



SAN JOAQUIN RTD
PO Box 201010
Stockton, CA 95201
(209) 948-5566

CERTIFICATION PROCESS FOR ADA PARATRANSIT SERVICE

RTD OFFERS A FAMILY OF SERVICES

The San Joaquin Regional Transit District (RTD) offers three types of service to persons with disabilities.

RTD Stockton Metropolitan Area Fixed Route (Regular City Line):

RTD operates fully accessible fixed route buses, seven days a week on a fixed-time schedule. (These fixed route buses are those that operate primarily in Stockton and throughout the County.) Individuals with disabilities can ride the fixed route bus at a reduced fare. RTD encourages persons with disabilities to take advantage of the independence and flexibility that is provided by the fixed route system. All RTD buses are fully accessible to persons with disabilities.

RTD County Hopper:

The RTD Hopper is a deviated fixed route bus service connecting Ripon, Escalon, Manteca, Lathrop, and Linden to Stockton, Tracy, and Lodi.

RTD Hopper routes will deviate up to $\frac{3}{4}$ of a mile from the route for ADA Certified passengers that are not able to reach the fixed route stops. Reservations are required 1-2 days in advance for all Hopper deviations. Hoppers will deviate up to three times per trip, not to exceed two deviations per person.

RTD Metro Hopper:

The RTD Hopper is a deviated fixed route bus service designed to supplement the Stockton Metro Area (SMA) Dial-A-Ride services provided by RTD. The Metro Hopper has six routes, each with a one-mile deviation window. Within

these one-mile deviation windows, the service covers approximately 90% of the Stockton Metro Area for ADA-certified customers.

Reservations are required 1-2 days in advance for all Hopper deviations. The Metro Hoppers operate Monday – Friday, 7:45 AM to 6:30 PM with buses run every two hours.

RTD Dial-A-Ride:

While access to fixed route transportation service is the main goal of the transportation provision of the Americans with Disabilities Act (ADA), the law recognizes that some persons with disabilities are not able to use fixed route service, even if it is fully accessible. As a result, complementary paratransit service is required by ADA (Section 223) to serve persons who, because of their disability, cannot use fixed route service.

RTD offers a origin-to-destination service seven days a week comparable to the service hours offered on the regular fixed route, but is available by reservation only to certified ADA users. Due to the special requirements of this service, passengers may be picked up as much as 20 minutes before or after their negotiated scheduled reservation times.

RTD Dial-A-Ride service operates throughout San Joaquin County where there is a fixed route. RTD also operates a rural general public dial-a-ride service connecting rural areas of the County to fixed route transit and a general public dial-a-ride service within the City of Escalon and surrounding unincorporated areas.

Based on the information provided in your application, you may be classified Level A or Level B, with Level B clients being required to use the Metro Hopper during its service hours.

**ELI G I B I L I T Y R E Q U I R E M E N T S F O R R T D A D A D I A L - A - R I D E
C E R T I F I C A T I O N**

The regulations under the Americans with Disabilities Act of 1990 are quite specific in defining who is eligible for this specialized service. A person must have an actual physical, visual, or mental functional limitation, which **prevents**

his or her use of accessible fixed route transportation. The diagnosis of a potentially limiting illness or condition is not sufficient for paratransit eligibility.

The ADA law says the following factors must be **considered** in determining ADA paratransit eligibility for certification:

- A person's disability and **functional** abilities.
- Accessibility of the fixed route system.
- Architectural barriers.*
- Environmental conditions.*

* A person's age, the distance to bus stops, weather, and environmental barriers, do not alone, establish eligibility.

RTD ADA Dial-A-Ride Certification is granted at three levels:

- **Unconditional** – Due to a disability or health condition, you are **always** prevented from independently using the fixed route bus. This level of service allows you to use ADA Dial-A-Ride service for any trip in the defined area.
- **Conditional** – You are only prevented from using the fixed route bus at times when certain disabling or extreme environmental conditions exist. ADA Dial-A-Ride service is available to you at these times only. (Example: A person who uses a manual wheelchair and who cannot negotiate steep terrain would be eligible for paratransit service when crossing a hilly area.) *RTD may limit services to conditionally eligible persons on a trip-by-trip basis.* (Example: A person with a developmental disability who is travel-trained to use regular bus service solely between home and work may only be eligible for paratransit service for trips to other locations.)
- **Temporary** – You have a health issue or disability that temporarily prevents you from using the fixed route service.

If you are found to be eligible for ADA Dial-A-Ride certification, you will be sent an identification card that must be shown to the driver upon boarding. Please have a picture ID with you also.

If you are found to be not eligible for certification, you will receive a letter so stating and have the right to file an appeal.

APPEAL PROCESS

- Submit your request in writing within 60 days of receipt of your denial letter.
- Upon receipt of your letter, RTD will set up a meeting with the ADA Appeals Board. You will be notified by mail of the date and time of the meeting. At this meeting, you will have the opportunity to submit any additional information and written evidence and/or arguments to support your qualifications for service. You may bring a representative with you to this meeting.
- The ADA Appeals Board consists of individuals who are not involved in the initial certification process and they will hear your case. Their decision is made independently of the ADA Certification Board and is final.

INSTRUCTIONS FOR COMPLETING RTD DIAL-A-RIDE CERTIFICATION APPLICATION

Be sure to read the attached information about the paratransit service certification process before completing the application.

Please type or print clearly.

All questions of this application must be answered in full or the application will be considered incomplete and it will be returned and will delay processing. Please keep in mind, the more detailed information you can provide, the better you will enable RTD to make the most appropriate determination regarding your transportation needs. All information will remain confidential.

If you have any questions or need help to complete this form, please feel free to call 982-4514 Option #3. You may fill out this application yourself, or you may have someone assist you who is familiar with you and your condition.

When your application is complete, please mail it or bring it to:

(Mail may require extra postage)

San Joaquin RTD
Attention: Mobility
PO Box 201010
Stockton, CA 95201

After receipt of your completed application, RTD **may** send a form for use by your named doctor or health care professional to verify your disability. After that verification is complete, please have that form returned to us.

The RTD's Board of Review will make an eligibility determination within 10 days of receipt of your **complete** application. All applicants will receive a written response. If you are found to be eligible for ADA certification, your letter will include, an identification card that states your name and ID #, address, date issued, expiration date, eligibility conditions (if any), and if you have been certified to ride with a registered attendant.



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RTD ADA PARATRANSIT CERTIFICATION APPLICATION

The information obtained in this certification process will be used only by RTD for the provision of transportation services and will not be provided to any other person or agency without prior written approval of the applicant.

The RTD ADA Certification Board will review only original documents (no copies or faxes)

New Application or **Recertification**
APPLICANT INFORMATION (Please print or type)

Name _____, _____, _____
Last First Middle Initial

Address _____ Apt # _____ Cross St. _____

Mailing Address, if different than above

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Date of Birth ___/___/___ Male Female

Last four digits of your Social Security Number _____

Please provide the name and phone number of a LOCAL friend or relative to contact in the event of an emergency:

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

1. Do you use any of the following aids for mobility? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

Please Note: A wheelchair or other mobility device must meet the definition of a “common wheelchair” as specified in the ADA regulations, i.e., “not more than 30” wide and 48” long when measured 2” above the floor, and must weigh less than 600 pounds when occupied”.

2. Is your mobility device oversized? Yes No

a. If yes, please explain: _____

b. Does your mobility device weigh less than 600 pounds when occupied?

Yes No

3. Is your condition temporary? Yes No

If yes, expected duration: ___/___/___

4. Does your condition change from time to time due to medications, medical treatments, other? Yes No

If yes, please explain

Type of disability:

5. I have a **Visual** **Physical** **Mental** Impairment

6. **What** is your disability that prevents you from using the fixed route service?

7. **How** does your disability make it *impossible* for you to use the fixed route service? _____

8. How far can you continuously walk **OR** advance your manual wheelchair without the help of another person? (i.e., number of blocks) _____

Could you travel further if you stopped to rest?

- Yes No Sometimes

(If No or Sometimes, please explain why)

9. Have you ever used any RTD services?

- Fixed Route Hopper Dial-A-Ride None

10. How many blocks from your residence is the nearest accessible bus stop?

- Less than 1 Block 2 to 4 Blocks 4 or more Don't know

11. Can you independently get on and off a lift-equipped bus?

- Yes No Sometimes Don't know

(If No or Sometimes, please explain why)

12. Is your ability to use public transit affected by weather or environmental/architectural barriers that block your path of travel? (e.g. temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)

- Yes No (If Yes, please explain why)

13. Can you ask for, understand, and follow directions?

- Yes No Sometimes

(If No or Sometimes, please explain why)

14. Can you cross a busy intersection?

- Yes No Sometimes

(If No or Sometimes, please explain why)

15. If you are approved for RTD Dial-A-Ride Services, will you require a personal care attendant?

- Yes No

16. Are you interested in travel training to learn how to use the fixed route bus system?

- Yes No

Certification of Applicant

I hereby certify that, to the best of my knowledge, the information I have given in this application is correct and the application will be returned if it is not complete.

I understand that the results of the review will be based on my ability to use the RTD fixed route system. Verification of my disability by my physician or health care professional does not guarantee my eligibility for RTD ADA certification of paratransit service.

Signature of Applicant _____

Date _____

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

Name of person completing the application _____

Relation to the applicant _____

Daytime phone # _____