



## Special Transportation Services

### Application for Mobility Programs for Seniors & Individuals with Disabilities (Including Access ADA Paratransit Service)

Omnitrans offers a variety of free or reduced-cost transportation programs for **seniors (age 62 plus) and individuals with disabilities** who live in Omnitrans' service area. Information that you provide will be used to determine eligibility for programs and will be kept strictly confidential.

#### Overview of Programs

- **Travel Training** provides free one-on-one training on how to use the Omnitrans bus system. You will learn everything you need to know about riding Omnitrans independently.
- **Volunteer Driver** provides individuals unable to use public transportation (due to a disability) a mileage reimbursement of \$0.40/mile to give to people they know who help with rides to medical appointments, the grocery store, family visits, etc. Participants must have an active bank account. Trips are recorded either with a paper log or using an online system.
- The **Ride Program** offers two options: Taxi and Lyft. For taxi, participants will be issued a special reloadable debit card, and Omnitrans will match up to \$40 of what the client loads on the card, once per month. Participants in the Lyft program are eligible to purchase Lyft codes worth \$80 of service at a reduced price of \$40, once per month.
- **Access ADA Paratransit Service** is a public transportation service for people with a disability that prevents them from independently riding the Omnitrans fixed-route bus system for all or some trips. Origin-to-destination service is provided to complement the Omnitrans fixed-route system and is available during the same periods that the fixed-route system operates within 3/4 mile of an existing Omnitrans bus route.

#### Please Select the Program(s) You Would Like to Apply For:

Travel Training  
 Volunteer Driver, choose one:       Paper form       Online  
 Ride Program, choose one:       Taxi       Lyft  
 Access ADA Paratransit Service

#### How to Submit Your Application

If Access ADA Paratransit Service is one of your selections for this application:	If you have <u>not</u> selected Access ADA Paratransit Service on your application:
Call (909) 379-7284 to schedule an in-person assessment with the Omnitrans ADA Eligibility Team. You will bring your entire application with you to the assessment, do <u>not</u> mail, fax, or email the application.	You may submit the application by mail, fax, or email to: Omnitrans Special Transportation Services 1700 W. 5 <sup>th</sup> Street San Bernardino, CA 92411 Fax: (909) 981-2299 Email: <a href="mailto:ctsa@omnitrans.org">ctsa@omnitrans.org</a>

## GUIDE TO ACCESS ADA PARATRANSIT ELIGIBILITY

### **What is Access ADA Paratransit Service?**

The Americans with Disabilities Act of 1990 (ADA) requires that transit agencies operating a fixed route public bus system must also provide a comparable paratransit system. Paratransit service allows for individuals with disabilities preventing them from independently riding the regular bus system to be able to travel on the same days, during the same hours, and in the same general areas as the bus travels. The Access service area is defined as up to ¾ of a mile from an existing regular Omnitrans bus route.

### **How does someone qualify to be eligible for Access?**

The ADA strictly limits eligibility to only those who have specific limitations which prevent them from using accessible public transportation bus systems. The three factors to determining eligibility are the individual's ability to independently travel to/from the nearest bus stop, board/exit the bus, or cognitive ability to independently navigate the bus system. Issues which by themselves are not factors include age, distance to bus stop, lack of bus service, overcrowded buses, inability to speak English, or weather.

### **What is the process for applying for Access eligibility?**

You will need to complete the required application, including the Healthcare Professional Verification form. If you have a vision impairment, you will need to provide a "Visual Acuity Statement" from your doctor. You will also need a current medication list if applicable. Once you have completed your application, call (909) 379-7284 to schedule an in-person eligibility review at an Omnitrans facility.

### **What happens during the in-person eligibility review?**

An Eligibility Technician will review your application and ask additional questions regarding your ability to use the bus system. You may be required to participate in a functional assessment in the community so that your abilities can be further evaluated, and the assessment may be conducted outdoors. Once your functional assessment is complete, your photograph will be taken and used for your ADA identification card if you are determined eligible for Access service. Be prepared for the review process to take up to two hours, plus your travel time.

### **Is transportation to/from the in-person eligibility review available?**

Yes, you may request free transportation when scheduling your in-person eligibility review.

### **When will I know my eligibility for Access?**

You will receive your eligibility determination in writing within 21 days from the date your application is complete, which includes your in-person review and review of any additional information. You may be approved for full eligibility (Unconditional), on a limited basis for specific conditions (Conditional), or for a temporary period (Temporary). Individuals who are determined to have the ability to use the regular bus service for all trips will not be approved for eligibility on Access.

