

## **INFORMATION ABOUT THE DIAL-A-RIDE SYSTEM ELIGIBILITY**

The Dial-a-Ride System is a door-to-door service available to those who cannot use Public Transportation for one or more of the following reasons:

- a) Unable to perform daily tasks without a wheelchair or walker;
- b) Unable to get on or off a bus;
- c) Unable to walk from home/destination to the nearest bus stop;
- d) Unable to wait standing for more than 15 minutes;
- e) Unable to move in crowds (difficulty in keeping balance in a bus is not considered a transportation disadvantage since federal regulations require seats for the disabled near the entrance of all buses);
- f) Unable to read information signs or schedules (this does not include foreign language problems or illiteracy among otherwise able-bodied individuals);
- g) Unable to grasp coins, tickets or handles;
- h) Unable to use a bus in the performance of a life sustaining activity.

The words Unable and Prevents mean that performing the function is absolutely impossible or causes severe or continuing pain, not discomfort, occasional pain, difficulty, or inconvenience.

**The following types of eligibility that may be granted are:** **Conditional Eligibility** – you are able to use the fixed route buses for some of your trips, and qualify for dial-a-ride service for other trips; **Unconditional Eligibility** – your health condition always prevents you from using the fixed route buses and you qualify for dial-a-ride for all your trips; or **Temporary Eligibility** - you have a health condition or disability that temporarily prevents you from using the fixed route buses.

The Humboldt Transit Authority reserves the right to conduct a re-certification process as necessary to keep our records up-to-date. Service will be provided only to persons who have been certified. Qualified Medical Professionals will be asked to assist in making the determination of certification by completing a form describing the applicant's disability. The final decision as to whether or not the applicant qualifies for Dial-a-Ride will be made by the Humboldt Transit Authority.

To help us accurately determine your eligibility for Dial-a-Ride, please fill out the application form as completely and thoroughly as possible. Once you have completed the form the Humboldt Transit Authority will determine if it will be necessary for an in-person interview.

## **INTERVIEW PROCESS**

If we determine that more information is needed to process your application, or that your application is incomplete we will schedule an in-person interview. At the time of your interview, we will ask you additional questions about your eligibility so we can further evaluate your travel abilities and limitations. If you know that you will need transportation to the interview, please let us know when we schedule your interview.

If you are determined eligible for dial-a-ride for some trips or for all trips, we will provide you with that information in your letter of eligibility. If it is determined that you are able to use fixed route buses for some or all of your trips, we will notify you in writing of the exact reasons for this decision and provide information about how to appeal our decision. This decision will be made within 21 days of the date you complete your in-person interview or assessment. If a decision is not made within 21 days, we will provide you with dial-a-ride until a final decision is made.

Complaints or comments about the system should be reported to Humboldt Transit Authority, Consuelo Espinosa, at 443-0826 for investigation and appropriate action. All information will be confidential. All passengers are expected to comply with vehicle rules.

**APPLICATION FOR ADA COMPLEMENTARY  
PARATRANSIT SERVICE**

TO QUALIFY FOR DIAL-A-RIDE/LIFT SERVICE YOU MUST MEET THE  
FOLLOWING CRITERIA:

CHECK ONE:            ☐ Unable to use public transportation  
                             ☐ A resident of a convalescent home

**PLEASE PRINT:**

1.            Date of Application: \_\_\_\_\_
2.            Name: \_\_\_\_\_ Phone # \_\_\_\_\_
3.            Address: \_\_\_\_\_
4.            Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5.            Agency Certifying: \_\_\_\_\_
6.            What is your disability/medical diagnosis that prevents you from using fixed-route bus service? No longer driving is not a limitation.  
\_\_\_\_\_  
\_\_\_\_\_
7.            How does your disability prevent you from using city bus service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is this condition temporary?            Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the date you expect the temporary condition to  
no longer exist: \_\_\_\_\_
8.            Does your disability change from time to time because of medical treatments, medications, or other reasons?  
                 No  
                 Yes – How? \_\_\_\_\_
9.            How far can you travel without the assistance of another person?  
                 Less than 200 feet?            \_\_\_\_\_ Up to ¼ mile?  
                 Other            (Please Explain) \_\_\_\_\_  
\_\_\_\_\_

10. Can you climb three 12-inch steps without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many steps can you go up or down? \_\_\_\_\_ Number Steps

11. Can you wait outside without support for more than 10 minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

12. If certified to use Dial-a-Ride or Dial-a-Lift, will you require the assistance of an attendant in order to use the system?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Attendant: \_\_\_\_\_

13. Mobility Limitations (please check all yes or no)

Yes _____	No _____	Can travel 200 feet without assistance
Yes _____	No _____	Can travel 3 blocks without assistance
Yes _____	No _____	Can travel 6 blocks without assistance
Yes _____	No _____	Can travel 9 blocks without assistance
Yes _____	No _____	Can climb 12-inch steps without assistance. (up to 3)
Yes _____	No _____	Can access bus using lift or ramp
Yes _____	No _____	Can wait outside without support for 10 minutes

14. If you require the use of mobility aids. Please check all that apply:

_____ Manual Wheelchair	_____ Electric Wheelchair
_____ Electric Scooter	_____ Care Worker/Attendant
_____ Cane	_____ Walker
_____ Service Animal	_____ Oxygen Tank

15. If you use a manual wheelchair, what type of obstacles could prevent you from using a fixed-route bus equipped with lift or ramp?

\_\_\_\_\_

16. Do you have a communication disability which necessitates the use of some type of communication aid?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

If yes or sometimes, what kind of communication aid do you require?

\_\_\_\_\_

17. Does your disability allow you to:

Give addresses and telephone numbers upon request?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Recognize a destination or landmark? (i.e. gas station, movie theatre, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

### Deal with unexpected situations or changes in routing?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Ask for, understand and follow directions?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

### Make arrangements-keep appointments?

Yes No Sometimes

18. List two of your most frequent destinations and how you get there now

Where do you go? \_\_\_\_\_

**Address**

How do you get there now? \_\_\_\_\_

Where do you go?

Address \_\_\_\_\_

How do you get there now?

19. Is there anything else you can tell us about your disability that would prevent you from using our fixed-route bus services? Please explain completely. Use the back of this page or additional sheets if necessary.

[illegible]

## SIGNATURE PAGE:

In order for the Humboldt Transit Authority to evaluate your request for eligibility, it may be necessary to contact a health care or rehabilitation professional for additional information about how your disability prevents you from using regular bus service. It is important that you identify one or more qualified professionals who are familiar with your particular disability and how it prevents you from using the bus system. You must include, for all professionals listed, complete telephone and address information including zip codes.

Qualified professionals include:

family physician	independent living specialist	rehabilitation specialist
ophthalmologist	physical therapist	registered nurse
occupational therapist	dialysis social worker	social worker
psychologist		

(PLEASE PRINT)

\_\_\_\_\_  
Family Physician (or other qualified professional)

\_\_\_\_\_  
Family Physician (or other qualified professional)

\_\_\_\_\_  
Professional's agency (if any) Phone#

\_\_\_\_\_  
Professional's agency (if any) Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

## CERTIFICATION AND AUTHORIZATION:

I certify that the information provided in this application is true and correct. I understand that falsification of information may result in denial of service. I authorize the professional listed above to release to Humboldt Transit Authority information about my disability and its effect on my ability to travel on the regular bus system. 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 60 days from the date below.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of person assisting applicant \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Print name \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

## LETTER OF INTRODUCTION

Dear Dr. \_\_\_\_\_ Re: \_\_\_\_\_

This letter is to inform you that one of your patients is requesting certification for the ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift Program.

The ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift Program has been established to serve the needs of persons who are unable to use the existing public transportation services offered by Redwood Transit, Eureka Transit, Arcata & Mad River Transit, and Southern Humboldt Transit.

The agency certifying clients for the ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift is the Humboldt Transit Authority.

ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift eligibility criteria now require that all ADA Complementary Paratransit/Dial-a-Ride/Dial-a-Lift users be certified on the basis of disability as unable to use public transportation. We are asking physicians to assist us in determining patient eligibility. The Humboldt Transit Authority will make the final determination of eligibility.

The word "Unable" as it relates to using the transit system means that performing the function is absolutely impossible or causes severe or continuing pain, (not discomfort, occasional pain, or difficulty.) Examples of those who would qualify to use the program are those who are:

- Unable to perform daily tasks without a wheelchair or walker;
- Unable to get on or off a bus;
- Unable to walk from home/destination to the nearest bus stop;
- Unable to wait standing for more than 10 minutes;
- Unable to move in crowds (difficulty in keeping balance in a bus is not considered a transportation disadvantage since federal regulations require seats for the disabled near the entrance of all buses);
- Unable to read information, signs, or schedules (this does not include foreign language problems or illiteracy among otherwise able-bodied individuals);
- Unable to grasp coins, tickets or handles;
- Unable to use a bus in the performance of a life sustaining activity.

Eligibility may be granted on a temporary or conditional basis.

Please complete the enclosed form so we can determine the eligibility of your patient. Thank you for your assistance in the completion of this certification.

Please send the completed form by \_\_\_\_\_

TO: Humboldt Transit Authority  
133 V Street  
Eureka, CA 95501

PROFESSIONAL VERIFICATION

Name of Applicant \_\_\_\_\_ D.O.B. \_\_\_\_\_

\* Is D.O.B. Correct? \_\_\_\_\_

IF THE APPLICANT IS UNFAMILIAR TO YOU, INELIGIBLE OR HAS NOT BEEN SEEN FOR MORE THAN ONE YEAR, PLEASE INDICATE UNDER "ADDITIONAL COMMENTS" AND RETURN BY THE DATE INDICATED IN THE COVER LETTER. If a response is not received by the date indicated, the application will be returned to the applicant.

- A. Has the applicant been diagnosed with significant limitations cognitive, physical, etc.? If yes, please explain.

\_\_\_ No \_\_\_ Yes      Diagnosis      Onset      ICD-9/DSM      Temp Until When?

\_\_\_\_\_

- B. Do the applicant's abilities change due to medical treatments, environment (heat, etc.)? If yes please explain.

\_\_\_ No \_\_\_ Yes \_\_\_\_\_

- C. What is the **MAXIMUM** distance the applicant can either travel using a mobility aid OR ambulate unassisted. If variable, please explain.

\_\_\_ Less than 1 block    \_\_\_ 2 blocks    \_\_\_ ¼ mile    \_\_\_ ¾ mile or more  
\_\_\_ 1 block    \_\_\_ 3 blocks    \_\_\_ ½ mile or more    \_\_\_ Varies: \_\_\_\_\_

- D. How many large stairs can the applicant climb or descend? If variable, please explain.

\_\_\_ none    \_\_\_ 2    \_\_\_ 4 or more  
\_\_\_ 1    \_\_\_ 3    \_\_\_ Varies: \_\_\_\_\_

- E. **Without** assistance, can the applicant perform the following activities? If variable, please explain.

- Ask for, understand and follow direction?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Varies: \_\_\_\_\_
- Cope with unexpected changes in routine?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Varies: \_\_\_\_\_
- Recognize landmarks?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Varies: \_\_\_\_\_
- Cross busy streets?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Varies: \_\_\_\_\_
- Use a telephone to make and receive calls?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Varies: \_\_\_\_\_

- F. Does the applicant require an attendant to complete a trip? If yes, please explain.

\_\_\_ No \_\_\_ Yes

- G. Does the applicant currently use a service animal?

\_\_\_ No \_\_\_ Yes

- H. Does the applicant utilize any of the following mobility aids?

\_\_\_ does not use aid    \_\_\_ manual wheelchair    \_\_\_ braces    \_\_\_ cane  
\_\_\_ motorized chair/ scooter    \_\_\_ walker    \_\_\_ other- please specify \_\_\_\_\_

- I. On average how frequently has the applicant been seen? \_\_\_\_\_

- J. Please indicate which combination of the following categories best summarizes the applicant's limitation(s):

- \_\_\_ The applicant cannot ride the bus without the assistance of an attendant.  
\_\_\_ The applicant cannot board the bus without a lift or ramp.  
\_\_\_ The applicant cannot travel to and from the bus stop (assume not more than 6 blocks away)

- K. Additional comments (prognosis, overall condition, etc.):

Professional Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



**SCHEDULING YOUR TRIP:** When you call in to schedule your ride, you will need to give the following information:

Your Name  
The address you wish to be picked up at  
The address of your destination  
The time of your appointment  
Additional Guest (s), such as certified attendant  
If you need assistive devices, such as a wheelchair  
\* Don't forget to schedule your return trip

After entering this information into the computer, the dispatcher will give you a time for pick-up. The computer will be used to assist the dispatcher in making the most efficient routes so that everyone gets to where they are going on time.

### **USING DIAL-A-RIDE IN THE EUREKA/ARCATA/MCKINLEYVILLE AREA**

For trips in the Eureka, Arcata, or McKinleyville Areas contact City Cab at 442-4555. Hours of operation are 6:00 a.m. to 7:00 p.m., Monday through Friday and 7:30 a.m. to 5:30 p.m. on Saturday. Reservations can be made up to 14 days in advance and seven days a week 8:00am to 5:00pm. You **MUST** schedule your ride 24 hours in advance, and be ready to go when the vehicle arrives. **TICKETS ARE REQUIRED, \$18.00 FOR A STRIP OF SIX (6) TICKETS (NO REFUNDS).**

Those who have folding wheelchairs and can transfer to a cab must use the regular cabs or mini-van instead of the Dial-a-Lift wheelchair van. You **MUST** schedule your ride 24 hours in advance, and be ready to go when the vehicle arrives. Drivers will only be able to make one stop and each time you get into the cab it will count as a separate trip and require new tickets.

For trips on Old Arcata Road, Manila, Samoa, Humboldt Hill, King Salmon, Fields Landing, or Cutten contact HCAR at 443-7077. Hours of operation are 7:00 a.m. to 7:00 p.m., Monday through Friday and 7:30 a.m. to 5:30 p.m. on Saturday. Drivers will only be able to make one stop and each time you get into the cab it will count as a separate trip and require new tickets.

For your convenience, the phone number is printed on the tickets. Drivers will not wait if you are not ready or have left the requested pick-up location.

All requested pick-up locations for City Cab or HCAR must be made prior to 6:45pm Monday through Friday, and 5:15pm on Saturday.

Holidays observed by Dial-a-Ride are New Year's Day, Independence Day, Thanksgiving Day, and Christmas Day.

## **SERVICE AREAS**

### **Eureka**

This service area is the same as that for the Eureka Transit Service which includes Pine Hill, Myrtle town, Bayshore Mall, and Cutten (as far out as Campton Road). One ticket will be collected per trip.

### **Arcata**

This service area is the same as that for the Arcata Transit Service. One ticket will be collected per trip.

### **Mckinleyville**

The southern boundary begins at the Mad River, from the Pacific Ocean to the intersection of North Bank Road at State Highway 299. The northern boundary is U.S. Highway 101 at the Little River bridge located by the Highway Patrol scales, and to Crannell Road where it crosses Bullwinkel Creek. The eastern boundary ends at the end of Hiller Road, and the western boundary ends at the end of Gwin Road. One ticket will be collected per trip.

### **HCAR Dial-a-Ride Service:**

The expanded Care-A-Van public DAR/DAL service area generally includes Old Arcata Road between Eureka and Arcata city limits; Indianola Cutoff; State Route 255 including Manila and Samoa; Elk River Road; Humboldt Hill; King Salmon; Fields Landing; Cutten; Ridgewood Heights; and College of the Redwoods. Program boundaries are generally defined to service approximately 3/4 mile from the identified roadways and/or communities.

