



## **City of Avalon/Avalon Transit Avalon Access Eligibility Application**

### **Overview – Services Available**

The City of Avalon’s public transit program, known as Avalon Transit, provides two types of paratransit service: Avalon Access and Dial-A-Ride. The following explains the two services and the required applications.

**Avalon Access** provides curb-to-curb transportation service in accordance with the Americans with Disabilities Act of 1990 (ADA). This service is provided to individuals who, because of a physical or mental disability, are unable to use regular, fixed route bus service in the City of Avalon. This application provides you an opportunity to describe how your disability prevents you from riding the fixed route bus system, in order for Avalon Transit to determine eligibility for ADA Complementary Paratransit services. Age or inability to drive are factors which are not taken into consideration in making an eligibility determination.

**Dial-A-Ride** service is made available to seniors age 65+ and individuals with disabilities that do not necessarily prevent them from utilizing the Avalon Community fixed route bus. Seniors and those with disabilities will be provided Dial-a-Ride trips on a space-available, immediate response basis. If you are interested in applying for Dial-A-Ride without ADA certification, a three-page Dial-A-Ride application can be obtained from the Avalon Transit office or on our website at [www.avalontransit.org](http://www.avalontransit.org).

### **Avalon Access Eligibility Instructions**

Each application will be reviewed for eligibility. The more complete and accurate your application information, the better Avalon Transit staff will understand your abilities and travel challenges.

In order to be eligible for Avalon Access service, you must complete our ADA Paratransit eligibility application. **Avalon Transit will accept a valid Access Services ID or Eligibility Determination letter as documentation of ADA Paratransit eligibility** or you can provide information on your disability and identify a healthcare professional who will be able to verify your mobility limitations.

In order to use the Avalon Access service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

This information is also available in accessible formats upon request (large print, Braille, audiotape, etc.) However, the application must be filled out in English and must be typed or printed.

1. Please answer **FULLY** all of the questions on the form, and return it to Avalon Transit. Incomplete applications will not be processed, and will be returned to you for completion.
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETED** application. You will receive a notice as to whether or not you are eligible. If you are determined to be capable of using regular bus transit without the assistance of another person for all of your travel, **YOU WILL NOT BE ELIGIBLE** for paratransit.
3. The review will be based on your ability to use a regular bus transit. It may require additional information, such as a phone, or personal interview, or assessment with you, or consultation with your healthcare professional.
4. You may be found:
  - a. Eligible for all your travel needs on paratransit (full eligibility):
  - b. Eligible for some trips on paratransit (conditional eligibility) depending on the nature of your disability;
  - c. Temporarily eligible; or
  - d. Not eligible for paratransit
5. Please note that if your functional abilities change, your eligibility status may also change.
6. If you do not agree with the decision on your eligibility, you may appeal the decision. Information on how to file an appeal will be included with your notice of eligibility.

**Questions? Contact the Avalon Transit office at**  
**Phone: 310-510-0081 / TDD: 310-510-0086**  
**Email: [avalontransit@transportation-concepts.com](mailto:avalontransit@transportation-concepts.com)**

# AVALON ACCESS ELIGIBILITY APPLICATION

Office Use Only:  
New \_\_\_\_\_ Recert \_\_\_\_\_

## Part 1. General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different from home) \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ TDD/TTY: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Primary Language (please check):  English  Other (specify) \_\_\_\_\_

If you need any future written information provided to you in an accessible format, please check which format you prefer:

- Audio tape  Braille  Large Print
- Other \_\_\_\_\_

In case of emergency, whom should we contact?

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

Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## **Part 2: Are You Presently ADA Paratransit Certified by Access Services?**

Yes. Provide us with a copy of your current Access ID Card or Determination Letter from Access. Avalon Transit will accept your Access certification as documentation of your ADA Paratransit eligibility.

**Skip to Part 7 to complete your application.**

No. Please continue with Part 3.

## **Part 3: Tell Us About Your Disability / Health Related Condition**

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. Which disability or health related conditions **PREVENT** you from using regular public transit without the help of another person?

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2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.

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3. When did you first experience the conditions you described above?

0-1 year ago     1 – 5 years ago     Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

- Yes, good on some days, bad on others.       No, doesn't change.  
 Don't know.

5. Are the conditions you described:

- Permanent                       Temporary                       Don't Know

If temporary, how long do you expect this to continue?

