



# Application for ADA Eligibility Program

## Application for ADA Eligibility Certification Program

New Applicant       Recertification

If recertification, please include current ADA ID#

First Name		Last name		Middle Initial
Residence Address			Apt/Unit #	
City		State	Zip Code	
Mailing Address (if different)			Apt/Unit#	
City		State	Zip Code	
Phone Number		Alternate Phone Number		
Date of Birth	Language Pref.		Gender	
Email				

## Emergency Contact Info

Full Name		Relationship	
Phone Number		Alt. Phone Number	

Please note: ADA certification is not a guarantee that origin to destination services will be available in your service area. Please check with your local paratransit operator to ensure which areas are covered. At the discretion of the paratransit company, limitations may also apply where the paratransit vehicle is unable to safely navigate to/from a specific location.

## The following terms may be used during the application process and are defined as follows

**Personal Care Attendant (PCA)** – The Americans with Disabilities Act (ADA) defines a PCA as someone designated or employed specifically to help a person with their personal needs. If you have a family member, friend, or neighbor who helps you or if someone has been hired to help you with certain activities, they will qualify as a Personal Care Attendant.

**Public Fixed Route Bus** – A bus that runs along a fixed route with a specific schedule of stops.

**Paratransit (Dial-A-Ride)** – A transportation service which operates in response to calls from passengers to the local transit operator. Vehicles pick up passengers and transport them to their destinations. The vehicles do not operate over a fixed route or on a specific schedule.

## SECTION 1 – ACCESSIBILITY

1. Do you have a disability that prevents you from using a public bus?

Yes       No

If yes, please explain.

## SECTION 2 – ASSESSMENT

2. Please review the list below and indicate which (if any) conditions apply to you.

Difficulty breathing

Mental health

Nerve condition

Intellectual

Seizure disorder

Developmental

Heart condition

Mobility

### Vision

### Hearing

Low

Hard of hearing

Blind

Deaf

Require guidance to get on the bus

Other (please explain)

Other (please explain)

3. When did the above condition(s) begin?

0-1 year ago

1-5 years ago

Longer than 5 years ago

## SECTION 2 - ASSESSMENT

4. Is your disability considered...

- Temporary       Stable       Progressive       Permanent

5. Does your disability change after medical treatments or medications?

- Yes       No       Sometimes

If yes or sometimes, please explain.

## SECTION 3 - FUNCTIONAL ABILITY

6. Do you use any of the following Mobility Devices/Assistive Technology?

- Yes       No

If yes, please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Support cane                          | <input type="checkbox"/> Scooter                |
| <input type="checkbox"/> White cane                            | <input type="checkbox"/> Crutches               |
| <input type="checkbox"/> Collapsible walker (with or w/o seat) | <input type="checkbox"/> Leg braces             |
| <input type="checkbox"/> Walker with seat                      | <input type="checkbox"/> Charcot boot           |
| <input type="checkbox"/> Manual wheelchair                     | <input type="checkbox"/> Portable oxygen device |
| <input type="checkbox"/> Reclining wheelchair                  | <input type="checkbox"/> Hearing aid (s)        |
| <input type="checkbox"/> Power chair                           |   |

7. Do you use a communication device?

- Yes       No

If yes, what type of device do you use?

8. Do you have a service animal?

- Yes       No

If yes, what type of animal do you have?

How does your service animal help you?

## SECTION 3 - FUNCTIONAL ABILITY

*Please note: If you need help in completing Questions 9 and 10 below, please call us at 888.667.7001 and we will help you.*

9. If you use a wheelchair or scooter, do you know about how much you and your wheelchair/scooter weigh together?

Yes       No

If yes, please indicate below

Less than 300 pounds       300 to 600 pounds       More than 600 pounds

10. Do you know the dimensions of your wheelchair?

Yes       No

If yes, please provide the dimensions in inches.

Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

11. Please tell us which of the following you are able to do. (Please check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Go up and down 3 or 4 stairs  | <input type="checkbox"/> Go up or down a ramp  |
| <input type="checkbox"/> Go up and down a hill   | <input type="checkbox"/> Get on and off a public bus if it has a lift                      |
| <input type="checkbox"/> Go up and down a curb   | <input type="checkbox"/> Grasp handles or railings when getting on and off of a public bus |
| <input type="checkbox"/> Go across pavement that has raised bumps on it                        | <input type="checkbox"/> Keep your balance while seated on a moving vehicle                |
| <input type="checkbox"/> Cross a two lane street before the signal turns red                   | <input type="checkbox"/> Recognize street signs  |
| <input type="checkbox"/> Travel by yourself in the evening or early morning with limited light | <input type="checkbox"/> Read letters and numbers on street signs and buses                |
| <input type="checkbox"/> Travel to the nearest public bus stop in weather that is very hot     | <input type="checkbox"/> Follow written instructions                                       |
| <input type="checkbox"/> Travel to the nearest public bus stop in weather that is very cold    | <input type="checkbox"/> Follow oral instructions  |
| <input type="checkbox"/> Stand at a public bus stop if there is no seating                     | <input type="checkbox"/> Read lips (if deaf)   |
| <input type="checkbox"/> Wait at a public bus stop if there is no shade                        | <input type="checkbox"/> Handle coins or paper money                                       |
|  | <input type="checkbox"/> Count change  |
|  | <input type="checkbox"/> Tell time   |

## SECTION 4 - PUBLIC TRANSIT EXPERIENCE

The following questions are to help us understand if you are able to use the public fixed route bus system safely and independently. Whether or not you have used public transit recently or in the past will not prevent you from being eligible to apply for ADA paratransit services.

12. Do you know the name of your local transit agency?

Yes       No

If yes, please list.

13. Have you ever used the public fixed route bus, trolley, or trains?

Yes       No

If yes, how long ago and how frequently did (do) you use these types of transportation?

14. How close is the nearest public bus stop to your home?

Less than 2 blocks       More than 4 blocks

Between 2 and 4 blocks       I do not know

15. Are you able to travel to the nearest public bus stop independently?

Yes       No       Sometimes

If no or sometimes, please Explain:

16. Are there other reasons that are keeping you from reaching/using the public bus stop?

Yes       No       Sometimes

Please Explain:

17. Do you travel with a Personal Care Attendant?

Yes       No       Sometimes

## SECTION 4 - PUBLIC TRANSIT EXPERIENCE

The following questions are to help us understand if you are able to use the public fixed route bus system safely and independently. Whether or not you have used public transit recently or in the past will not prevent you from being eligible to apply for ADA paratransit services.

18. Please add any additional information that you believe will help us determine your eligibility for ADA services.

---

The following question is optional, applicant is not required to answer, and does not affect your eligibility for ADA.

19. Would you allow us to share your information with emergency service agencies for the purpose of emergency planning?

Yes       No

# RELEASE OF INFORMATION

First Name	Last name	Middle Initial
------------	-----------	----------------

The ADA Certification Coordinator will be contacting the provided licensed health professional below for verification of your disability and how your disability prevents you from using bus or rail service.

All information will be confidential and will only be used to determine eligibility for ADA Paratransit service. The ADA Certification Coordinator will not release the information to any other person or agency without your permission. Information may be given to agencies to provide appropriate transportation access and accommodations.

I, \_\_\_\_\_, authorize the licensed health professional listed below as well as their office staff to furnish information regarding my disability and functional capabilities that may help Ventura County Transportation Commission's ADA Certification Coordinator evaluate my application for Paratransit / Dial-a-Ride services.

Licensed Health Professional	Profession
------------------------------	------------

Address

Phone Number	Fax Number (REQUIRED)
--------------	-----------------------

- I hereby certify that the information given here is complete and correct to the best of my knowledge. I understand that I may be required to attend an in-person interview and assessment before a determination of eligibility is made.
- I understand that if I am not found to be eligible for ADA paratransit service that I may appeal the determination within 60 days after receipt of written determination, and that I will be advised of the procedures of such an appeal.

Applicant Signature	Date
---------------------	------

*If this application is completed by someone other than the applicant, please provide details below:*

Representative Signature	Date
--------------------------	------

Representative Full Name

*\*This person is not able to access information about this application unless also listed as a legal conservator.*

For questions please contact ADA Certification Coordinator at (888)-667-7001.

Please return completed application via, mail, email, or fax.

**Ventura County Transportation Commission**  
**C/O Mobility Management Partners (MMP)**  
**ATTN: ADA Certification Coordinator**  
**4036 Adolfo Road, Camarillo, CA 93012**  
**Email: [info@mobilitymp.org](mailto:info@mobilitymp.org) Fax: 1-888-667-7002**

Please note: ADA certification does not guarantee origin-to-destination services in your area. Confirm covered areas with your local paratransit operator, as limitations may apply based on the company's discretion and the vehicle's ability to navigate safely to/from specific locations.

If you require immediate paratransit services, please complete this application and submit it to the ADA Certification Coordinator before contacting your local public transit provider. If you are unsure of your local transportation provider, please call (888) 667-7001.