

# RABA

## **DEMAND RESPONSE ELIGIBILITY APPLICATION**

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RABA Demand Response is a specialized curb-to-curb transportation service provided as required by the Americans with Disabilities Act (ADA). The ADA requires Demand Response service to be provided to people who are **prevented** by an impairment from using RABA's regular bus service. The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the RABA fixed route bus system. The more complete and accurate information you provide, the better RABA will understand your abilities and travel challenges. Remember, eligibility for Demand Response service is not granted because a person finds it difficult or uncomfortable to get to and from bus stops or to ride the bus. Likewise, age, apart from disability, does not confer eligibility. An applicant must be **UNABLE** to utilize the fixed route bus system.

There are two sections to this application. The *Demand Response Eligibility Application* (green part) and the *Physician Verification Form* (yellow part).

### **Here's what you need to do:**

1. Complete the *Demand Response Eligibility Application* (green part) and return it to the RABA office at the address below.
2. Sign the *Authorization Form for Disclosure of Protected Health Information*, which is part of the *Physician Verification Form* (yellow part).
3. Take, or mail, the entire *Physician Verification Form* (yellow part) to a physician that is familiar with your functional abilities. Ensure that your physician receives the *Authorization Form for Disclosure of Protected Health Information* that you signed.

We will not be able to make a determination on your eligibility until we have received both the completed *Demand Response Eligibility Application* and the completed *Physician Verification Form*. After we receive both completed parts, you may be required to participate in an interview with RABA staff.

RABA  
PO Box 496071  
777 Cypress Avenue  
Redding, CA 96049-6071  
Phone: (530) 225-4170  
Fax: (530) 245-7024



## Tell Us About Your Disability / Health-Related Condition

Please answer the following questions in detail. Your specific answers to the questions will help us in determining your eligibility.

1. What functional impairment, disability, or disabling health condition do you have and how does it prevent you from using the RABA fixed route bus?

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2. Do the conditions you described change from day to day in a way that affects your ability to use the fixed route bus?

- Yes, I could use fixed route on some days, but on other days I couldn't.  
 No, doesn't change.  
 Don't know.

3. Are the conditions you described:

- Permanent       Temporary       Don't Know

If temporary, how long do you expect the condition to continue? \_\_\_\_\_

## Tell Us About Your Capabilities and Usual Activities

4. Do you use any of the following mobility aids or specialized equipment?  
(Check all that apply)

- None       Power Wheelchair       Communication Devices  
 Cane       Service Animal       Walker  
 White Cane       Crutches       Manual Wheelchair  
 Power Scooter       Portable Oxygen Tank       Leg Braces  
 Other Aid \_\_\_\_\_

5. If you use a power scooter, power wheelchair, or manual wheelchair, your use of these aids is subject to size and weight restrictions.

What are the dimensions of your mobility aid? Width \_\_\_\_\_ Length \_\_\_\_\_

How much does your mobility aid weigh when occupied? Pounds \_\_\_\_\_

6. Please check the box that best describes your current living situation.
- Live independently (without the assistance of another person)
  - 24-hour care or Skilled Nursing Facility
  - Live with family members who help me
  - Assisted Living Facility
  - Receive assistance with daily living activities from someone that comes to my home
7. How far can you walk or travel using the mobility aids or specialized equipment identified in Question 5 above without the help of another person?
- Less than 1 block
  - Up to 2 blocks
  - 3 to 6 blocks
  - 7 or more blocks
8. Which of the following statements best describes you if you had to wait outside for a ride? *(Check only one response)*
- I could wait by myself for 10 to 15 minutes.
  - I could wait by myself for 10 to 15 minutes only if I had a seat and shelter.
  - I would need someone to wait with me because \_\_\_\_\_
- 
9. Which of the following statements best describes you? *(Check only one response)*
- I have never used the RABA fixed route bus.
  - I have used the RABA fixed route bus, but not since the onset of my disability / health condition.
  - I have tried to use RABA fixed route bus, but was unable because \_\_\_\_\_
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- I have used the RABA fixed route bus within the last six months.
10. Can you get to and from the RABA bus stop nearest your house by yourself?
- Yes     No     Sometimes     Don't know where the stop is
- If no or sometimes, check why:
- Hills     Curbs     No Sidewalks     Weather
  - Distance to the stop     Street Crossings
11. Can you grasp handles, railings, coins, and tickets?
- Yes     No     Sometimes     Don't know, never tried it
- If no or sometimes, explain why: \_\_\_\_\_

12. Can you stand and maintain balance on a moving RABA bus when holding onto a pole or railing?  Yes  No  Sometimes  Don't know, never tried it  
 If no or sometimes, explain why: \_\_\_\_\_  
 \_\_\_\_\_

**Tell Us About Your Travel Needs**

13. Do you have a current Driver's License?  Yes  No

14. How do you currently travel? (*Check all that apply*)

Bus How many times per month? \_\_\_\_\_

Paratransit How many times per month? \_\_\_\_\_

RABA Demand Response, First Transit, Senior Nutrition (*circle the ones you use*)

Taxi How many times per month? \_\_\_\_\_

Drive myself How many times per month? \_\_\_\_\_

Someone drives me How many times per month? \_\_\_\_\_

15. Please provide the address of the places you travel to most often. (Such as doctors, physical therapist, work, stores, restaurants, friends, or relatives)

Place	Address

16. Please add any other information that you would like us to know about your abilities or disabilities. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Applicant's Certification

I certify that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information could result in denial of service. I understand that 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 understand that it may be necessary to contact a physician who is familiar with my functional abilities to use the Demand Response in order to assist in the determination of eligibility.

I understand that RABA Demand Response is a curb-to-curb service. Drivers are not permitted to enter any structure to find me or assist me to the curb. If I am determined eligible for Demand Response, I must be able to get to and from the curb.

I understand that it is my responsibility to notify RABA if my condition changes. If my condition improves after I have been determined eligible, I may be asked to reapply. I understand that periodically, I may need to complete a recertification to remain eligible for RABA Demand Response services.

I understand that I must complete the *Certification for Personal Care Attendant* on the next page if I require the assistance of a personal care attendant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Did someone help you in filling out this form?

Yes

No

Can we contact this person for additional information?

Yes

No

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Have you answered all the questions and provided explanations where required?

Have you completed the *Certification for Personal Care Attendant* on Page 6

INCOMPLETE APPLICATIONS WILL BE RETURNED

Return completed form to:  
**RABA Demand Response**  
**777 Cypress Avenue**  
**PO Box 496071**  
**Redding, CA 96049-6071**

## RABA Demand Response Certification for Personal Care Attendant

A personal care attendant is someone whose help you require for daily life activities (eating, dressing, personal hygiene, carrying packages, finding your way, etc.). An attendant does not always have to be the same person.

Do you require the assistance of a personal care attendant?

Yes    No    Sometimes

If yes or sometimes, complete all the information below and sign. If no, you do not need to complete the remainder of this form.

Explain how your attendant helps you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that due to my disability, I require the services of a personal care attendant to assist me on a regular basis and travel with me on RABA Demand Response.

I understand that RABA reserves the right to contact my physician to verify my need for an attendant.

I understand that fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service.

Signature \_\_\_\_\_

Date \_\_\_\_\_