



Application for ADA Paratransit Eligibility Certification Tehama County Transit (TRAX & ParaTRAX)

The questions on this application are designed to determine your functional abilities and, after review, you may be asked to provide verification or additional information through a personal or telephone interview. All information in this process will be kept strictly confidential. Your application will normally be processed within 21 days of receipt and you have the right to appeal any denial or conditions of this certification to the Tehama County Transit Appeals Committee. If you need assistance filling out this application please call 530-385-2877 (local call in Tehama County) and someone will help you.

Applicant Information:

Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____

Emergency Contact _____

Home Phone _____ Work Phone _____ Relationship _____

Please describe your disability/condition and how it prevents you from using fixed-route (TRAX) buses:

Is your condition temporary? No Yes (If Yes, date of expected recovery _____)

Do you use any of the following aids to mobility? (Check all that apply)

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Guide dog |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Power scooter | <input type="checkbox"/> Cane | <input type="checkbox"/> Other _____ |

Do you require a Personal Care Attendant when you travel using transit? No Yes

Please complete and sign the other side of this application

Are you able to complete any of your travel needs using fixed-route (TRAX) buses? No Yes
If YES, please explain (this will not affect your chance of becoming ADA certified)

Are there any other effects of your disability/condition of which we need to be aware?

Professional References:

In order to properly evaluate your application, it may be necessary to contact professionals (physicians, case workers, etc.) who are familiar with your functional abilities to use public transit. Please complete the following section and sign at the bottom that you authorize us to contact these professionals.

1. Name _____

Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

2. Name _____

Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Certification and Authorization:

I hereby certify that the information on this application is true and complete to the best of my ability and I hereby authorize the above named professional reference(s) to provide any information required to complete the certification process. All information will be used solely to determine my eligibility and will be kept strictly confidential. I also understand that I have a right to receive a copy of any information provided and that I may revoke this authorization at any time.

Signature _____ Date _____

Please mail your completed application to: **Paratransit Services**
1509 Schwab St.
Red Bluff, CA 96080
