

<u>Access San Joaquin</u> offers ADA paratransit services for individuals in San Joaquin County who cannot ride fixed route buses independently due to a disability or health condition. Eligibility for this program is determined by an individual's functional abilities and limitations, not a specific diagnosis or disability.

The following are some examples of situations in which an individual may be eligible:

- 1. If an individual cannot travel to or from transit stops or stations within the service area.
- 2. If an individual cannot board, ride, or exit a fixed route bus independently, even if it is accessible.
- 3. If an individual cannot navigate the transit system by themselves, even if they can get to a transit stop and board the vehicle. For example, if an individual cannot ride the bus independently, identify bus stops, or understand how to complete bus trips.

If you believe that you are eligible for <u>ADA Paratransit</u> and would like to apply, please complete the written application and return it to the Eligibility Center:

By Mail: Access San Joaquin

421 East Weber Avenue Stockton, CA 95202 Attn: Eligibility Center

By Email: access@sjrtd.comBy Fax: (209) 948-3024

After you submit your application, we will review it and contact you to schedule an appointment for an inperson assessment. If you do not receive a call within seven (7) days of submitting your application, please call (209) 242-9965. During the in-person assessment, you will be interviewed and, if necessary, undergo physical and/or cognitive functional assessments to evaluate your functional skills required to ride fixed route buses.

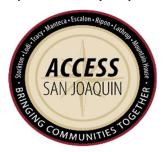
<u>Please bring your primary mobility device that you intend to use while out in the community.</u> Please bring a valid photo ID. If you require assistance, feel free to bring someone along with you. Although it is not mandatory, please bring any medical documentation that supports the information you provided in your application. If the evaluator needs clarification from your healthcare professional, they will contact them directly using the information you will provide during your in-person assessment.

If you require transportation to your in-person assessment, Access San Joaquin will provide it for free. Please inform the reservationist when scheduling your appointment that you will need transportation and if a personal care attendant will accompany you.

After completing your in-person assessment, you will receive a notification about your eligibility status through mail within 21 days. If you are found eligible, you will be granted access to the paratransit system to travel within San Joaquin County. However, if you disagree with the eligibility decision, you have the right to appeal. The instructions for filing an appeal will be included in your eligibility notice.

If your eligibility determination takes longer than 21 days, you may be given temporary eligibility that will allow you to use the paratransit system until a final decision is made. Please note that this will not apply if we are unable to process your application due to your inaction.

If you need help, have questions, or require the application in an accessible format, please contact the Eligibility Center at (209) 242-9965.



Access San Joaquin ADA Eligibility Application

Are you a new applicant?	s 🗆 No		
Applicant Contact Information			
First Name:		Middle Initial:	
Last Name:			
Date of Birth:	_		
Home Street Address:		Unit	#:
City:	State:	Zip Code:	
Phone Number:	Alt. P	hone Number:	
Email (if available):			
If (different from home	e address	
Mailing Street Address:		U	nit#:
City:	State:	Zip Code:	
Do you need a translator? ☐Yes	\square No If yes,	for what language?	
Emerge	ency Contact	Information	
E. Contact Name:		Relationship:	
Phone Number:	Alt. F	Phone Number:	

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Public Transportation

When die	d you last ride on a fixed r	oute b	us?		
What fixe	ed route buses did you us	e?			
How	often do you use fixed	route b	ouses?		
	☐ Daily ☐ Weekl	у 🗆	Monthly \square Not currently	□ Ne	ever attempted
How		_	the closest city bus stop to $\frac{1}{2}$ to 2 blocks $\frac{1}{2}$ 3 to 4 blocks	_	
	Di	sabili	ty/Health Information		
Do y	ou have a health condit	ion tha	t prevents you from using re	gular fix	red route
buse	es independently? \Box Ye	s []No		
Are	these health conditions	tempo	rary? □Yes □No		
-	s, how many months wi		ke you to recover and return	to usin	g a fixed route
Are y	you currently undergoing	j treati	ment? 🗌 Yes 🔲 No		
Wha	t is your PRIMARY mobilit	y aid?	(If applicable)		
	Powered Wheelchair		Manual Wheelchair		Power Scooter
	Walker or Rollator		Single or Quad-point cane		Crutches
	Leg Brace		Arm Brace		Prosthesis
	White Cane		Communication Board		Portable Oxygen

Access San Joaquin Application Revised: 10/29/25

	Other:			
What	is your SECONDARY mob	ility aic	1? (If applicable)	
	Powered Wheelchair		Manual Wheelchair	Power Scooter
	Walker or Rollator		Single or Quad-point cane	Crutches
	Leg Brace		Arm Brace	Prosthesis
	White Cane		Communication Board	Portable Oxygen
	Other:			
How many city blocks can you walk or propel independently using your mobility aid?				
\square Less than 1 block \square 1 to 2 blocks \square 3 to 4 blocks \square 5 or more blocks				
Do you need to bring a personal care attendant (PCA) with you when you travel?				
☐ Yes ☐ No ☐ Sometimes				
Do you need to bring a service animal that is trained to do work or perform tasks for				
you due to your disability when you travel? \square Yes \square No \square Sometimes				
Please share the task your animal is trained for to help with your disability. This will be				
helpful for us to know:				

Certification

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I acknowledge that providing false information may lead to the denial of my request for service. I understand that any information I provide will be kept confidential and shared only with those responsible for providing the requested services. I agree to undergo an in-person assessment of my functional abilities to determine my eligibility for ADA paratransit service. Additionally, I acknowledge that consulting with a licensed professional (doctor, therapist, social worker, etc.) familiar with my abilities may be necessary to determine my eligibility for paratransit.

Applicant/ Responsible Party Signature	: Date:
Res	sponsible Party
If you need someone to make decisior them as a Responsible Party.	ns and act on your behalf, you can designate
Responsible Party Name:	Relationship:
Agency Name (if applicable):	
Phone Number:	Alt. Phone Number:
Responsible Party Signature:	Date:

Authorization for Release of Information

I authorize my healthcare professional to release any information pertaining to my disability or health condition, including its impact on my ability to travel. I acknowledge that the ADA certification contractor may contact my healthcare professional to verify the provided information. I understand that all medical information will remain strictly confidential.

Applicant/ Responsible Party Signature:_	Date: