Way.

Application for ADA Paratransit/ Route Deviation Service

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for paratransit eligibility in the San Francisco Bay Area. As part of the requirements of the Americans with Disabilities Act (ADA), paratransit service is provided by all public transportation systems. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

In order to use ADA paratransit service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using regular bus and rail transit for all trips, without the help of another person, you will not be eligible for paratransit.

To apply for eligibility you must fully complete the attached application form. We will review your ability to use accessible public transportation. After studying your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities

For the application in Braille, Large Print, Audio Tape or Computer Diskette or CD, please call the City of Rio Vista Public Works Department, General Services, Transit at (707) 374-5337 or email: jandoh@ci.rio-vista.ca.us

Applicants and persons assisting them are encouraged to read the brochure called "Accessible Transportation in the San Francisco Bay Area" before completing the attached form. If you need a brochure call your transit agency. It provides more details about ADA paratransit and the criteria for eligibility.

Your application will be processed within 21 days after it has been received. The application must be properly completed and you must make yourself available for a second level assessment if requested. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview. The in-

person interview may include a functional test to determine your ability to take a public transit trip, such as being capable of walking to a bus stop, reading signs etc.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel throughout the nine-county Bay Area. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 days, you may be given eligibility that allows you to use the paratransit system until a final decision about your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

INSTRUCTIONS FOR APPLICANTS

1. Please **PRINT OR TYPE** full responses to all of the questions on the application form. Your detailed responses and explanations will help us make an appropriate determination. Be sure to **respond to ALL questions or your application will be considered incomplete**. Incomplete applications will be returned.
2. You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations. **All information that you supply will be kept strictly confidential.**
3. You must provide **SIGNATURES** in two places to complete the application:
 - Applicant Certification (Page 8)
 - Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 9)
4. Return the completed application in person or via mail to: **City of Rio Vista Public Works Department, General Services, Transit, One Main Street, Rio Vista, CA 94571.**

For help with the application process or to check on the status of your application call the **City of Rio Vista Public Works Department, General Services, Transit** at (707) 374-5337 or for hearing impaired TDD 711 through the **California Relay Service**.

Thank you

Please Print

Personal/Contact Information

Name (first, middle, last):

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (if different from home):

_____ Apt. #: _____

City: _____ Zip: _____

Daytime Phone: (____) _____ TDD/TTY: (____) _____

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

Birth Date: ____/____/____ Female Male

Primary Language (please check): English Other (specify) _____

If you need any future written information provided to you in an accessible format, please check which format you prefer:

Diskette/CDR Audio tape Braille Large Print
 Other _____

In case of emergency, whom should we contact?

Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

(Optional) I am also enrolled in one or more of the following programs:

Medicare Medi-Cal

Tell Us About Your Disability / Health Related Condition

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. Which **disability or health related conditions** PREVENT you from independently using regular public transit (i.e. BART, bus, streetcar)?

2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.

3. When did you first experience the conditions you described above?
 0-1 year ago 1 – 5 years ago Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

Yes, good on some days, bad on others. No, doesn't change.
 Don't know.

5. Are the conditions you described:

Permanent Temporary Don't Know

If temporary, how long do you expect this to continue?

Tell Us About Your Capabilities and Usual Activities

6. Do you regularly use any of the following mobility aids or specialized equipment? *(Check all that apply):*
- | | | |
|--|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Portable Oxygen Tank | |
| <input type="checkbox"/> Other Aid _____ | | |
7. Please check the box that best describes your current living situation:
- 24 hour care or Skilled Nursing Facility
 - Assisted Living Facility
 - I receive assistance from someone that comes to my home to help with daily living activities
 - I live with family members or others who help me
 - I live independently (without the assistance of another person)
8. How many city blocks can you travel with your usual mobility aid and without the help of another person? _____
9. Which of the following statements best describes you if you had to wait outside for a ride? *(Check only one response):*
- I could wait by myself for ten to fifteen minutes
 - I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
 - I would need someone to wait with me because _____
- _____
10. Which of the following statements best describes you? *(Check only one response):*
- I have never used regular public transit
 - I have used regular public transit but not since the onset of my disability
 - I use regular public transit when ever my health condition allows

Tell Us About Your Travel Needs

11. How do you currently travel to your frequent destinations?

(Check all that apply):

- Buses Paratransit Drive myself BART
 Taxi Ferry Streetcar Someone drives me
 Other _____

12. Do you travel with the help of another person? (excludes providing transportation)

- Always Sometimes Never

12a. If "always" or "sometimes", what type of help do they provide?

13. Are you able to get to and from the public transit stop nearest your home?

- Yes No Sometimes

If no or sometimes, explain why:

14. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

15. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

16. Would you be able to get on or off a public transit bus if it has either a lift, a ramp, or a kneeler that lowers the front of the bus?
 Yes No Sometimes Don't know, never tried it
If no or sometimes, explain why:

17. Please add any other information that you would like us to know about your abilities.

Have you answered all the questions and provided explanations where required?

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Applicant Certification

I **certify** that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:

Applicant's signature: _____ Date: _____

Did someone help you in filling out this form? Yes No

If yes, Name: _____ Phone: (____) _____

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

Authorization to Release Medical Information

(to be completed by applicant)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information:

Address:

Medical Record or ID #, if known:

Telephone: _____

Fax: _____

Sign here:

Applicant's signature: _____ Date: _____