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## PARATRANSIT SERVICE INFORMATION & ELIGIBILITY

### Regulatory Definition:

**Eligibility for On-Demand Paratransit paratransit service is directly related to the inability of a person with a disability to use the existing fixed route service. The regulations describe three specific circumstances under which a person would be considered ADA paratransit eligible.**

1. An individual who is unable, as the result of a physical or mental impairment (including a vision impairment), without the assistance of another person (except the operator of a wheelchair lift or other boarding assistance device), to board, ride or disembark from an accessible bus. A person who is unable to “navigate” the system (e.g., recognize & board the correct vehicle, having available the correct fare/and or using the fare collection system, recognize destination, and understanding transfers that might have to be made.)
2. Any individual who could use the fixed route service, but cannot because the fixed route he/she wants to ride is not wheelchair lift equipped. **When all fixed route buses are accessible, eligibility will not be granted under this category. GET’s fleet is 100 % accessible. This condition would apply when an individual travels outside of GET’s service area as a visitor.**
3. A person whose disability interacts with the environment to prevent travel to or from a bus stop. Distance to or from the stop alone does not make a person eligible. In addition, lack of fixed route service or inconvenient bus schedules is not a basis for eligibility.

On-Demand Paratransit service is provided within  $\frac{3}{4}$  miles of, and during similar hours as, GET’s regular fixed route service. On-Demand Paratransit service and scheduling guidelines include scheduling trips 1 to 14 days of the requested date, picking up customers within a quoted 30 minute pick-up window and ride times generally not exceeding 90 minutes for each trip.

### Types of Eligibility

*Unconditional eligibility* – an individual who can never use the fixed route service independently.

*Conditional eligibility* – an individual who can use the fixed route service under certain circumstances. Feeder service will be provided.

*Temporary eligibility* (conditional or unconditional) – an individual who’s disability prevents the use of the fixed route service during a designated time period.

Visitor – a person who is paratransit eligible in another jurisdiction is automatically eligible and the host transit agency must provide up to 21 days of paratransit service. Visitors with disabilities who are not certified by another transit provider, but

whose disability is visually apparent, are automatically eligible for visitor's status up to 21 days of paratransit service. Visitors with a disability that is not apparent through visual observation will be asked to provide documentation as proof of their disability prior to being granted eligibility. The District reserves the right to ask for proof of residency for a visitor who is not paratransit eligible in another jurisdiction. The "21 days" of service that shall be provided to visitors with disabilities are to be calculated as any combination of 21 days during any 365-day period beginning with the visitor's first use of service

## Eligibility

*Eligibility is determined by 3 factors:*

- Individual's ability to get to/from the bus stop
- Individual's ability to board/exit the bus
- Individual's cognitive ability to navigate the regular bus system

## ADA Eligibility Objective:

- Eligibility is not based on the disability, but rather the functional inability of a disabled person to use the fixed route service
- To determine when and under what circumstances an individual can and cannot use the fixed route service
- Paratransit eligibility is not based on a medical decision
- Objectively identify functional ability

## Mobility Devices

On-Demand Paratransit vehicles are designed to accommodate mobility aids that are up to 48 inches in length, up to 30 inches wide, and which, together with the passenger, weigh up to 600 pounds. These size limits are consistent with federal ADA regulations and the "common wheelchair" definition ( 49 C.F.R. Section 37.3 2001).

Not all wheelchairs and mobility aids will fit on a fixed route bus or GAT-A-Lift. While the accessibility standards for buses are designed to accommodate the majority of power and manual wheelchairs and mobility aids, there will be some that are too large or heavy to fit.

On-Demand Paratransit will carry a wheelchair and occupants if: the lift and the vehicle can physically accommodate them, can be boarded and de-boarded safely, does not block the aisles, unless doing so is inconsistent with legitimate safety requirements.

## On-Demand Paratransit Service

The applicant's disability, and how it affects their functional ability to use regular bus service is the only criterion used in determining eligibility. Operational issues are not considered in the eligibility process. These are issues that affect any individual, whether they suffer from a disability or not.

