



## APPLYING FOR ADA PRIORITY DIAL-A-RIDE SERVICE

In compliance with the Americans with Disabilities Act of 1990 (ADA), Riverside Transit Agency provides ADA Priority Service to anyone with a disability who cannot use the fixed route bus system. If you have a disability that prevents you from using a lift-equipped RTA bus some or all of the time, you may be eligible for Dial-A-Ride ADA Priority Service.

Dial-A-Ride is an origin to destination, advanced reservation transportation service operating in parts of Western Riverside County. **Service boundaries are any location within  $\frac{3}{4}$  mile of a RTA fixed bus route. If your home or destination is beyond that, you may not qualify for service from that address. To check if your location is within the service area, call RTA Dial-A-Ride at (800) 795-7887.**

Applying for ADA service is a three-step process. All steps are necessary to complete the certification process.

1. Application completed for person applying for ADA service: It is important to complete all parts of this application – please print clearly and legibly. Applications that are not complete cannot be processed, which will delay the eligibility process.
2. Healthcare Professional Verification form completed by a treating licensed professional: In addition to this application, a Healthcare Professional Verification form must be completed by a licensed clinician that knows you best. For your convenience you have a choice of **licensed professionals** who can complete this form; Physician, Registered Nurse, Physician Assistant, Licensed Clinical Social Worker (LCSW), etc.
3. Please include a passport-sized color photo with your application packet. It must be a forward facing photo with no hats or sunglasses. A California ID or a California Drivers license photo is not acceptable. A photo may be e-mailed to [adacert@riversidetransit.com](mailto:adacert@riversidetransit.com).

**IMPORTANT: Both documents must be completed and returned to RTA with a photo otherwise your certification will be considered incomplete which will delay the eligibility process.** Upon completion of the certification process, RTA will notify within 21 days by mail regarding the decision made on your eligibility. If you have any questions, please call (951) 565-5000. Please note: **If you qualify for service, you will be sent an ADA ID card that includes your photo. You must show this ID to the driver each time you board a Dial-A-Ride Vehicle to be eligible for service.**



# APPLICATION FOR ADA DIAL-A-RIDE SERVICE

**\*\* PLEASE PRINT \*\***

Application Type    New     Renewal

## PART 1 GENERAL INFORMATION ABOUT APPLICANT

Gender:    Male     Female

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/#: \_\_\_\_\_

Nearest Cross Street to Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

Mailing address (If different from above):

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you eligible for Medi-Cal?     Yes     No

If yes, what is your Medi-Cal Number: \_\_\_\_\_

Please give us the name and telephone number of someone we can call in an emergency.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Did someone help you fill out this application?     Yes     No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**PART 2 INFORMATION ABOUT APPLICANT'S DISABILITY**

Please read the following statements and check the one that best describes your disability or condition.

I have a temporary disability and will only need Dial-A-Ride until I recover.

I have a visual disability which prevents me from using the city bus.

I have difficulty remembering all of the things I have to do when using the city bus.

I can use the city bus for some trips but not others.

I have a disability(s) that causes me to have Good day(s) and Bad day(s).

I am able to ride the city bus independently.

I believe I can learn to ride the city bus if someone taught me.

I can never use the city bus by myself.

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1. What is your disability(s)? Please list all disabilities that prevent you from using fixed route bus service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How does your disability prevent you from using fixed route bus service? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the disability described above temporary or permanent?

- Temporary, I expect the disability to last \_\_\_\_\_ months
- Permanent
- I don't know

### PART 3 INFORMATION ABOUT APPLICANT'S MOBILITY AIDS

4. Please indicate below if you use any of the following mobility aids or equipment.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> White Cane          | <input type="checkbox"/> Scooter         |
| <input type="checkbox"/> Cane                  | <input type="checkbox"/> Manual Wheelchair   | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Walker                | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Leg Braces      |
| <input type="checkbox"/> Service Animal (type) | _____  |  |
| <input type="checkbox"/> Crutches              | <input type="checkbox"/> Other               | _____                                    |

4a. If you use a wheelchair, what is the combined weight of you and your wheelchair? \_\_\_\_\_ pounds

Note: RTA will not be able to accommodate you if your wheelchair or scooter is longer than 52" or wider than 32" or if your total weight with your wheelchair is more than 800 pounds.

4b. How far can you travel using your wheelchair or scooter?

- 0-1 block    2 blocks    3 blocks    4 blocks    5 blocks  
 6 blocks    7 blocks    8 blocks or more

5. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you when traveling?)    Yes    No

How do they help you? \_\_\_\_\_  
\_\_\_\_\_

### PART 4 INFORMATION ABOUT APPLICANT'S ABILITIES

6. What form of transportation do you currently use?

- Fixed route service  
 Dial-A-Ride service  
 Drive yourself  
 Someone drives you  
 Other \_\_\_\_\_

7. Does your disability or condition change from day to day in a way that makes it very difficult to use the fixed route buses?

