



**City of Pleasanton Paratransit Service
Door to Door Application
Downtown Route Application**

Name: _____
Last Name First Name Middle Initial

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

Cell: (____) _____ **TDD/TTY:** (____) _____ **Email:** _____

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:** (____) _____

Email: _____

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

- 1. How do you currently travel to your most frequent destinations?** (Check all that apply)
 ADA Paratransit (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)
 Drive myself Someone drives me Buses/BART Taxi
 Pleasanton Paratransit Service Other _____
- 2. Have you been certified as eligible for rides with an ADA paratransit service?**
(i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)
 Fully eligible Conditionally eligible **Rider Identification #:** _____
 Not eligible/Denied Have not applied Don't know
- 3. 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: _____
- 4. Do you need a wheelchair lift to get in and out of a vehicle?** Yes No Don't know
- 5. Do you typically travel with assistance from another person** (other than driver)? Yes No

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

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

8. Emergency Contact Person: _____

Relationship to you: _____ Daytime Phone: (____) _____

Cell Phone: (____) _____ Evening Phone: (____) _____

9. Are you on any of the following forms of income/benefit assistance? (check all that apply)

- Supplemental Security Income (SSI) Cash Assistance Program for Immigrants (CAPI)
- Medi-Cal; if yes, #: _____ CalWorks General Assistance (GA)

10. Gross Individual Monthly Income: _____

11. Gross Household Monthly Income: _____ # of people in household: _____

12. 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: _____

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

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

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, Wheels Dial-A-Ride or Union City 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 #: _____

Please return completed form to: City of Pleasanton Paratransit Services
5353 Sunol Blvd.
Pleasanton, CA 94566

Or fax both sides of the form to: 925-485-3685