

ALAMEDA COUNTY NON-ADA PARATRANSIT SERVICES
Application for BERKELEY Rides for Seniors & the Disabled

1900 Sixth Street, Berkeley, CA 94710 ♦ (510) 981-7269

Please use this application if you are a BERKELEY resident. East Bay Paratransit, the ADA Para-transit service operator for Alameda County, requires a separate application.

Please return this completed application to BERKELEY RIDES for SENIORS & the DISABLED.

What is your living arrangement? Live alone Live with spouse / partner
 Live with adult children Live in a skilled nursing facility / nursing home
 Live in assisted living / residential care home Other: _____

What is your race / ethnicity? African American Asian / Pacific Islander
 Caucasian Hispanic / Latino Native American Other: _____

What language(s) do you speak? Preferred Language: _____ Other: _____

How do you currently travel to your most frequent destinations? (Check ALL that apply)

ADA Paratransit (i.e. East Bay Paratransit; Wheels Dial-A-Ride; Union City Paratransit)
 Drive myself Some drives me Buses / BART Taxi Other: _____

Have you been certified as eligible for rides with an ADA paratransit service?

(i.e. East Bay Paratransit; Wheels Dial-A-Ride; Union City Paratransit)

Fully eligible Conditionally eligible, RIDER IDENTIFICATION #: _____
 Not eligible / Denied Have not applied Don't know

Do you use any of the following mobility aids for specialized equipment?

Cane White Cane Walker Manual wheelchair Power wheelchair
 Power scooter Service animal Portable oxygen tank Other: _____

Do you need a wheelchair lift to get in and out of a vehicle? YES NO Don't know

Do you typically travel with assistance from another person (other than a driver)?

YES NO

Please describe your disability or disabling health condition AND explain how this condition prevents you from using public transit such as buses or BART:

Is the condition described above Permanent Temporary, until: _____

If you need future information provided to you in an accessible format, please check which format you prefer: Large print Audiotape Braille CD / Electronic File

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DOCUMENTATION REQUIREMENTS

Please attach ALL of the required documents listed below. Photocopies are accepted.

PROOF OF....

- RESIDENCY** (Must be current. *NO older than 2 months.*)
 - A utility bill that has your name on it, such as: PG&E; telephone bill; or a bank statement
- AGE** (Attach a copy of one (1) of the following)
 - Photo ID, such as: Driver's license; passport; or Military ID
- INCOME for ADULTS in the HOUSEHOLD** (Must be current. *NO older than 2 months.* Attach a copy of one (1) of the following)
 - IRS tax return; pay stub; monthly check; or bank statement (with "direct deposit" reference)
- PROOF OF EAST BAY PARATRANSIT CERTIFICATION** (For clients UNDER the age of 70 or those who need to use a van with a wheelchair lift or ramp
 East Bay Paratransit ID#: _____
Call (510) 287-5000 if you need to apply to East Bay Paratransit

I affirm that the information and statements made in this application are true and correct to the best of my knowledge and belief. I understand that knowingly falsifying information will result in denial of service. I give the City of Berkeley permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride, and/or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

APPLICANT'S SIGNATURE **DATE**

Name of the person who assisted you with this application: _____
 Daytime Phone: (____) _____ - _____

~FOR STAFF USE ONLY~		
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Student
Family Household Size _____	Proof of Age _____	Proof of Income _____
Taxi Program Enrollment _____	Total Annual Income _____	Monthly Income _____
Proof of Address _____	Van Enrollment _____	EB Paratransit Cert _____
		Age _____
Staff Approval Date: _____	Supervisor Approval Date: _____	