



## 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 though the demand continues to grow. 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 bus 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 ADA<sup>1</sup> services, you will promptly receive information on how to use our services, and if requested, 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 our Eligibility Intake Coordinator at (805)845-8963.

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<sup>1</sup> Americans with Disabilities Act of 1990

## Section 1

### ADA PARATRANSIT ELIGIBILITY APPLICATION

*To be completed by the applicant or assistant*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Complex: \_\_\_\_\_

If this is a "Gated Community", please provide gate code: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

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

**(Questions 1, 2, 3, & 4 are requested by our funding sources and do not determine your eligibility for Easy Lift's ADA<sup>2</sup> paratransit services.)**

1. What languages do you speak?  English  Spanish  Other \_\_\_\_\_
2. What is your ethnic origin?  
 American Indian  American Indian/Alaskan Native  Middle Eastern  
 Hispanic or Latino  Native Hawaiian or other Pacific Islander  South Asian  
 White (not of Hispanic origin)  African American (not of Hispanic origin)  
 Decline to Answer
3. What is your annual income?  
 \$0 - \$10,000  \$10,001 - \$43,000  \$43,001 and over
4. Have you ever served in the United States armed services?  Yes  No
5. Please check below how you would like written material sent to you in the future.  
 Regular Print  Large Print  Audio Tape  Braille  Spanish (español)  
 Email: \_\_\_\_\_
6. What is the health condition or disability which prevents you from using the regular bus service? \_\_\_\_\_  
\_\_\_\_\_

7. Is your condition?  Temporary  Permanent

*If temporary, how long would you need our services? \_\_\_\_\_*

8. Do you ever need to bring someone with you to help you when you travel? I.e. A personal care assistant, an aide  Yes, always  Yes, sometimes  No

9. Are you able to travel alone and be left unattended?  Yes  No

10. Who will be responsible for making reservations? \_\_\_\_\_

11. 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

12. Are you and your wheelchair a combined weight of **over** 600lbs?\*  Yes  No

**\*Please Note:** A wheelchair or other mobility device must be able to fit onto our bus/paratransit lift. It is recommended that your wheelchair is no more than 30" wide and 48" long when measured 2" from the floor, and weigh less than 600 pounds, when occupied. If this is not the case, we will only be able to transport you if our equipment is able to withhold the dimensions of your mobility device.

## Section 2

### INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES

WITHOUT the help of someone else can you....

	Always	Sometimes	Never	Not Sure
1. Ask for and understand written or spoken instructions?				
2. Cross the street?				
3. Stand for 15 minutes if there is no place to sit?				
4. Step on and off a sidewalk from a curb?				
5. Find your own way to the bus stop if someone shows you the way once or twice?				
6. Walk up and down three steps if there is a handrail?				
7. Walk up and down a flight of stairs if there is a handrail?				
8. Stand on a moving bus holding onto a handrail?				
9. Transfer from one fixed route bus to another?				
10. Are there any walls, barriers or obstacles that block your path to the nearest bus stop?				

11. Under the best of conditions, what is the FURTHEST you can walk outdoors (or travel using your mobility aid) without the help of another person?

- Less than 1 block     1 block       2 blocks (1/4 mile)       4 blocks (1/2 mile)  
 6 blocks (3/4 mile)     More than 6 blocks       I cannot travel outdoors alone at all

12. Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

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### **Section 3**

#### **INFORMATION ABOUT YOUR ABILITIES TO USE FIXED ROUTE**

Please read the following statements and check those which best describe what you believe is your ability to use MTD fixed route without assistance. You may select more than one.

When are you unable to independently use MTD fixed route services?

- I can use MTD fixed route for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the fixed route service frequently.
- I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board MTD busses if they have a lift.
- I have a visual disability which prevents me from getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great and the route is barrier-free.
- I am not able to use the bus or rail for other reasons.

#### **Your Current Travel**

List your 3 most frequent destinations and how do you currently get there?

Destination Address	Frequency of Travel	How do you currently get there?
1. _____	Daily Weekly Monthly	_____
2. _____	Daily Weekly Monthly	_____
3. _____	Daily Weekly Monthly	_____

## **Section 4**

### **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 5**

### **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 not be processed 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 6**

### **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 one professional who we can contact if we need additional information.

Examples of qualified professionals include: 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.

Name of Professional \_\_\_\_\_  
Type of Professional \_\_\_\_\_  
Professional's Agency \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email \_\_\_\_\_

### ***AUTHORIZATION FOR RELEASE OF INFORMATION***

**I authorize the professional (s) listed above to release to Easy Lift 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: \_\_\_\_\_