

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The objective of **Easy Lift Transportation** is to provide a safe, efficient, and affordable paratransit service to south Santa Barbara County. In order to achieve this goal there are rules and regulations we all need to adhere to. The purpose is to make everything run as smoothly as possible. We do our best to accommodate everyone and provide as many rides as possible. We currently provide 180 to 240 rides per day with our fleet of 18 vehicles. The demand continues to grow, and at \$3.50 a ride understandably so. However, **WE ARE NOT A TAXI SERVICE**. We are a special service for people with special needs who cannot use the MTD city bus system. The service requires team work and cooperation, and we must work hand in hand with our passengers. Together with your patience and support we will achieve our goals.

Who can use Easy Lift's paratransit service?

The law states the following factors must be considered when determining eligibility:

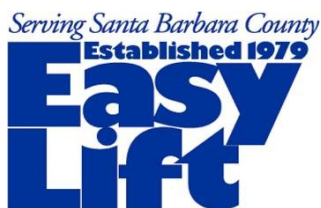
- Does the disability prevent him or her from getting to and from the closest bus stop?
- Can the individual use their pass or buy a ticket without help?
- Can the individual recognize their destination and get off the bus?
- If a bus trip involves transfers, would the individual know when to get off and where to catch the next bus?
- Is the individual's ability to use the MTD bus affected by environmental/architectural barriers that block their path of travel? (I.e. steep hills, no sidewalks, dead end streets, lack of any audio signal which indicates it is safe to cross the street, etc.)

What constitutes a disability?

The **ADA** defines a disability as a physical, visual, or mental impairment that substantially limits one or more of the major life activities of an individual. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

How do I apply?

If you think you are eligible, fill out the **Application for ADA Paratransit Eligibility** enclosed and mail it back to us. You are required to fill out an application and describe your disability or condition that prevents you from using the MTD fixed-route system. Your disability or condition must meet **ADA** requirements for certification. When Easy Lift receives your completed application it will be evaluated and eligibility will be determined based on your functional ability to use MTD. The reviewer may request additional information, such as a phone or in-person interview with you, or written medical/professional verification.



Instructions for Completing this Application

**All information will remain confidential.
Please fill out in ink.**

All questions on this application must be answered in full. You may fill out this form yourself or you can get help from anyone familiar with you and your condition.

Once the application is complete, please return it to:

Easy Lift Transportation
53 Cass Place, Suite D
Santa Barbara, CA 93117

Within 21 days of receiving your completed application, you will be notified as to the status of your application.

If you do not receive notification of our decision within 21 days of our receipt of your application, you may ask for and receive paratransit services until a decision is made.

If you are found eligible for ADA¹ services, you will be given an orientation on how to use Easy Lift's services.

If you are found ineligible for our service and you disagree with our recommendation, you may appeal the decision. Information on the appeals process will be sent to you, upon request.

If you have any questions about this application, please call us at (805) 681-1415 and ask to speak with Dan Rodriguez.

¹ Americans with Disabilities Act of 1990

Section 1

ADA PARATRANSIT ELIGIBILITY APPLICATION

To be completed by the applicant or assistant
Please type or print the following information

Name: _____ Date of birth: _____ M F
Address: _____ Unit #: _____
City: _____ State: _____ Zip: _____ Complex: _____
Day Phone #: _____ Evening Phone #: _____ Cell# _____

Please provide the name of a **Local** friend or relative to call in case of emergency

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone #: _____ Evening Phone #: _____ Cell #: _____

ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO OTHERS.

(Questions 1, 2, & 3 are requested by our funding sources and do not determine your eligibility for Easy Lift's ADA² paratransit services.)

1. What languages do you speak?

English Spanish Other _____

2. What is your ethnic origin? Latin/American American Indian

Caucasian African/American Asian/American Other

3. What is your annual income?

\$0 - \$10,000 \$10,001 - \$43,000 \$43,001 and over

4. What is the health condition or disability which prevents you from using the regular bus service? _____

5. Is your condition? Temporary Permanent

6. Would you want your aide to travel with you at no charge? Yes No

7. Which one of the following mobility aids, if any, do you use?

Crutches Power Wheelchair Service/Guide Animal

Cane Power Scooter Portable Oxygen

Walker Manual Wheelchair Other None

Please Note: A wheelchair or other mobility device must be able to fit onto our bus/paratransit lift. This means it must be no more than 30" wide and 48" long when measured 2" from the floor, and weigh less than 600 pounds, when occupied

Section 2

INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility. All answers requiring explanation **must be complete**.

1. Does your disability prevent you from getting to and from the nearest bus stop?
 Yes No (Please Explain) _____
 2. Are you able to wait at a bus stop for 15 minutes?
 Yes No (Please Explain) _____
 3. If you can get to the bus stop can you board and disembark the bus without help?
 Yes No (Please Explain) _____
 4. Could you purchase a bus pass or ticket without help?
 Yes No (Please Explain) _____
 5. Could you recognize, without help, the bus stop that you want to get off at?
 Yes No (Please explain) _____
 6. If you had to transfer, would you know when to get off and catch the next bus?
 Yes No (Please explain) _____
 7. Are there any walls, barriers or obstacles that block your path to the nearest bus stop?
 Yes No (Please explain) _____
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Section 3

MOBILITY TRAINING

1. Have you ever had any training or instruction to learn how to use public transportation?
 Yes No (If Yes, When and where did you receive your training, and did you complete it?)
(Please Explain) _____
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2. Free Travel and Mobility Training is personal (one-on-one) instruction that teaches an individual how to use MTD fixed-route buses. Would you like to have an Easy Lift Mobility Coordinator contact you?

- Yes No

Section 4

CERTIFICATION OF APPLICANT

- I hereby certify that, to the best of my knowledge, information given in this application is correct.
- I understand that this application will be returned if it is not complete.
- I understand that the results of the review will be based on my ability to use regular bus transport and may require additional information from me, such as a phone or personal interview or additional consultation with my physician or other professional.
- I agree to notify Easy Lift Transportation, Inc. if I no longer need to use the ADA Paratransit Service.
- I further understand that my ADA Paratransit Eligibility Approval may be reassessed or revoked at any time, if eligibility was granted based on information which is found to be inaccurate, false, or which has changed significantly enough to warrant a change in category.

Signature of Applicant: _____ **Date:** _____

If someone other than the applicant completed this application, their information must be provided.

Name of person completing or assisting with the application (*please print*)

Relationship to Applicant: _____

Signature of Assistant: _____ **Date:** _____

Daytime Phone: (____) ____-____ Evening Phone: (____) ____-____

Section 5

PROFESSIONAL MEDICAL VERIFICATION

In order for Easy Lift to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and functional abilities and limitations. Please list two professionals who we can contact if we need additional information.

Examples of qualified professionals: Physician (M.D. or D.O.), physical therapist, occupational therapist, orientation and mobility instructor, independent living specialist, rehabilitation specialist, social worker, registered nurse, ophthalmologist, psychiatrist, psychologist, or case manager.

1. Name of Professional _____ Type of Professional _____

Professional's Agency _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

2. Name of Professional _____ Type of Professional _____

Professional's Agency _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the professional (s) listed above to release to EasyLift Inc. the information about my disability or health condition and it's effect on my ability to travel on the MTD. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 90 days from the date below.

Signature: _____ Date: _____

(Signature of Applicant, Responsible Party or Legal Guardian)

Relationship to Applicant _____

Daytime Phone: _____ Evening Phone: _____