



Special Transportation Services

Application for Mobility Programs for Seniors & Individuals with Disabilities (Including Access ADA Paratransit Service)

Omnitrans offers a variety of transportation programs for **seniors (age 62 plus) and individuals with disabilities** who live in Omnitrans' service area. Information that you provide will be used to determine eligibility for programs and is kept strictly confidential. Please select the program(s) you would like to apply for:

Programs for Seniors (age 62 plus) and Individuals with Disabilities

- Travel Training:** A professional trainer works one-on-one with individuals to teach them how to ride the Omnitrans bus system. Receive a free 31-day bus pass upon successful completion.
- Ride Program:** Receive a match once per month to use on either local taxi service or Lyft. Select ONE option: Taxi Lyft

Programs Only for Individuals with Disabilities

- Volunteer Driver:** Provides mileage reimbursement for those who rely on others to drive them for transportation. Applicants must be a resident of Colton, Fontana, Grand Terrace, Highland, Loma Linda, Redlands, Rialto, San Bernardino, or Yucaipa.
Residents of Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, and Upland should apply for the program operated by Community Senior Services. Call (909) 621-9900.
- Access ADA:** Curb-to-curb, shared-ride paratransit service for individuals with disabilities that prevent them from using the regular bus system all or some of the time.

Application Checklist

- **All applicants** must submit a copy of their **photo ID**. (Must be in color for Taxi Applicants).
- **All applicants** must complete **Sections 1, 2, and 3**.
- **Volunteer driver applicants** must complete **Sections 4 and 5**. Include documentation with the application showing the applicant as the owner of the bank account that will receive mileage reimbursement payments. Also provide a copy of the valid California Driver License for each volunteer driver that will be registered.
- **Taxi Ride and Lyft Ride** applicants must complete **Section 6**.
- **All Access ADA applicants** must complete **Section 7**.
- **Individuals with disabilities who are not applying for Access ADA** must also complete **Section 7** unless they can provide a copy of one of the following:
 - Valid ADA or reduced fare ID card issued by Omnitrans or another transit agency
 - Supplemental Social Security (SSI) or In-House Supportive Services (IHSS) benefits letter
 - Medicare card (if under age 62)
 - DMV disability placard receipt
 - Disabled Veteran ID or VA Letter of Disability

How to Submit Your Completed Application

If you are applying for Access ADA service, you will need to complete an in-person assessment at an Omnitrans facility to review your application. Call (909) 379-7284 to schedule your assessment, and bring your completed application with you (do not mail, fax, or email the application).

If you are applying for Travel Training, Ride Program or Volunteer Driver Program, you can mail the application to Omnitrans Special Transportation Services, 1700 W. 5th Street, San Bernardino, CA 92411. You can also fax your application to (909) 981-2299 or by email to ctsa@omnitrans.org. *It may take up to 14 business days to process your complete application packet.* For additional assistance, please call (909) 379-7341.

Additional Information Regarding the Access ADA In-Person Assessment and Eligibility

All Access ADA applicants are required to complete an in-person assessment with a Paratransit Eligibility Technician at an Omnitrans facility by appointment only. You will need to bring your completed application packet, including the Healthcare Professional Verification Section completed by a qualified licensed medical professional. The review process may take up to two hours in addition to your travel time, and free transportation to and from your assessment is available upon request.

During the assessment, the Paratransit Eligibility Technician will review your application and ask additional questions regarding your ability to use the regular bus system. You may be required to participate in a functional assessment outdoors in the community to further evaluate your abilities. You will receive your eligibility determination in writing within 21 days from the date your application is complete, which includes your in-person review and review of any additional information. You may be granted full eligibility (Unconditional), eligibility on a limited basis for specific conditions (Conditional), or for a temporary period (Temporary). Your photo will be taken during the in-person assessment and will be used on your ADA identification card if you are determined to be eligible.

Eligibility determinations are based solely on whether you have a disability which prevents you from riding the bus all or some of the time. Individuals who are determined to have the ability to ride the regular bus system for all trips will not receive eligibility for Access. If you disagree with your eligibility determination, you may select either a Level One or Level Two written appeal to Omnitrans within 60 days. In a Level One appeal, an Appeal Specialist independent of the Eligibility Department will review the documentation and any new information you provide which you feel is relevant. In a Level Two appeal, you can appear before an Appeal Review Panel to present information you feel should be taken into consideration. The panel's decision is final.