All trips must begin and/or end within the service area boundaries. The service areas are divided into seven (12) zones, and one (1) ticket will be collected per zone. The maximum of crossing zones per trip is three (3), and no more than three (3) tickets will be collected to accomplish one (1) single trip.

## **ADDITIONAL INFORMATION**

1. Dial-a-Ride tickets are \$3.00 each and are sold in books of six for \$18.00. Once you have been certified, tickets may be purchased by mail. You must plan your trip (s) 24 hours in advance, and plan on having tickets before you call for a ride. Requests for ticket purchases can be sent to:

Senior Resource  
1910 California Street  
Eureka, CA 95501

Eureka City Hall  
531 K Street  
Eureka, CA 95501

Mckinleyville Senior Center at Azalea Hall  
1620 Pickett Road  
Mckinleyville, CA 95521

Humboldt Transit Authority  
133 V Street  
Eureka, CA 95501

2. Attendants who ride with a person certified to have an attendant will not be charged. The attendant must be identified at the time of certification. Individuals who are not certified as needing an attendant will be able to have one guest join them for their trip at the same cost per zone as paid by the certified individual. Additional guests will only be accommodated if space is available and advance reservations have been made with the dispatcher. Such additional guests will pay the regular \$3.00 fare per ride per zones traveled to use the system.

3. For trip origins outside of the Dial-a-Ride/Lift service areas, the regular cab fare will be charged until the service area is reached. The Dial-a-Lift van cannot make trips outside of the service areas.

**PLEASE NOTE:** HCAR Dial-a-Ride Vehicles are not set up to run cab meters. The only service areas covered are those as defined in the service area description section.

4. Dial-a-Ride/Dial-a-Lift is a shared ride system, and transports more than one passenger per vehicle when most productive to do so. You are expected to ride with passengers and the driver assigned to you by the dispatcher.

5. City Cab/HCAR vehicle rules include: Seat belts are required while riding in the front seat of the cab, pets are allowed on laps or in carriers to veterinary appointments only, smoking is not permitted, drivers will help with a reasonable number of packages only (limit is 3 bags of groceries), and do not plan on using Dial-a-Ride as an ambulance.

6. Corridor travel between Eureka, Arcata, or McKinneyville will cost an additional ticket per zone traveled.

For more information please contact the Humboldt Transit Authority at (707) 443-0826.

## Exhibit 1

### Zones:

- Zone 1 = travel between Humboldt Hill/Fields Landing/King Salmon and the City of Eureka
- Zone 2 = travel between Humboldt Hill/Fields Landing/King Salmon and the City of Arcata
- Zone 3 = travel between Indianola Cutoff and the City of Eureka
- Zone 4 = travel between Indianola Cutoff and the City of Arcata
- Zone 5 = travel between the City of Arcata and Manila/Samoa
- Zone 6 = travel between the City of Eureka and Manila/Samoa
- Zone 7 = travel between Ridgewood Heights and the City of Eureka
- Zone 8 = travel between Ridgewood Heights and the City of Arcata
- Zone 9 = travel between Elk River Community and the City of Eureka
- Zone 10 = travel between Elk River Community and the City of Arcata
- Zone 11 = travel between College of the Redwoods and the City of Eureka
- Zone 12 = travel between College of the Redwoods and the City of Arcata

## **NO-SHOW POLICY:**

All No-Shows listed below occur within any 90-day period.

- **First No-Show:** Notification will be mailed stating the date and time of the passenger's first No-Show violation.
- **Second No-Show:** Notification will be mailed stating the dates and times of the first and second No-Show violations and warn of impending suspension should a third No-Show occur within the current 90-day time period.
- **Third No-Show:** Notification will be mailed stating the dates and times of all three No-Shows and will notify the passenger of the one week suspension. This letter will include information on the appeal process.

Humboldt Transit Authority will contact the passenger to determine the dates of the suspension period. The suspension is applicable to both standing and demand-response trips.

**TO AVOID A NO-SHOW STATUS PLEASE CANCEL YOUR TRIP 30 MINUTES PRIOR TO YOUR APPOINTMENT.**