



PLACER COUNTY DEPARTMENT OF PUBLIC WORKS

Ken Grehm, Director

Peter Kraatz, Deputy Director



Placer County Transit
"We're going your way!"



Tahoe Area Regional Transit

Americans with Disabilities Act (ADA) paratransit service is specialized transportation service for persons who are unable to independently use fixed route bus service, due to a disability or health related condition some or all of the time. Paratransit service is provided by public transportation systems as part of the requirements of ADA.

In order to use ADA paratransit services, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Please answer **FULLY** all of the questions on the form, and return it to Placer County Transit (PCT) or Tahoe Area Regional Transit (TART). Incomplete applications will not be processed, and will be returned to you for completion.
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a COMPLETE application. You will receive a notice as to the terms of your eligibility. If you are determined to be capable of using fixed route bus service, **YOU WILL NOT BE ELIGIBLE** for ADA paratransit services.
3. The review will be based on your ability to use fixed route bus service. It may require additional information, such as a phone call, personal interview, or assessment with you, or consultation with your doctor or therapist.
4. You may be found:
 - Eligible for all of your travel needs on ADA paratransit service (full eligibility);
 - Eligible for some trips on ADA paratransit service (conditional eligibility) depending on the nature of your disability; or
 - Not eligible for ADA paratransit service.
5. Please note that if your functional abilities change, your eligibility status may also change.
6. If you are certified as eligible, you will be able to use ADA paratransit services or local fixed routes, depending on any conditional restrictions.
7. If you do not agree with the decision on your eligibility, you may appeal. Information on how to file an appeal will be included with your notice of eligibility.

Placer County Transit
(530) 885-BUSS (2877)
(916) 784-6177
Email: pct@placer.ca.gov
Website: www.placer.ca.gov/transit

Tahoe Area Regional Transit
(530) 550-1212
Email: tart@placer.ca.gov
Website: www.placer.ca.gov/tart

Auburn (Dewitt Center) 3091 County Center Drive, Ste. 220 / Auburn, CA 95603 | (530) 745-7500 / Fax (530) 745-7544

Road Division: 11428 F Avenue / Auburn CA 95603-2714 | (530) 889-7565 / Fax (530) 889-6989
Tahoe (North Shore) 10825 Pioneer Trail, Suite 105 / Pioneer Commerce Center / Truckee, CA 96161-1111 | 530-581-6238 / Fax 530-581-6239
Tahoe (Cabin Creek) 870 Cabin Creek Rd. - Truckee, CA 96161 / P.O. Box 1909 - Tahoe City, CA 96145-1909 | 530-550-1212 / Fax 530-550-0266
www.placer.ca.gov/works • publicworks@placer.ca.gov

Request for Certification of Americans with Disability Act Paratransit Eligibility

The information obtained in this certification process will only be used by the County of Placer (Placer County Transit or Tahoe Area Regional Transit) for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.



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Tahoe Area Regional Transit

1) Name: _____

2) Address: _____

Mailing (if different than above): _____

3) Phone: _____ Home _____ Alternate _____

4) Date of birth: _____ / _____ / _____

5) What is the disability which prevents you from using our fixed route bus service?

Is this condition temporary? **YES** **NO**

If yes, when is it expected to subside? _____ / _____ / _____

- 6) How does this disability prevent you from using fixed route bus services?
Please explain completely. Use an additional sheet, if necessary.

- 7) Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is used to provide your transportation and so an accurate analysis of your trip requests can be made by TART/PCT.

- 8) Do you use any of the following mobility aids? (check all that apply)

Manual wheelchair _____ ^{Electric}wheelchair _____ Cane _____
Other service
Guide dog _____ animal _____ Crutches _____
Powered scooter _____ Personal care attendant _____

If you use a wheelchair or scooter, what is it's:

length _____ inches width _____ inches

Does the total weight of your wheelchair or scooter and yourself exceed 600 Lbs.?

YES NO

**Please note that we may not be able to accommodate wheelchairs or scooters that exceed these specifications when occupied: 48 inches in length- 32 inches in width- 600 pounds (including the individual.)*

- 9) Do you currently use any transit or paratransit service in the region?

YES NO If yes, please describe: _____

- 10) What is the maximum distance you can travel without the assistance of another person? _____ yards

11) Does your disability prevent you from traveling this distance in snow, ice or over certain terrain? (Explain) _____

12) Can you climb up and down three 12-inch steps to get on and off a bus?

YES NO Sometimes

13) What is the maximum period of time you can wait outside without support?

14) Is this time period affected by extremes of hot or cold weather? **YES NO**
If yes, please describe _____

15) I hereby certify that the information given above is correct.

Signed _____

Dated ____ / ____ / ____

16) If this application has been completed by someone other than the person requesting certification, that person must also complete the following:

Name _____

Address _____

Phone _____ Home _____ Alternate _____

Signed _____

Dated ____ / ____ / ____

Return completed application to:

Placer County Transit
(530) 885-BUSS (2877)
(916) 784-6177
Mailing address: 11460 F Ave
Auburn, CA 95603
Email: pct@placer.ca.gov
Website: www.placer.ca.gov/transit

Tahoe Area Regional Transit
(530) 550-1212
PO Box 1909
Tahoe City, CA 96145
Email: tart@placer.ca.gov
Website: www.placer.ca.gov/tart

Authorization to release personal information

(To be completed by applicant. A doctor's statement is not required.)

I hereby authorize the release of information to the Placer County Department of Public Works about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA paratransit service.

Name of professional* _____

Agency/Organization _____

Phone number _____

I understand that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

Name of applicant (please print) _____

Signature of applicant _____ Date _____

*Verifying "professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.

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