Dispatch System Upgrade

We are in the process of upgrading our dispatch service with software to improve our Dial-A-Ride and Paratransit services. In order to continue receiving services, you are required to provide the information listed in the application. The LTA may contact you for more information to determine eligibility for services if you are eligible for Paratransit services. You can return this form to:

- County Express Bus Driver
- By Mail: LTA, 330 Tres Pinos Road, Suite C7, Hollister, CA 95023
- By Fax: 831.636.4160

The information obtained in form *will be kept strictly confidential*. It is important to **complete all parts** of this form. ***Applications that are not complete, legibly written, and signed will be returned, which may delay your eligibility determination.***

If you have any questions, please call the San Benito County Local Transportation Authority at 831.637.7665.

Full Name (First, Middle, Last): _____

Date of Birth: _____ Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Daytime Phone: _____ Evening Phone: _____

Home Address: _____ City: _____ Zip: _____

If mailing address is not the same as above, please provide below:

Mailing Address: _____ City: _____ Zip: _____

Provide the name and phone numbers of a person we can call in case of an emergency.

Full Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Phone: _____

Do you have a disability? ☐ Yes ☐ No

Are you a client of the following organizations?

☐ Hope Services ☐ Vital Training Services ☐ Social Vocation Services

☐ Hazel Hawkins Skilled Nursing Facility ☐ Not Applicable

☐ Other: _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ ID Number: _____ Record Number: _____

Received As: ___ Complete ___ Incomplete Expiration Date: _____

Sent Back: ___ No ___ Yes Date: _____ Processed By: _____

Determination Date: _____ Approved By: _____

Long Form Sent: ___ No ___ Yes Date: _____ Database Entry Date: _____

Status: ___ DAR ___ Paratransit ___ Denied

Notes: _____

What types of destinations do you currently go to while using Dial-A-Ride or Paratransit?

☐ School ☐ Shopping ☐ Medical

☐ Recreation ☐ Other: _____

Please indicate below if you use any of the following mobility aids or equipment. Check all that applies.

☐ Cane ☐ Walker ☐ Stroller / Carseat

☐ Manual Wheelchair ☐ Motorized Wheelchair ☐ Powered Scooter / Cart

☐ Respirator / Oxygen Tank ☐ Service Animal ☐ Crutches,

☐ Leg Brace ☐ White Cane

☐ Other: _____ ☐ I do not require assistive devices.

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

If you do, please provide the following information.

Personal Care Attendant's Full Name: _____

Home Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Alternate Phone: _____

Please provide an emergency contact for your Personal Care Attendant.

Full Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Phone: _____

I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I hereby authorize the organizations to provide any information required to complete this certification. The information released will be used solely to determine my eligibility and I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

☐ Hope Services ☐ Vital Training Services ☐ Social Vocation Services

☐ Hazel Hawkins Skilled Nursing Facility ☐ Not Applicable

☐ Other:

Applicant/Guardian's Signature _____ Date_____