Yes  No If yes, please explain\_\_\_\_\_

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8. Does the weather ever keep you from using fixed route buses?

Yes  No If yes, please explain\_\_\_\_\_

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9. When crossing a street what do you look or listen for?

- Do not cross streets without assistance
- Listen for traffic sounds
- Look for a crosswalk signal
- Look for traffic and cross when safe

10. Are you able to locate the appropriate fixed route bus to complete your trip?

Yes  No

If no, please explain: \_\_\_\_\_

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11. How far can you travel on your own or using a mobility aid?

- |  |  |
|--|--|
| <input type="checkbox"/> I can't travel outside my house   | <input type="checkbox"/> I can travel up to 4 blocks |
| <input type="checkbox"/> I can get to the curb of my house | <input type="checkbox"/> I can travel up to 5 blocks |
| <input type="checkbox"/> I can travel up to 1 block        | <input type="checkbox"/> I can travel up to 6 blocks |
| <input type="checkbox"/> I can travel up to 2 blocks       | <input type="checkbox"/> I can travel up to 7 blocks |
| <input type="checkbox"/> I can travel up to 3 blocks       | <input type="checkbox"/> I can travel up to 8 blocks |

12. Do any of these barriers prevent you from using the fixed route bus service? (Check all that apply)

- None  Hills  Lack of curb cuts  Lack of sidewalks
- Uneven surfaces  Rough Terrain  Other\_\_\_\_\_

**13. Do you have a vision problem that would prevent you from using the fixed route buses?**

Yes     No

Restricted fields     Legal blindness     Total blindness

Light sensitivity     Night blindness

**Please explain:** \_\_\_\_\_

**14. Are you able to independently get to and from bus stop?**

Yes     No     Sometimes

**If no or sometimes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**15. Are you able to independently transfer between fixed route buses to reach your destination?**

Yes     No     Sometimes

**If no or sometimes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**16. Are you able to get on and off the fixed route bus?**

(Note: All RTA buses have a wheelchair lift or ramp and many have a "Kneeler" which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus using the wheelchair lift or ramp.)

Yes     No

**If no, please explain** \_\_\_\_\_

\_\_\_\_\_

**17. What would you do if you found yourself at the wrong place?**

Phone home

Ask someone for assistance

Don't know

Panic

Other \_\_\_\_\_

**18. How do you communicate your needs to the driver?**

Verbal

Visual

Sign

Unable

19. Are you able to do the following? (Check all you can do)

- Ask for, understand, and follow directions
- Tell what time it is
- Recognize a destination landmark
- Use a telephone to make and receive calls
- Give address and telephone number

**Part 5 QUESTIONS ABOUT USING FIXED ROUTE BUSES**

20. Have you taken the fixed route bus independently before?

- Yes
- No

If yes, when? \_\_\_\_\_

\_\_\_\_\_

If you have not taken the fixed route bus before, why?

(All RTA buses are wheelchair equipped with lifts or ramps)

- I do not know how to get bus information
- For cognitive reasons, unable to navigate the bus system
- Unable to read information (language barrier excluded)
- Cannot get to the bus stop
- Other (explain) \_\_\_\_\_

21. Do you now use fixed route buses on your own?

- Yes
- No
- Sometimes

If yes or sometimes, check all that apply:

- I use route(s) # \_\_\_\_\_ for simple direct trips
- I use route(s) # \_\_\_\_\_ for complex trips using transfers

22. Have you ever received travel or mobility training for using the fixed route bus system?

- Yes
- No

If yes, to/from \_\_ School \_\_ Workshop \_\_ Work \_\_ Route # \_\_ Other

Please explain \_\_\_\_\_

\_\_\_\_\_

23. Is there any additional information you would like to share regarding your disability or condition that prevents you from using the fixed route bus system?     No     Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INFORMATION**

**By signing this form I understand I am giving consent for Riverside Transit Agency to use and disclose my protected health information for the following purpose and activities:**

- 1) To transfer information to medical professionals for review, transportation providers and mobility services.
- 2) Permission to contact my healthcare provider to verify my disability and treatment plan for purposes of paratransit eligibility.
- 3) The information provided is true and correct to the best of my knowledge. I understand that falsification of information will result in denial of service.

