



Application for SunDial Paratransit Service

Informational Sheet

Thank you for inquiring about eligibility for SunLine Transit ADA Paratransit eligibility. SunLine offers multiple public transportation options for people with disabilities. Eligibility for these services is based on an individual's functional ability to use SunLine's fixed-route service.

SunLine operates fixed-route bus services transporting people with physical, cognitive, and visual disabilities on a daily basis. All SunLine buses are equipped with ADA accessible features, such as low floor buses, lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and hand rails.

SunLine also provides the SunDial Paratransit Service for customers with disabilities who are functionally unable to use the SunLine fixed-route bus services. If you are functionally unable to use the fixed-route bus service, you may be eligible for the SunDial service. SunDial is a public transportation paratransit service for customers with disabilities who are unable to use the fixed-route bus system. Concerns such as diagnosis, age, distance to bus stop, lack of bus service, overcrowded buses, inability to drive, personal finances, inconvenience, and/or discomfort are not the sole basis of SunDial's eligibility determination.

SunDial is provided in accordance with the Americans with Disabilities Act (ADA) and is an origin to destination, shared ride, advanced reservation public transit service. Consistent with the ADA, SunDial is comparable to SunLine's fixed-route bus system including service characteristics (such as on time performance and travel time) and service area ($\frac{3}{4}$ mile of a regular SunLine fixed bus or route).



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HOW TO APPLY:

1. Review the eligibility information supplied on this ADA application.
2. If you believe you qualify for ADA paratransit services:
 - a. Complete **entire ADA paratransit application Part A.**
 - b. **SIGN THE APPLICATION**
 - c. Have a medical professional familiar with your health condition or disability and your functional abilities and limitations complete the **Health Care Provider Certification Form – Part B** of the application. **The Health Care Verification Form** must be completed within **60 days prior** to applying. (it may not be signed by health care provider more than 60 days before turning it back in to SunLine Transit Agency.)
3. When you have both sections completed, please mail to:
SunLine Transit Agency
32-505 Harry Oliver Trail
Thousand Palms, CA 92276

This application is available in alternative formats. If you would like additional assistance, please call (760) 343-3451.

Before I start this application and the certification process, I understand all information provided must be true, accurate, and correct. I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services, or if at times, I can ride the SunLine fixed-route bus service. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.



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PART A: Applicant Information and Release

Personal Data

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Do you require TDD services? Yes No

Email Address: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Home Address: _____

City: _____ State _____ Zip _____

New Application

Recertification

If recertification: ID Number: _____ Exp. Date: _____

Please give us the name and phone number of a friend or relative we can call in case of emergency or if we are unable to reach you at your regular number:

First Name: _____ Last Name: _____

Phone: _____ Other Phone: _____

Relationship: _____



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Transit Usage

1. Do you currently use fixed-route (large public) buses independently? Yes No Sometimes

2. When was the last time you rode the fixed-route bus? _____

3. How frequently do you ride the fixed-route bus? _____ per month

4. Which fixed-route bus routes do you currently use?

6. Have you ever had travel training to learn how to travel around the community and/or on how to use fixed-route buses? Yes No

7. Would you like information about travel training to use the fixed-route buses? Yes No

Disability/Health Condition Information

All questions must be answered.

8. Please describe the disability or health condition which prevents you from using fixed-route buses.

9. Is this a temporary disability or health condition? Yes No

10. If yes, how long you do expect it to prevent you from using fixed-route bus service? _____ Months



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11. Are you currently receiving any treatment? Yes No

If yes, check what treatment(s) apply to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Non-weight Bearing Immobilization | <input type="checkbox"/> Surgery | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Weight Bearing Immobilization | <input type="checkbox"/> Convalescence | |
| <input type="checkbox"/> Other: _____ | | |

12. How long will you be receiving treatment?

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> < 3 months | <input type="checkbox"/> 3-6 months | <input type="checkbox"/> 6-9 months |
| <input type="checkbox"/> 9-12 months | <input type="checkbox"/> > 12 months | <input type="checkbox"/> Unknown duration |

