



APPLICATION FOR ADA PARATRANSIT SERVICE

Important Information for Applicants

Thank you for inquiring about eligibility for ADA Paratransit Service. Paratransit Service is reserved for persons living with a disability who are unable to independently, without the help of another person, use lift-equipped fixed-route public transit, some or all-of the time, due to health-related conditions. As part of the federal requirements of the Americans with Disabilities Act (ADA), Paratransit Service is provided by all public transportation systems. Paratransit Service is a shared ride transportation service that is not dependent on trip purpose. Paratransit Service primarily serves origins and destinations within $\frac{3}{4}$ of a mile from regular fixed routes.

To use VineGo Paratransit Service in Napa County, you must apply for eligibility. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to individuals with specific limitations that prevent them from using accessible lift-equipped public transportation, such as Vine Transit fixed routes and community shuttles.

Your application may be approved for full eligibility (unconditional) or for limited eligibility for some trips only (conditional eligibility). To apply for eligibility, you must fully complete and return the attached application. As part of your application, a healthcare professional familiar with your transportation barriers will need to complete pages 8-9, 'Medical Professional Authorization.' Following the receipt of your completed application, an eligibility specialist will reach out for a brief phone interview.

Once a completed application has been received, it will be reviewed within 21 calendar days. You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel on public paratransit services in Napa County and in any region you visit.

If you do not agree with your 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 calendar days, you may be granted temporary eligibility status that allows you to use the paratransit system until a final decision about eligibility is made. This does not apply if, through your inaction, we are unable to complete processing your application.

Instructions for Applicants

1. Complete all of the questions on the Paratransit Application that follow this page.
2. Submit a face photo with your application. The photo can be printed and mailed or emailed separately.
3. Please print or type full responses to all of the questions. **Only complete applications will be processed.** If your application is not complete, you will be notified.
4. You must provide two signatures on pages 7 to complete the application:
 - Applicant Certification
 - Authorization to Release Information
5. Return the completed application to NVTA. Completed applications can be sent via:
 - Mail: VineGo Eligibility, 625 Burnell St, Napa, CA 94559
 - Email: vinego@nvta.ca.gov
6. Complete and submit the Medical Professional Authorization Form on pages 8-9 with this application. The form must be completed and signed by a licensed healthcare professional. Applications will be considered incomplete without this form. Information shared is protected under the Health Insurance Portability and Accountability Act (HIPAA). By submitting this form, you agree to allow NVTA and its eligibility contractor to contact your healthcare professional as needed. If any falsification of information is determined, it may result in immediate suspension or termination of the applicant's paratransit services. **The Medical Professional Authorization Form must be completed by one of the following:** Physician/MD/DO, Registered or Licensed Nurse, Nurse Practitioner, Physical Therapist/Assistant, Occupational Therapist/Assistant, Psychologist, Psychiatrist, Podiatrist, Audiologist, Ophthalmologist, Rehabilitation Specialist, Clinical Social Worker / MFCC Orientation and Mobility Instructor, Special Education Teacher, or Case Manager.

Instructions for Applicants

Please complete **all** sections of this form. Incomplete applications will be returned. The information provided will help determine what type of transportation service is right for you. All information will remain confidential.



Applicant Information (Please print or type)

New Application Recertification (Existing Rider ID # _____)

Name (*first, middle, last*): _____

Birthdate: ____ / ____ / ____ Female Male

Primary Language: English Spanish Tagalog

Other language (specify): _____

Pick-up Address: _____ Apt. #: _____

City: _____ **State:** _____ **ZIP:** _____

Mailing Address (*if different*):

_____ Apt. #: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: (____) _____

TDD/TTY: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

Please send me written information in an alternate format (select below if applicable)

Large Print Audio Tape Braille Digital Other _____

In case of emergency, whom should we contact (LOCAL preferred)?

Name: _____

Day Phone: (____) _____

Relationship: _____

Eve. Phone: (____) _____

Person completing the application if not the applicant:

Printed Name: _____ **Relationship to applicant:** _____

Signature: _____ **Date:** _____

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

Should this person be contacted if additional information is needed? Yes No

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

Tell Us About Your Disability / Health-Related Condition

1. Do you have a disability that, some or all of the time, **prevents** you from independently using public transit (fixed-route bus)?

Fixed-route bus service is a public transit service using buses to provide transportation along a designated route that stops at bus stops following a pre-determined timetable. Vine Transit fixed-route service in Napa County is operated by Napa Valley Transportation Authority.

No Yes

If yes, please describe **HOW** your condition prevents you from using a fixed-route bus (**response required**).