### **What if I disagree with my eligibility determination?**

If you are determined to be ineligible or are dissatisfied with your eligibility type, within 60 days of receiving your letter you may submit a written request to Omnitrans to appeal. You may select a Level One or Level Two appeal. In a Level One appeal, an Appeal Specialist independent of the Eligibility Department will review the documentation and any new information you provide which you feel is relevant. In a Level Two appeal, you can appear before an Appeal Review Panel to present information you feel should be taken into consideration. The panel's decision is final.

### **How can I get more assistance with Access eligibility?**

Contact the Eligibility Department at (909) 379-7284 or [OmniADA@omnitrans.org](mailto:OmniADA@omnitrans.org).

## DOCUMENTATION TO INCLUDE WITH YOUR APPLICATION

### **Access ADA Paratransit Applicants**

- All Access applicants must have a medical professional complete the Healthcare Professional Verification portion of the application.
- “Statement of Visual Acuity” if you have a visual impairment.
- Current medication list.
- If renewing for Access, your current ADA ID Card

### **Travel Training Applicants**

- A copy of your photo ID.
- If under the age of 62, one of the forms of proof of disability listed below.

### **Volunteer Driver Applicants**

- A copy of your photo ID
- A copy of the valid California Driver License of each individual you register as a volunteer driver
- One of the forms of proof of disability listed below (seniors without a disability may not apply for Volunteer Driver)
- Direct Deposit Authorization portion of the application (with voided check if using a checking account)
- Volunteer Driver Agreement (one is required for each individual you register as a volunteer driver)

### **Ride Program Applicants**

- A copy of your photo ID.
- If under the age of 62, one of the forms of proof of disability listed below.
- Debit/Credit Card on File Authorization portion of the application.
- *For Taxi applicants only, a color headshot (does not need to be a professional or passport photo).*

### **Accepted Forms of Proof of Disability for Travel Training, Volunteer Driver, and Ride Program Applicants**

- Omnitrans ADA ID Card (if already registered for Access)
- Supplemental Security Income (SSI) award or adjustment letter
- In-Home Supportive Services (IHSS) approval or adjustment letter
- Medicare card (if under age 62)
- DMV disability placard receipt
- Disabled Veterans ID
- VA Letter of Disability
- If you do not have one of the above forms of proof, the Healthcare Professional Verification portion of the application completed by a medical professional

APPLICATION FOR MOBILITY PROGRAMS, INCLUDING ADA PARATRANSIT SERVICE

**Section I: Applicant Information (All Applicants)**

**Contact Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

Home City \_\_\_\_\_ Home Zip \_\_\_\_\_

Mailing Address (if Different from Home) \_\_\_\_\_

Mailing Apt/Unit/Ste # \_\_\_\_\_ Mailing City \_\_\_\_\_ Mailing Zip \_\_\_\_\_

Primary/Preferred Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Female  Male

Primary Language  English  Spanish  Other \_\_\_\_\_

Are you a senior (age 62+)  Yes  No

Do you have a disability?  Yes, permanent  Yes, temporary  No

If yes, has your disability been verified by a doctor?  Yes  No

If yes, when was your disability verified? \_\_\_\_\_

Are you currently registered with an ADA paratransit service or another transportation service?

Yes, Omnitrans Access  Yes, another ADA paratransit service or transportation service  No

Special Media/Communication Need?  Not Applicable  Large Print  Braille

Email  TDD/California Relay  Other \_\_\_\_\_

Have you ever served in the military?  Yes  No

If yes, do you have a service-related disability?  Yes, more than 30%  Yes, less than 30%  No

Emergency Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Relationship to You \_\_\_\_\_ Email \_\_\_\_\_

**Mobility Devices**

Do you use a walker?  None  Foldable  Non-foldable  Stroller-Type Chair

Do you use a wheelchair?  None  High  Long  Wide  Electric

If you use a manual wheelchair, can you transfer to a standard seat without driver assistance?

Yes  No  I do not use a manual wheelchair

Do you use any other type of mobility device?  None  Power Scooter  Crutches

Cane/White Cane  Prosthetics  Braces  Oxygen  Certified Service Animal

Other \_\_\_\_\_

## Current Transportation

Please check your response to each of the questions below. If your response is "No" or "Sometimes," explain where indicated.

	Yes	No	Sometimes	Explain "No" or "Sometimes"
Do you currently use the Omnitrans regular bus system?				
Can you get to the bus stop by yourself?				
Can you board the bus by yourself?				