13. Have you had a recent fall which required medical attention? Yes No

If yes, what is your fall frequency per week? _____

If yes, did the fall occur while using mobility aid/device? Yes No

14. Do you live in an assisted living facility or nursing facility? Yes No

15. Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")? Yes No

16. Do you use any mobility aids or equipment? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Powered/Electric Wheelchair | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Brace | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Portable Oxygen in Cart |
| Type of Brace: _____ | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Portable Oxygen in Bag |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

17. If you use a wheelchair or scooter, what is the width and length?

Width: _____ inches Length: _____ inches

18. If you use a wheelchair or scooter, what is the total weight of your mobility device when you are using it? Weight: _____ pounds

If your wheelchair or scooter is larger than 30 inches wide, 48 inches long and 600 pounds when occupied, the SunLine paratransit vehicle may be unable to accommodate your trip.



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Transit Skills

Please read the following statements and check those which best describe your abilities to use fixed-route buses (check all that apply). **At least one box needs to be checked.**

- I can get to and from bus stops if the distance is not too great.
- I can ride buses when I am feeling well. There are other times, when my disability or health condition worsens, that I cannot ride the buses.
- I have a disability or health condition that prevents me from riding the buses and if the weather is very hot or cold.
- My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- I can get to and from bus stops only if there are curb cuts and sidewalks.
- I can get to and from bus stops and light only if there are no hills.
- I have difficulty understanding or remembering all the things I would have to do to use the buses.
- I can use the buses if it is someplace that I go all of the time.
- I can never use buses by myself.
- I am not sure if I can use buses.
- I am not able to use buses for other reasons.

If you checked any of the above boxes, please explain:

Functional Skills

The following questions will give us more information about your functional abilities. Please select Always (A), Sometimes (S), or Never (N) in response to the following questions and provide an explanation.

Without the help of someone else can you:	Always	Sometimes	Never
Ask for and understand written or spoken instructions? <i>If Sometimes or Never, please explain:</i>	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> N
Cross the street? <i>If Sometimes or Never, please explain:</i>	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> N
Stand for 15 minutes if there is no place to sit? <i>If Sometimes or Never, please explain:</i>	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> N



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Always Sometimes Never

Step on and off a sidewalk from a curb?

A S N

If Sometimes or Never, please explain: _____

Walk up and down three steps if there is a handrail?

A S N

If Never, please explain: _____

Walk on uneven surfaces?

A S N

If Never, please explain: _____

Stand on a moving bus if there is a handrail?

A S N

If Never, please explain: _____

Transfer from one bus to another?

A S N

If Never, please explain: _____

Under the best conditions, what is the farthest that you can travel outdoors (using your mobility aid if you use one) without the help of another person? < 1 block 1-4 blocks > 4 blocks

Please provide any other information about your disability or health condition that would help us better understand your travel abilities:

Certification

I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services (SunDial), or if I can ride the SunLine fixed-route buses. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law. I agree to undergo an in-person assessment of my mobility abilities and limitations for the purpose of making a determination regarding my eligibility for paratransit service. I understand that intentionally providing false or misleading information or a refusal of an in-person assessment is grounds for a determination of ineligibility for SunDial services and benefits. I agree to notify SunLine if my condition changes, if I am using a new mobility device, or if I no longer need to use ADA paratransit service.

Applicant/Responsible Party Signature: _____ Date: _____



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Authorization for Release of Information

I _____ authorize my health care professional to release any and all information about my disability or health condition and its effect on my ability to travel on the SunLine fixed-route system (**Part B**). I understand that I may revoke this authorization at any time. I understand that SunLine Staff may contact the health care professional who completed the verification attached to this application, in order to confirm this information. I understand that all medical information will be kept strictly confidential.

Applicant/Responsible Party Signature: _____ Date: _____

If someone assisted in completing this application, please provide the following information:

Print Name: _____

Agency (if applicable): _____

Relationship to Applicant: _____

Address: _____

Home Phone: _____ Other Phone: _____

Signature: _____ Date: _____