For additional information regarding Omnitrans Access service, refer to the most recent version of the "Paratransit Policies For Persons With Disabilities" brochure.

Section 1: Applicant Information (All Applicants)

First Name _____ MI _____ Last Name _____

Home Address _____

Mailing Address (if different) _____

Preferred Phone (_____) _____ Other Phone (_____) _____

Birth Date (MM/DD/YY) ____ / ____ / ____ Age _____ Male Female

Do you have a disability? Yes, permanent Yes, temporary No

If yes, when was your disability verified by a doctor? _____

Are you currently registered with an ADA paratransit service?

Yes, Omnitrans Access (ID # _____) Yes, with another transit agency No

Do you have any special communication needs (large print, Braille, TDD/California Relay, etc.)?

Do you have a military service-related disability? Yes, 30% or more Yes, less than 30% No

Emergency Contact Name _____ Phone Number (_____) _____

Section 2: Current Mobility Information (All Applicants)

Do you use any of the following?

- Walker (Can it be folded? Yes No) Stroller-Type Chair Manual Wheelchair
 Electric Wheelchair Power Scooter Crutches Cane/White Cane
 Prosthetics Braces Oxygen Certified Service Animal
 Other _____

If you use a manual wheelchair, can you transfer to a standard seat without assistance? Yes No

Do you currently ride the regular bus system? Yes No Sometimes

If not, how do you currently travel? _____

What is or would be the most difficult part of riding the bus for you?

Are you or would you be able to get to the bus stop and board the bus without someone else's assistance?

Do you know which bus routes serve your neighborhood and are closest to your home?

How would you describe the area where you live (steep hill, gradual hill, etc.)?

How many steps are there at the entrance to your residence? _____

Are there sidewalks at your residence? Yes No

Is there a ramp at your residence? Yes No

Do you live on the ground floor? Yes No

Section 3: Applicant Agreement (All Applicants)

If Applying for Omnitrans Access ADA:

I have read and fully understand the eligibility process as described in the Omnitrans Access Paratransit Eligibility Guide included with this application. I agree that if I am certified for Omnitrans Access service, I will pay the exact fare, if required, for each trip. I agree to notify the Omnitrans Eligibility office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the Omnitrans Paratransit Policies and procedures will be grounds for revocation of my eligibility and the right to participate in the program. I have read and fully understand the conditions for service outlined in the Omnitrans Access Paratransit Policies and agree to abide by them.

If Applying for Transportation Reimbursement Escort Program (Volunteer Driver), Taxi Ride Program, or Lyft Ride Program:

I acknowledge that being driven by others is an inherently dangerous activity and that participation in these programs could involve some danger to my person or property, or the person or property of others.

In consideration of my participation in the programs, I agree to indemnify and hold harmless Omnitrans, its officers, directors, agents, employees, and volunteers, as well as any and all organizations, agencies, or individuals who provide funding to or otherwise support the programs, from any and all claims, losses, and liabilities (including costs and attorney's fees) for damage due to property or injury or death to myself or others arising out of or in any way connected to my participation in the programs.

For All Applicants:

I understand and agree to hold Omnitrans Access and Special Transportation Services against all claims or liability for damages to any person, property, or personal injury as a result of my failure to equip or maintain the safety of the adaptive equipment or service animal that I require for mobility. I certify that the information provided in this application is true and correct. I understand that the information I am providing will be treated as confidential, will only be utilized to determine my initial and continuing eligibility for the programs, and will be retained as a permanent part of my file. I hereby authorize the release of verification information and any additional information to Omnitrans for the purpose of evaluating my eligibility to participate in the Access Program and/or other programs operated by Omnitrans Special Transportation Services.

I agree to abide by all Omnitrans policies, as communicated to me, including policies in program guidelines, and I acknowledge that my failure to abide by any program policy may result in the termination of services. I understand that it is the policy of Omnitrans to pursue any alleged or suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by an Omnitrans consumer, member of his/her family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds.

I understand that Omnitrans Special Transportation Services may at times revise the policies and forms used for programs, and I agree to abide by the most recent versions of all documents.

