VENTURA COUNTY TRANSPORTATION COMMISSION
ADA ELIGIBILITY CERTIFICATION PROGRAM
APPLICATION FOR CERTIFICATION

The Americans with Disabilities Act (ADA) requires that public transit operators provide transit service to those individuals who have a disability which prevents them from using fixed-route bus service.

This application form is to be completed by you or someone on your behalf.

Please print or type clearly.

_____
Name

_____
Street Address

_____
Mailing Address

_____
City, State, Zip

_____
Home Telephone Alternate (Cell) Telephone

_____
Email (if applicable)

Date of Birth MM / DD / YYYY Medi-Cal #_____

What are your primary transportation needs/destinations?

- ☐ Doctor
- ☐ Shopping
- ☐ General Errands
- ☐ Family/Friends (Social)
- ☐ Employment
- ☐ Other

Do you plan to travel outside your city of residence?

☐ Yes ☐ No

1. What is the nature of your disability or condition that you feel makes you eligible for ADA paratransit service? Check all that apply.

- ☐ Cardiovascular Impairment
- ☐ Developmental Impairment
- ☐ Musculo-Skeletal Disability
- ☐ Neurological Disability
- ☐ Seizure Disorder
- ☐ Respiratory Impairment
- ☐ Mental Disability
- ☐ Cognitive Disability
- ☐ Visual Disability
- ☐ Hearing Disability
- ☐ Other Disability (please specify below) :

_____

2. Has your disability been documented by a medical doctor? ☐ Yes ☐ No

3. Describe how your disability/condition limits your ability to use the regular transit system:

_____

_____

_____

_____

_____

_____

4. Is your disability temporary? ☐ Yes ☐ No If yes, expected duration (date): _____

5. Have you ever used public transit (city bus)? ☐ Yes ☐ No

6. What type(s) of transportation do you use now?

- ☐ Private Auto
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Dial-a-Ride
- ☐ Other (please specify) _____

7. Are you able to independently get to and/or from a regular bus stop? ☐ Yes ☐ No

8. Are you able to independently get on and/or off a regular transit bus without assistance? ☐ Yes ☐ No

9. Do you use a mobility device? ☐ Yes ☐ No
If yes, mark all that apply.

☐ Manual Wheelchair ☐ White Cane

☐ Electric Wheelchair ☐ Crutches

☐ Scooter ☐ Service Animal

☐ Walker ☐ Oxygen

☐ Cane ☐ Other (Please List) _____

10. How far can you continuously walk or travel in your wheelchair (e.g. 1 mile, 30 minutes)?

_____

11. Will you require a personal care attendant? ☐ Yes ☐ No

12. Are you able to read and understand a bus schedule? ☐ Yes ☐ No

13. Would you be able to use the city bus after special training? ☐ Yes ☐ No

Please list the person to be contacted in an emergency. *(required)*

Name*_____ Relationship_____

Address _____

City, State, Zip _____ Telephone_____

An emergency contact is required for every ADA application. The emergency contact and conservator may be the same person(s), in which case please write that person's name and contact information on both sections (conservator and emergency contact).

If someone has assisted with this application, please provide the following information:

Name***** _____

Agency (if applicable) _____Telephone_____

☐ ***In case of emergency, contact this person.***

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

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.

In addition, I hereby authorize the person listed below to release to the Ventura County Transportation Commission information about my disability in order to verify my eligibility for ADA paratransit service. The information released will be used to assist in determining eligibility for ADA paratransit services, and given to agencies to provide appropriate transportation access and accommodation.

Doctor's Name _____

Doctor's Address _____

City, State, Zip _____

Doctor's Telephone_____ Fax_____

_____

Applicant's Signature **Date**

_____

Conservator's/Guardian's Signature* **Date**

_____

Name of Conservator/Guardian* **Contact Phone #**

***A conservator is a person who is legally authorized to sign medical documents for the applicant and to receive information about the ADA application. An applicant does not have to designate a conservator. If no conservator is noted, no one besides the applicant will be able to obtain information regarding the application.**

Please return the completed application to:

Ventura County Transportation Commission
ATTN: ADA Certification Coordinator
4036 Adolfo Road
Camarillo, CA 93012

or you may fax it to 1-888-667-7002

If you have any questions regarding this application, call 1-888-667-7001