2. What type of disabilities cause you to be unable to use fixed-route buses some or all of the time?

Physical disability Developmental disability Cognitive impairment
 Recent surgery Visual impairment Other: _____

3. Are the conditions you described:

Permanent Temporary Don't know

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

4. Paratransit operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use paratransit?

Always Sometimes Never

Using fixed-route buses

5. Do you currently use fixed-route bus service? Yes No Sometimes
6. When was the last time you used fixed-route bus service by yourself? _____
 I have never ridden fixed-route bus service.
7. Have you ever had training on how to use the fixed-route bus service?
 Yes No
8. Are you interested in receiving travel training? Yes No
9. Are you able to wait at a bus stop for a fixed-route bus?
 Yes Only if there is a bench or shelter No more than 15 minutes
 Sometimes. **Description required:** _____
10. How far can you travel independently to a bus stop?
 Less than 1 block 1 block 2 blocks 3 or more blocks
11. Can you maintain balance, while seated, on a moving fixed-route bus?
 Yes No Sometimes
12. How do you travel now? *(Please check all that apply):*
 Buses Paratransit Drive myself Walk/Roll Taxi
 Uber/Lyft Bicycle Someone drives me
 Other: _____
13. Please add any other information you would like us to know about your abilities:



14. What best describes your ability to use fixed-route bus system independently?

Check all that apply.

The severity of my disability or health condition can change from day to day. I can ride fixed-route buses when I am feeling well, but not at other times.

Description required _____

I am unable to travel on the fixed-route buses during periods of darkness due to my disability or health condition.

I can get to and from bus stops only if there are curb-cuts and level sidewalks.

I have difficulty understanding or remembering all the things I would have to do to use the fixed-route buses.

I can use fixed-route buses if it is a place I go to all of the time.

I am not really sure if I can use fixed-route buses by myself.

I am not able to use fixed-route buses by myself for other reasons.

Description required _____

Mobility aid and/or equipment information

15. Which of these mobility aids do you currently use while traveling? **Please check all that apply to you.**

No mobility aid

Support Cane

White Cane

Leg Brace

Service Animal

Speech Device

Powered Wheelchair

Powered Scooter/cart

Manual Wheelchair

Power Assist Wheelchair

Communication Board

Other (please specify): _____

Walker

Walker with Seat

Portable Oxygen

Prosthesis

Crutches



Applicant Certification

I **certify** that the information in this application is **true and correct** to the best of my knowledge. The purpose of this application is to determine if I am eligible to use Paratransit Services. I understand that knowingly falsifying the information could result in loss of Paratransit Services or denial of Paratransit Services, as well as penalty under the law. I understand that all information will be kept confidential and that only information required to provide the services I request will be disclosed to those who perform the services.

I also understand that, at no expense to me, I will be required to participate in a brief telephone interview to discuss my mobility needs and functional limitations. Upon receipt of this application, MV Transportation will reach out to schedule a phone interview.

I understand it may be necessary to contact a professional familiar with my functional abilities to use public transit to assist in determining eligibility, or to have them complete a Medical Verification form.

I agree to notify my Paratransit Service provider if my condition changes, my mobility device has changed, or if I no longer need Paratransit Services.

Signature of Applicant or Guardian if Applicable

Date

Authorization to Release Medical Information

(To be Completed by Applicant)

I **hereby authorize** the following licensed professional 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.

Professional who may release my medical information:	
Name:	
Service they provide:	
Address:	
Medical Record or ID#, if known:	
Telephone:	Fax:

Signature of Applicant or Guardian if Applicable

Date



Medical Verification Form

To the applicant: A Medical Verification Form **is** required to apply for eligibility. Please provide this form to a healthcare professional familiar with your transportation needs, in order to provide some additional information regarding your medical condition and ability to navigate the Vine Transit fixed-route system.

MUST BE COMPLETED BY A PROFESSIONAL, NOT THE APPLICANT

To the Professional: The ADA regulations state that persons are eligible for Paratransit Service if, because of a disability or medical condition, they are, sometimes or all of the time, physically or cognitively unable to (not discomforted by or find difficult) independently use accessible lift-equipped public transit service. ADA paratransit eligibility is not based on a person's lack of knowledge of bus service, distance from bus service, ability to drive, language ability, or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for Paratransit Service.

Please check your professional title:

- Physician
- Nurse Practitioner
- Chiropractor
- Social Worker
- Podiatrist
- Rehabilitation Specialist
- Certified orientation & mobility specialist
- Physician's Assistant
- Psychiatrist
- Physical Therapist
- Case Manager
- Audiologist
- Registered Nurse
- Psychologist
- Occupational Therapist
- Resource Manager
- Ophthalmologist
- Special Education Teacher
- Other: _____

Name of Applicant: _____

Birthdate: _____



1. Please describe the medical diagnosis, physical, or cognitive disability which causes the applicant to be unable to independently use a lift-equipped fixed-route bus some, or all of the time. **You must provide specific details or the application will be returned:**

2. Are the conditions you described:

Permanent Temporary Don't know

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

3. Is this person able to self-supervise daily activities?

Yes No

Last date of contact with this applicant: _____

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature of Professional: _____ Date: _____

Printed name: _____

Clinic/Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day phone: _____ Mobile phone: _____

Professional License / Registration/Certification #: _____ State: _____

*This form expires 90 days from the signature date.

