

Name: \_\_\_\_\_

## HOW TO BECOME CERTIFIED ON TRACER PARATRANSIT

There are four categories of eligibility when filling out this application, CHOOSE ONLY ONE. Priority service is given to those who meet ADA eligibility requirements. All others ride TRACER Paratransit on a space-available basis.

### Please check the appropriate box for you certification

- AGE:** Applicant is 60 or older. Your completed application must be accompanied by a copy of your birth certificate, driver's license, or Passport. **Complete: Page 1 and Questions 1, 2, 3, & 4 on page 2.**
- NON-ADA DISABLED:** Using the TRACER Fixed-Route bus system is difficult, but not impossible. Your completed application must be accompanied by a signed authorization (page 5) from your physician or authorized human service representative. **Complete: Pages 1 through 5.**
- ADA ELIGIBLE:** Check the appropriate box or boxes, which best describes the applicant's condition:
  - C-1:** I certify that the above-named individual, because of their disability, cannot INDEPENDENTLY board, ride, and/or disembark from any bus in the TRACER Fixed-Route bus system.
  - C-2:** I certify that the above-named individual has a disability related condition(s) that PREVENTS him/her from getting to or from a TRACER Fixed-Route bus stop. Your completed application must be accompanied by a signed authorization (page 5) from your physician or authorized human service representative. **Complete: Pages 1 through 5.**
- MEDICARE:** Applicant is a Medicare recipient. Your completed application must be accompanied by a copy of your Medicare card. **Complete: Page 1 and Questions 1, 2, 3, & 4 on page 2.**

Mail or return your completed application to:

TRACER,  
520 Tracy Blvd.,  
Tracy, CA 95376

It is important that you complete all applicable portions of this application – type or print please. **Applications that are not complete or clearly written will be returned**, which will delay the eligibility determination process.

**If you have questions about the TRACER Paratransit application, please call 831-4BUS (831-4287).**



# ADA PARATRANSIT/ DIAL-A-RIDE CERTIFICATION APPLICATION

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

New Application    or     Recertification

Please check all transit agencies you are applying for:

Tracer Transit (Tracy)

Grapeline (Lodi)

Manteca Transit

City of Escalon

For service within City of Stockton and/or unincorporated areas of San Joaquin County, your application will be forwarded to San Joaquin Regional Transit District.

## 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, please explain  No

\_\_\_\_\_  
\_\_\_\_\_

**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 of these transit services? Check all that apply:

Fixed Route    Dial-A-Ride/Paratransit    RTD Hopper    Other \_\_\_\_\_

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 Dial-A-Ride/Paratransit Services will you require a personal care attendant?

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 fixed route system. Verification of my disability by my physician or health care professional, identified below, does not guarantee my eligibility for 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 # \_\_\_\_\_

# PHYSICIAN/HUMAN SERVICES AGENCY AUTHORIZATION

This must be completed and signed by the certifying physician or human service agency representative

\_\_\_\_\_  
Name of certifying person (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

Please explain applicant's disability completely. Please explain how the applicant's disability PREVENTS them from riding the TRACER fixed-route system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition is:  Permanent  
 Temporary – From \_\_\_\_\_ to \_\_\_\_\_

Physician/HSA representative signature: \_\_\_\_\_

## Human services agencies authorized to complete this form include:

- Community Blind Center
- Independent Living Center
- Association for Retarded Citizens
- Independent Living Center
- San Joaquin County Area Aging Agency and Department of Veteran's Services
- San Joaquin County Department of Mental Health
- United Cerebral Palsy
- Tracy Unified School District
- California Department of Rehabilitation
- Valley Mountain Regional Center