Applicant Signature _____ Date _____

Complete the following if another person filled out the application for the applicant:

Name _____ Daytime Phone (_____) _____

Street Address _____

Signature _____ Date _____

Section 4: Direct Deposit Information (Volunteer Driver Applicants Only)

All mileage reimbursement payments are made with direct deposit. Funds must be deposited into an account with the applicant listed as the owner, and documentation showing the applicant's ownership of the account must be included with your application (voided check, direct deposit form, bank statement).

Bank Name _____

Type of Account: Checking Savings

Account Number: _____ Routing Number: _____

Applicant's Signature: _____ Date: _____

Section 5: Volunteer Driver Agreement (Volunteer Driver Applicants Only)

(To be completed by the driver you will register for the program)

A signed agreement is required for each driver that is registered in the Volunteer Driver Program. In addition, you must include a photocopy of your valid California Driver License with this application. As a registered volunteer driver in the Transportation Reimbursement Escort Program (TREP), you agree to the following:

- You will comply with the most recent version of the program's policies and procedures.
- You are not employed by your passenger nor by Omnitrans, and are freely volunteering to assist your passenger(s) as is mutually convenient for the both of you.
- You agree to indemnify, defend, and hold harmless Omnitrans, its officers, directors, agents, employees, and volunteers, as well as any other individuals or charitable organizations or agencies who provide funding to or otherwise support the Transportation Reimbursement Escort Program, from any and all claims, losses, and liabilities (including costs and attorney fees) hereafter for damage to property or injury or death to yourself or others arising out of or in any way connected with your participation in this program as a volunteer escort and driver.

Driver Name (First, MI, Last) _____

Driver Street Address _____

Driver Phone (_____) _____ Driver License # _____

Expiration Date _____ Relationship to Applicant _____

Driver Email (required if using online system) _____

Driver Signature _____ Date _____

Section 6: Card on File Authorization Form (Taxi Ride and Lyft Ride Applicants Only)

The card you provide will be used to load funds onto your Ride Program. The card will be kept on file and remain in effect until either it expires or you request in writing to remove the card. By providing this information, you authorize Omnitrans to charge this card for loading funds for the Ride Program.

Name on Card _____

Name of Applicant (if Different) _____

Card Number _____ - _____ - _____ - _____ Expiration Date (MM/YY) ____ / ____

Signature of Cardholder _____ Date _____

Section 7: Healthcare Professional Verification

All Access ADA Applicants: This section must be submitted.
Seniors Applying for Travel Training or Ride Programs: This section not required.
Individuals with Disabilities Not Applying for Access ADA: This section is only required if you do not submit one of the forms of proof of disability listed on the first page of the application.

This section must be completed by a qualified licensed healthcare professional. Examples include but are not limited to a physician, psychiatrist, psychologist, chiropractor, ophthalmologist, registered nurse, or social worker.

Name of Professional _____ License No. _____
Title _____ Agency/Affiliation _____
Business Address _____
Business Telephone (_____) _____

Medical diagnosis that causes the client's disability _____
Is the condition temporary? Yes (Expected duration: _____) No, it's permanent
Does the applicant's disability require they travel with an attendant? Yes No Sometimes
Explain "Yes" or "Sometimes" _____

Complete if client has a visual impairment

Best corrected acuity? Right _____ Left _____ Field restriction? Right _____ Left _____

If the client has a disability affecting mobility or is legally blind, are they able to:

Travel a distance of 200 feet without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Travel a distance of 6 blocks (1/2 mile) without assistance over different types of terrain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Wait outside without support for 15-30 minutes in different weather conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Cross a 2-way stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Cross a 4-way stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Cross traffic light-controlled intersections in a residential, semi-business, or business area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Explain "No" or "Sometimes" responses: _____

If the client has a cognitive disability, are they able to:

Give their name, address, and telephone numbers upon request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Recognize a destination or landmark?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Deal with unexpected situations or unexpected changes in routine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Ask for, understand, and follow directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Safely and effectively travel through crowded and/or complex facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Explain "No" or "Sometimes" responses: _____

If the client is speech impaired, are they able to:

Communicate verbally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Communicate with an augmentative device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Communicate in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Communicate over the phone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Explain "No" or "Sometimes" responses: _____

I verify that the information provide on this verification of eligibility form is true and correct to the best of my knowledge.

Signature of Qualified Healthcare Professional _____
Date _____ License # _____