1509 Schwab St, Red Bluff, CA 96080
Tel: 530-527-0597 Fax: 530-527-9367

Application for ADA Paratransit Eligibility Certification

Tehama County Transit (TRAX & ParaTRAX)

The questions on this application are designed to determine your functional abilities and, after review, you may be asked to provide verification or additional information through a personal or telephone interview. All information in this process will be kept strictly confidential. Your application will normally be processed within 21 days of receipt and you have the right to appeal any denial or conditions of this certification to the Tehama County Transit Appeals Committee. If you need assistance filling out this application please call 530-385-2877 (local call in Tehama County) and someone will help you.

Applicant Information:

Name____

Street Address____

Mailing Address____

City____________________ State______ Zip_____________

Home Phone_________________ Work Phone_________________ Date of Birth________________

Emergency Contact____

Home Phone_________________ Work Phone_________________ Relationship________________

Please describe your disability/condition and how it prevents you from using fixed-route (TRAX) buses:

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Is your condition temporary? ☐ No ☐ Yes (If Yes, date of expected recovery _______________)

Do you use any of the following aids to mobility? (Check all that apply)

☐ Manual wheelchair	☐ Walker	☐ Guide dog
☐ Electric wheelchair	☐ Crutches	☐ Hearing aid
☐ Power scooter	☐ Cane	☐ Other________________________

Do you require a Personal Care Attendant when you travel using transit? ☐ No ☐ Yes

Please complete and sign the other side of this application

Are you able to complete any of your travel needs using fixed-route (TRAX) buses? ☐ No ☐ Yes
If YES, please explain (this will not affect your chance of becoming ADA certified)

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Are there any other effects of your disability/condition of which we need to be aware?

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Professional References:

In order to properly evaluate your application, it may be necessary to contact professionals (physicians, case workers, etc.) who are familiar with your functional abilities to use public transit. Please complete the following section and sign at the bottom that you authorize us to contact these professionals.

1. Name____

Agency Name____

Mailing Address____

City___________________ State______ Zip_____________ Phone_________________

2. Name____

Agency Name____

Mailing Address____

City___________________ State______ Zip_____________ Phone_________________

Certification and Authorization:

I hereby certify that the information on this application is true and complete to the best of my ability and I hereby authorize the above named professional reference(s) to provide any information required to complete the certification process. All information will be used solely to determine my eligibility and will be kept strictly confidential. I also understand that I have a right to receive a copy of any information provided and that I may revoke this authorization at any time.

Signature____ Date___________________

Please mail your completed application to: **Paratransit Services**
1509 Schwab St.
Red Bluff, CA 96080