Operational issues not used to determine eligibility, include:

- Age
- Distance
- Overcrowded buses
- Weather conditions
- Lack of bus service to an area

On-Demand Paratransit eligibility may be granted for up to 3 years. Customers wishing to continue On-Demand Paratransit service must reapply and complete the eligibility process prior to their eligibility expiration date in order to prevent a lapse in On-Demand Paratransit service.

### **What Types of Trips can be taken on On-Demand Paratransit?**

*On-Demand Paratransit can be used for the majority of your transportation needs, this includes:*

- Work
- School
- Medical appointments
- Recreation
- Shopping

### **On-Demand Paratransit Fares**

The standard fare is \$3.00 per passenger for each one-way trip within GET's service area. This amount is for a ONE-WAY ride. If you book a round trip, remember to calculate the amount for both ways.

### **Certification Process**

**On-Demand Paratransit requires a Medical Assessment from your doctor before we can give eligibility.**

**A GET official will review the assessment and determine eligibility within 21 days.** Applicants are notified by mail regarding their eligibility determination. If you become eligible for the On-Demand Paratransit service, you will receive a On-Demand Paratransit identification number and a Rider's Guide describing the On-Demand Paratransit service and booking process in more detail. Eligible customers will receive a customer identification card that includes customer's photo.

***For additional information or to apply for ADA paratransit service, please contact the On-Demand Paratransit at (661) 324-9874 or review the GET website: [www.getbus.org](http://www.getbus.org)***



# ADA PARATRANSIT APPLICATION

After completing this form, Mail back completed forms to : 1830 Golden State Ave., Bakersfield CA 93301 or fax (661) 869- 6394

## 1. CONTACT INFORMATION (please print clearly)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Female  Male Date of Birth: MONTH / DATE / YEAR

Language spoken:  English  Spanish  other \_\_\_\_\_

**Your Home Address** (location where you will be transported to and from):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening/Mobile Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Email: \_\_\_\_\_

\*In our effort to be more efficient and distribute information that affects our riders, GET would like to use email when appropriate.

**Mailing Address** (If different from above):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

**Emergency Contact Information** (required information):

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2. MEDICAL INFORMATION (please print clearly)

Your medical condition and/or diagnosis: \_\_\_\_\_

Is condition permanent (circle one):  YES or  NO

How does the condition affect your mobility or ability to use public transportation: \_\_\_\_\_

Are you receiving treatment or any form of therapy (circle one):  YES or  NO When did your treatment commence? : MONTH/ YEAR

What days of the week do you receive treatment: \_\_\_\_\_

Side effects you may experience immediately following treatment: \_\_\_\_\_

## 3. MOBILITY INFORMATION

**a.) Which of the following mobility aids or equipment do you use?** (Check all that apply and read the disclosure below)

- Power wheelchair
- Crutches
- Oxygen tank
- Manual wheelchair
- Cane
- Service animal
- Scooter
- Walker
- other \_\_\_\_\_

**b.) Measurements of your manual/power wheelchair/scooter:** width: \_\_\_\_\_ inch. length: \_\_\_\_\_ inch. weight: \_\_\_\_\_ lbs.

What is your current weight: \_\_\_\_\_ lbs.

**c.) Do you require the use of a Personal Care Attendant?**  YES or  NO

**Disclosure:** On-Demand Paratransit vehicles are designed to accommodate mobility aids that are up to 48 inches in length, up to 30 inches wide, and which, together with the passenger, weigh up to 600 pounds. These size limits are consistent with federal ADA regulations and the "common wheelchair" definition (49 C.F.R. Section 37.3 2001). Riders will be provided transportation when safe to so, and does not pose any safety concerns to rider, other passengers, or driver.

**(please check)** I have provided all the information requested in this application and understand that failure to do so will delay the processing of my request for On-Demand Paratransit ADA paratransit service. I also acknowledge that I have read, understand and accept the disclosure regarding mobility devices.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date