Please answer the following questions:

If you do not ride the Omnitrans regular bus system, how do you currently travel?

- I ride the regular bus system   
  Family   
  Friends   
  Caretaker   
  Neighbor  
 Other \_\_\_\_\_

If you do not ride the Omnitrans regular bus system, what prevents you from doing so?

\_\_\_\_\_

What is or would be the most difficult part of riding the bus for you?

\_\_\_\_\_

What bus routes serve your neighborhood and are closest to your home? (Please give location)

\_\_\_\_\_

How would you describe the area where you live? (steep hill, gradual hill, etc.)

\_\_\_\_\_

How many steps are there at the entrance to your residence? \_\_\_\_\_

Are there sidewalks at your residence?     Yes     No

Is there a ramp at your residence?     Yes     No

Do you live on the ground floor?     Yes     No

**Section II: Direct Deposit Authorization (Volunteer Driver Applicants only)**

Once approved for the program, reimbursement payments will be made via direct deposit to the applicant's bank account; payment by check is not available. Please provide valid bank account information and attach a voided check if using a checking account. The account must be in the participant's name to be eligible for receiving reimbursement payments.

Bank Name \_\_\_\_\_

Type of Account:     Checking- Attach voided check                       Savings

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

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

**Section III: Debit/Credit Card on File Authorization (Taxi and Lyft Ride Program Applicants only)**

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Expiration Date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Security Code (3 or 4-digit number normally found on back of card near signature line) : \_\_\_\_\_

Zip Code \_\_\_\_\_                       Visa                       MasterCard                       American Express                       Discover

I hereby authorize Omnitrans to charge the card listed above for the loading of money onto my Ride Program for either Taxi or Lyft. This card will be kept on file and remain in effect until the expiration of the card. I may revoke this card on file by notifying Omnitrans in writing.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section IV: Applicant Agreement (All Applicants)**

**If Applying for Omnitrans Access ADA:**

I have read and fully understand the eligibility process as described in the Omnitrans Access Paratransit Eligibility Guide included with this application. I agree that if I am certified for Omnitrans Access service, I will pay the exact fare, if required, for each trip. I agree to notify the Omnitrans Eligibility office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the Omnitrans Paratransit Policies and procedures will be grounds for revocation of my eligibility and the right to participate in the program. I have read and fully understand the conditions for service outlined in the Omnitrans Access Paratransit Policies and agree to abide by them.

**If Applying for Transportation Reimbursement Escort Program (Volunteer Driver), Taxi Ride Program, or Lyft Ride Program:**

I acknowledge that being driven by others is an inherently dangerous activity and that participation in these programs could involve some danger to my person or property, or the person or property of others.

In consideration of my participation in the programs, I agree to indemnify and hold harmless Omnitrans, its officers, directors, agents, employees, and volunteers, as well as any and all organizations, agencies, or individuals who provide funding to or otherwise support the programs, from any and all claims, losses, and liabilities (including costs and attorney’s fees) for damage due to property or injury or death to myself or others arising out of or in any way connected to my participation in the programs.

**For All Applicants:**

I understand and agree to hold Omnitrans Access and Special Transportation Services against all claims or liability for damages to any person, property, or personal injury as a result of my failure to equip or maintain the safety of the adaptive equipment or service animal that I require for mobility. I certify that the information provided in this application is true and correct. I understand that the information I am providing will be treated as confidential, will only be utilized to determine my initial and continuing eligibility for the programs, and will be retained as a permanent part of my file. I hereby authorize the release of verification information and any additional information to Omnitrans for the purpose of evaluating my eligibility to participate in the Access Program and/or other programs operated by Omnitrans Special Transportation Services.

I agree to abide by all Omnitrans policies, as communicated to me, including policies in program guidelines, and I acknowledge that my failure to abide by any program policy may result in the termination of services. I understand that it is the policy of Omnitrans to pursue any alleged or suspected instances of fraud. A “fraudulent claim” is committed when a false representation of a present or past fact is made by an Omnitrans consumer, member of his/her family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds.

I understand that Omnitrans Special Transportation Services may at times revise the policies and forms used for programs, and I agree to abide by the most recent versions of all documents.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete the following if another person filled out the application for the applicant:

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

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

**Section V: Volunteer Driver Agreement (Volunteer Driver Applicants Only)**

- A separate agreement must be submitted for each volunteer driver that you will register in the program. Remember to also provide a copy of their valid California Driver License.

Driver Name (First, MI, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Driver's CA Driver License # \_\_\_\_\_ Expiration Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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

Driver Email (required to use online system) \_\_\_\_\_

As a registered volunteer driver in the Transportation Reimbursement Escort Program, I agree to the following:

- To maintain a valid California Driver License throughout my participation in the program.
- To notify Omnitrans if my California Driver License be revoked, suspended, or expire for any reason.
- To maintain automotive liability insurance throughout my participation in the program which meets minimum legal requirements on the vehicle(s) I will use to transport passengers.
- To transport my passenger(s) in a safe, efficient, and courteous manner in my private vehicle.
- I am not employed by my passenger nor by Omnitrans, and am freely volunteering to assist my passenger(s) as is mutually convenient for the both of us.
- I understand that my passenger is responsible for submitting the Request for Mileage Reimbursement to Omnitrans each month by the deadline set in the program policies. I may assist my passenger to submit the request on time. Payments will not be made if forms are not received by the deadline provided in the program policies.
- I must notify Omnitrans Special Transportation Services immediately if my passenger fails to pay me the mileage reimbursement for the assistance I provided as a volunteer.
- This is not a government entitlement program and reimbursement is only provided when funds are available. Payments will not be made if funds are not available.
- I will abide by all Omnitrans policies, as communicated to me, including policies in program guidelines, and I acknowledge that my failure to abide by any program policy may result in the termination of services. I understand that it is the policy of Omnitrans to pursue any alleged or suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by an Omnitrans consumer, member of his/her family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds.
- I hereby agree to indemnify, defend, and hold harmless Omnitrans, its officers, directors, agents, employees, and volunteers, as well as any other individuals or charitable organizations or agencies who provide funding to or otherwise support the Transportation Reimbursement Escort Program, from any and all claims, losses, and liabilities (including costs and attorney fees) hereafter for damage to property or injury or death to myself or others arising out of or in any way connected with my participation in this program as a volunteer escort and driver.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_



## Section VI: Healthcare Professional Verification

- All Access ADA Paratransit applicants must have this section completed.
- For applicants to Travel Training, Volunteer Driver, and Ride Programs, have this section completed if unable to provide required proof of disability.
- Must be completed by a qualified licensed healthcare professional. Examples include but are not limited to a physician, psychiatrist, psychologist, chiropractor, ophthalmologist, registered nurse, or social worker.

Name of Person Completing Verification \_\_\_\_\_

Professional Title \_\_\_\_\_ License No. \_\_\_\_\_

Agency/Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Please respond to the following questions regarding the applicant. If indicated, check "Yes," "No," or "Sometimes." Provide a written explanation for all "No" and "Sometimes" responses.

### Medical Diagnosis Information (complete for all clients)

	Written Response/Explanation			
What is the medical diagnosis that causes the client's disability?				
	Yes	No	Sometimes	Written Response/Explanation
Is the condition temporary? If temporary, explain the expected duration.				
Does the applicant's disability require that he or she travel with an attendant?				

### Complete if the client has a visual impairment

	Written Response/Explanation	
What is the client's Best Corrected Acuity?		
	Right _____	Left _____
What is the client's Field Restriction?		
	Right _____	Left _____

### Complete if the client has a disability affecting mobility or is legally blind.

	Yes	No	Sometimes	Written Response/Explanation
Is the client able to travel a distance of 200 feet without assistance?				
Is the client able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?				
Is the client able to travel a distance of 6 blocks (1/2 mile) without assistance over different types of terrain?				

	Yes	No	Sometimes	Written Response/Explanation
Is the client able to wait outside without support for 15-30 minutes in different weather conditions?				
Is the client able to cross a 2-way stop?				
Is the client able to cross a 4-way stop?				
Is the client able to cross traffic light-controlled intersections in a residential, semi-business, or business area?				

**Complete if the client has a cognitive disability.**

	Yes	No	Sometimes	Written Response/Explanation
Is the client able to give their name, address, and telephone numbers upon request?				
Is the client able to recognize a destination or landmark?				
Is the client able to deal with unexpected situations or unexpected changes in routine?				
Is the client able to ask for, understand, and follow directions?				
Is the client able to safely and effectively travel through crowded and/or complex facilities?				

**Complete if the client is speech impaired.**

	Yes	No	Sometimes	Written Response/Explanation
Is the client able to communicate verbally?				
Is the client able to communicate with an augmentative device?				
Is the client able to communicate in writing?				
Is the client able to communicate over the telephone?				

I verify that the information provided on this Verification of Eligibility Form is true and correct to the best of my knowledge.

Signature of Qualified Professional \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_