**RTA appreciates your cooperation in this process and assures you that your protected health information will be managed strictly confidential.**

**Name** \_\_\_\_\_

**(Or legal guardian if under 18 years old)**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mail completed Application with photo and completed Healthcare Professional Verification form to:**

**Riverside Transit Agency  
Certification Department  
P.O. Box 59968  
Riverside, CA 92517-1968**





**HEALTHCARE PROFESSIONAL VERIFICATION**

This individual is applying for ADA Dial-A-Ride service. In compliance with the Americans with Disabilities Act (ADA), Riverside Transit Agency provides ADA Priority Service to persons who, due to a disability, are unable to independently use the public fixed route bus system. RTA fixed route buses are equipped with ramps and lifts therefore eliminating the need to negotiate stairs. Public buses offer additional accessibility features like priority seating for seniors and people with disabilities.

**All pages of this form must be completed by a licensed healthcare professional in order to complete the application process.** The information you provide will allow us to make an appropriate evaluation to determination eligibility of services and its application to specific trip requests. RTA may contact you if further information is required. Thank you for your cooperation.

**HEALTHCARE PROFESSIONAL INFORMATION**

**Please print the following information**

Applicant/Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

**Healthcare Professional:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Professional License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Mail completed form to:**

**Riverside Transit Agency  
Certification Department  
P.O. Box 59968  
Riverside, CA 92517-1968**

1. Please describe the applicants condition(s) which affect ability to travel in the community.

Check Relevant Type(s) of Conditions (provide DSM-IV codes)	List SPECIFIC Diagnoses	Onset Date	Prognosis (Expected duration if temporary)
Physical Disability	<b>ICD10 code</b>		
Developmental Disability	<b>DSM-IV code</b> (Circle one) Mild   Moderate   Severe   Profound		
Cognitive Disability	<b>DSM-IV code</b> (Circle one) Mild   Moderate   Severe   Profound		
Mental Illness	<b>DSM-IV code</b> (Circle one) Mild   Moderate   Severe   Profound		
Vision Loss/Blindness	<b>ICD9 code</b> Visual Acuity R: _____ L: _____ Totally Blind? Yes_ No_ Legally Blind? Yes_ No_		
Other _____ Please identify condition:	<b>DSM-IV code</b>		

2. Does applicant suffer from seizures?  Yes  No
- a. Type(s) of seizures? \_\_\_\_\_
- b. How often do the seizures occur? \_\_\_\_\_
- c. Are the seizures currently controlled?  Yes  No
- d. Is she/he able to function safely and effectively in community?  Yes  No
- e. When was the applicant's last seizure? \_\_\_\_\_
3. Are the applicant's symptoms episodic or variable in their severity?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_

4. Does the applicant take any medication that would complicate the use of public transportation?  Yes  No

If yes, please explain \_\_\_\_\_

a. Do you deem the applicant to be compliant in taking medication?  Yes  No

b. Has the applicant's functional ability changed temporarily due to medication adjustment?  Yes  No

If yes, please explain and give expected duration: \_\_\_\_\_

\_\_\_\_\_

5. Does the applicant's disability prevent them from using the accessible fixed route bus service?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Do you know of any challenges the applicant has with independent mobility?

Yes  No  Sometimes

If yes or sometimes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Does the applicant currently use any of the following mobility devices?

None  Cane  Scooter/Electric Wheelchair  
 Walker  Manual Wheelchair  Portable Oxygen  
 Crutches  Service Animal  Communication Board

8. Do you think applicant is able to independently travel / wheel  $\frac{3}{4}$  mile (using a mobility device and brief rest periods if needed)?

Yes  No  Sometimes

If no or sometimes, please explain: \_\_\_\_\_

\_\_\_\_\_

9. Does the applicant have a visual impairment that would prevent them from using the city bus?  Yes  No  Sometimes

If yes or sometimes, please explain: \_\_\_\_\_

a. Is this condition stable, degenerative or otherwise changing?

\_\_\_\_\_

10. Is the applicant able to independently cross streets?

- Yes     No     Sometimes

If no or sometimes, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Do any of the following barriers prevent your client/patient from using the city bus? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cold                        | <input type="checkbox"/> Heat                           | <input type="checkbox"/> Rain                              |
| <input type="checkbox"/> Smog                        | <input type="checkbox"/> Night Blindness                | <input type="checkbox"/> Light Sensitivity<br>(bright sun) |
| <input type="checkbox"/> Hills                       | <input type="checkbox"/> Lack of sidewalks              | <input type="checkbox"/> Rough terrain                     |
| <input type="checkbox"/> Unable to transfer<br>buses | <input type="checkbox"/> Lack of strength/<br>endurance | <input type="checkbox"/> None                              |

12. If the applicant has a cognitive disability, which of the following are they able to do? (Check all that apply)

- Provide address and telephone number
- Recognize a destination or landmark
- Deal with unexpected situations
- Ask for, understand and follow directions
- Safely travel through crowded facilities

13. Is there any *additional* information you would like to provide regarding the applicants mobility limitations or functional limitations that would prevent them from using the city bus?         Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_