



City of Alameda Tax Program Alameda County Non-ADA Paratransit Services Application Form

Please use this application if you are a resident of: *Alameda, Albany, Berkeley, Castro Valley, Emeryville, Fremont, Hayward, Newark, Oakland, Piedmont, Pleasanton, San Lorenzo, San Leandro or Sunol*. ADA paratransit service operators (i.e., East Bay Paratransit) require a separate application process.

Name: _____
Last Name
First Name
Middle Initial

Daytime Phone: (____) _____ **Cell Phone:** (____) _____

Evening Phone: (____) _____ **TDD/TTY:** (____) _____

Home Address: _____
Street Address
Apt. #
City
Zip Code

Name of Housing Facility (if applicable): _____

Birth Date: ____ / ____ / ____ **Male** **Female**
Month
Day
Year

Do you manage your own affairs and deal with your own mail? Yes No

If "No", to whom should important correspondence be mailed?

Name: _____ **Relationship:** _____

Daytime phone: (____) _____ **Cell or Evening phone:** (____) _____

Mailing Address: _____
(if different from above) Street Address or PO Box
Apt. #
City
State
Zip Code

- 1. Are you on any of the following forms of income/benefit assistance?** *(check all that apply)*
- Supplemental Security Income (SSI) Medi-Cal General Assistance (GA)
 - Cash Assistance Program for Immigrants (CAPI) CalWorks

2. Gross Individual Monthly Income: _____

3. Gross Household Monthly Income: _____ **# of people in household:** ____

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

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

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

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

- ADA Paratransit (i.e. East Bay Paratransit)
- Drive myself Someone drives me Buses/BART Taxi
- Other: _____

8. Have you been certified as eligible for rides with an ADA paratransit service (i.e., East Bay Paratransit)?

- Fully eligible Conditionally eligible **Rider Identification #:** _____
- Not eligible/Denied Have not applied Don't know

9. Do you use any of the following mobility aids or specialized equipment?

- Cane White Cane Walker
- Manual Wheelchair Power Wheelchair Power Scooter
- Service Animal Portable Oxygen Tank Other: _____

10. Do you need a wheelchair lift to get in and out of a vehicle? Yes No Don't know

11. Do you typically travel with assistance from another person (other than driver)? Yes No

12. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

13. Is the above condition you describe: Permanent Temporary until: _____

14. Emergency Contact Person: _____

Relationship to you: _____ Daytime phone: (_____) _____

Cell phone: (_____) _____ Evening phone: (_____) _____

15. 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

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay 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: _____

Person who assisted you with application/Phone #: _____