



Access San Joaquin 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 **ADA Paratransit** 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.com
- **By Fax:** (209) 948-3024

After you submit your application, we will review it and contact you to schedule an appointment for an in-person 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.

Please bring your primary mobility device that you intend to use while out in the community. 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? ☐ Yes ☐ No

Applicant Contact Information

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Non-binary Home

Home Street Address: _____ Unit#: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alt. Phone Number: _____

Email (if available): _____

****If different from home address****

Mailing Street Address: _____ Unit#: _____

City: _____ State: _____ Zip Code: _____

Do you need a translator? ☐ Yes ☐ No If yes, for what language? _____

Emergency Contact Information

E. Contact Name: _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

Public Transportation

When did you last ride on a fixed route bus?

What fixed route buses did you use?

How often do you use fixed route buses?

☐ Daily ☐ Weekly ☐ Monthly ☐ Not currently ☐ Never attempted

How many blocks do you live from the closest city bus stop to your home?

☐ Less than 1 block ☐ 1 to 2 blocks ☐ 3 to 4 blocks ☐ 5 or more blocks

Disability/Health Information

Do you have a health condition that prevents you from using regular fixed route buses independently? ☐ Yes ☐ No

Are these health conditions temporary? ☐ Yes ☐ No

If yes, how many months will it take you to recover and return to using a fixed route bus? _____

Are you currently undergoing treatment? ☐ Yes ☐ No

What is your PRIMARY mobility 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

☐ Other: _____

What is your SECONDARY mobility 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 |

☐ Other: _____

How many city blocks can you walk or propel independently using your mobility aid?

- ☐ Less than 1 block ☐ 1 to 2 blocks ☐ 3 to 4 blocks ☐ 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? ☐ Yes ☐ No ☐ 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: _____

Responsible Party

If you need someone to make decisions and act on your behalf, you can designate them as a Responsible Party.

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: _____