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#### **Part 4: Tell Us About Your Capabilities and Usual Activities**

6. Please check the box that best describes your current living situation:

- 24-hour care or Skilled Nursing Facility  
 Assisted Living Facility  
 I receive assistance from someone that comes to my home to help with daily living activities  
 I live with family members who help me  
 I live independently (without the assistance of another person)

7. How many city blocks can you travel with your usual mobility aid and without the help of another person?

- Less than 1 block  
 No more than 2 blocks  
 No more than 4 blocks  
 More than 4 blocks

8. Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response):

- I could wait by myself for ten to fifteen minutes  
 I could wait by myself for ten to fifteen minutes only if I had a seat and shelter  
 I would need someone to wait with me because
- 

9. Which of the following statements best describes you?

(Check only one response):

- I have never used regular public transit  
 I have used regular public transit but not since the onset of my disability  
 I have used regular public transit within the last six months

10. How do you currently travel to your frequent destinations?

(Check all that apply):

- Buses  Paratransit  Drive myself  Taxi  Someone drives me  
 Other \_\_\_\_\_

11. Would you be able to get to and from the public transit stop nearest your home?

- Yes  No  Sometimes

If no or sometimes, explain why:

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12. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- Yes  No  Sometimes  Don't know, never tried it

If no or sometimes, explain why:

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13. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

- Yes  No  Sometimes  Don't know, never tried it

If no or sometimes, explain why:

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14. Would you be able to get on or off a public transit bus if it has a lift, a ramp, or a kneeler that lowers the front of the bus?

- Yes  No  Sometimes  Don't know, never tried it

If no or sometimes, explain why:

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15. Please add any other information that you would like us to know about your abilities.

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**Part 5: Tell Us About Your Travel Needs**

16. Which of the following mobility aids or equipment do you use when traveling to destinations outside of your home?

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> None                        | <input type="checkbox"/> Walker     | <input type="checkbox"/> White Cane                  |
| <input type="checkbox"/> Manual Wheelchair           | <input type="checkbox"/> Cane       | <input type="checkbox"/> Service Animal <sup>1</sup> |
| <input type="checkbox"/> Electric Wheelchair         | <input type="checkbox"/> Crutches   | <input type="checkbox"/> Portable Oxygen             |
| <input type="checkbox"/> 3 or 4-Wheel Scooter        | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Prosthesis                  |
| <input type="checkbox"/> Other (please specify)_____ |                                     |  |

17. Do you travel with a Personal Care Attendant?

- Always       Sometimes       Never

17a. If “always” or “sometimes”, what type of help do they provide?

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**IMPORTANT NOTE**

Avalon Transit cannot guarantee its ability to transport you if your wheelchair/scooter is longer than 48 in., wider than 30 in., or if your total weight including wheelchair is more than 600 pounds. Transport over these dimensions will be determined by lift and vehicle capabilities.

If you believe that your mobility device might fall into this category, please fill out the below information and we will arrange a time to meet with you

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<sup>1</sup> “Service Animal” means any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. [49 CFR Part 37, Subpart A, Section 37.3]

personally to examine your mobility device and we will do our best to accommodate you. However, please keep in mind that devices exceeding these standards may not be transportable.

18. Is your mobility device oversized?  Yes  No

If "Yes", please explain:

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19. Does your mobility device weigh less than 600 pounds when occupied?

Yes  No  I don't know

## **Part 6: Identification of Healthcare/Social Service Professional**

To complete our determination of your ADA Paratransit eligibility, it may be necessary for a representative of Avalon Transit to contact a healthcare professional to obtain information about your functional capabilities as they relate to your use of public transit services and specifically the services operated by Avalon Transit. This information will be used only to verify your eligibility for ADA Paratransit services.

Please provide us with the name and contact information for a healthcare or social service professional who is knowledgeable about your current abilities and travel.

### **Healthcare or Social Service Professional:**

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

Professional/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## **Part 7. Signature**

### **A. Applicant's Signature**

I certify that the information I gave in this application is true and correct and that the Application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts may result in denial of service.

I further understand that additional information from my healthcare professional related to my disability or medical condition may be required to help determine my eligibility and approve the release of such information by the named professional for this purpose.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

### **B. Applicant's Representative**

If someone other than the applicant has completed this Application, the following information must be provided:

Name:

\_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:  
Transportation Concepts, Avalon Transit  
308 Crescent  
P.O. Box 587, Avalon CA 90704**