



## 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, fixed route 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 the 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) and the *Physician Verification Form* (yellow).

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

1. Complete the *Demand Response Eligibility Application* (green) and return it by mail, fax, or in person to the RABA office at the address below. **REMEMBER TO SIGN AND DATE PAGE 5**, and be sure to **check WHETHER OR NOT you require a personal care assistant on Page 6**.
2. Sign the *Authorization Form for Disclosure of Protected Health Information*, which is part of the *Physician Verification Form* (yellow), and take it and the *Physician Verification Form* "PVF" (yellow) to a physician that is familiar with your functional abilities. Advise the office staff that **THE YELLOW PVF FORM MUST BE SIGNED BY A MEDICAL DOCTOR**. The signature of a nurse or physician's assistant will not be accepted and will delay the processing of your application. The doctor's office may fax or mail the PVF to us or may return it to you.
3. The processing of your application will not begin until both parts (green and yellow) are received signed and completed as required. Once this happens, your application will be processed and sent to administration for review. Although policy allows 21 days to process and review your application, we strive to complete the process in a couple of weeks. While you are in the review process, you may utilize the service as needed. Going on the assumption that you are approved, this service would then continue uninterrupted. You will receive a letter regarding your eligibility for service. You MAY be required to participate in an interview with RABA staff once we receive both completed parts of your application.

There is no fee to apply for Demand Response. The charge to ride the Demand Response bus is \$3.00 one way, plus \$1.50 per zone change when applicable. Demand Response operates Monday - Friday, 6:30 a.m. - 7:30 p.m. and Saturday 9:30 a.m. - 7:30 p.m.

Note: A photo is required to complete the processing of your Demand Response ID card. If you hand deliver your application (green, Step 1), you can request to have your picture taken at that time which will speed the process by alleviating the need to mail you an approval letter.

### **PLEASE NOTE THE NEW RABA CONTACT INFORMATION:**

RABA  
3333 So Market Street  
Redding, CA 96001  
Phone: (530) 245-0789  
Fax: (530) 241-4667



**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_
- 
- 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 (continued on next page!)

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 \_\_\_\_\_

Continued Next Page 

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**  
**3333 So Market Street**  
**Redding, CA 96001**

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## 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?

No

If yes or sometimes, please complete the information below and sign.

Yes    Sometimes

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 \_\_\_\_\_

**Authorization Form for Disclosure  
of Protected Health Information**

I, \_\_\_\_\_, authorize:

*(Print name of applicant)*

\_\_\_\_\_, who is completing the Physician Verification Form

*(Print name of Physician)*

on my behalf, to release this information about my disability and abilities to representatives of the Redding Area Bus Authority (RABA) for their review, as well as any supporting or other pertinent information about my health or medical condition to assist RABA solely for the purpose of determining eligibility for RABA Demand Response Americans with Disabilities Act (ADA) paratransit service. I understand that all medical information about my disability will be kept strictly confidential.

**I understand that I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified.** In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. I have the right to revoke this authorization in writing except to the extent that RABA has acted in reliance upon this authorization. My written revocation must be submitted to RABA at 3333 So Market Street, Redding, CA.

\_\_\_\_\_  
Signature of Applicant or Legal Guardian

\_\_\_\_\_  
Date

(NOTE: May be signed by a legal guardian with power of attorney only if documentation showing your legal authority to act and sign on applicant's behalf is also provided.)

Applicant/Guardian must be provided with a copy of this authorization form.

**Attention Physician:**

Please return a copy of this signed authorization with the completed Physician Verification Form.



**DEMAND RESPONSE**

**PHYSICIAN VERIFICATION FORM**

Dear Physician:

You are being asked to provide information regarding the applicant's impairments as part of his/her application for RABA Demand Response service. RABA Demand Response is a specialized curb-to-curb transportation service provided as required by the Americans with Disabilities Act (ADA). The Demand Response service is provided to people who, due to an impairment, are prevented from using fixed route transit, like RABA's regular bus service. 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.

RABA will use the information you provide as part of our process to determine if applicants are prevented from using regular transit or if they have the functional ability to use the fixed route bus. If you have questions about the process, please call our Certification Office at (530) 245-7089.

**COMPLETE THIS SECTION FOR ALL APPLICANTS**

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Applicant's Mailing Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
*(In the event we receive this PVF prior to the patient's application, we use this information to mail the patient an application request.)*

1. In what capacity do you know this applicant? \_\_\_\_\_

2. When was your last evaluation of this applicant? \_\_\_\_\_

3. Can this applicant travel alone outside the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

4. Does this person take medications that would affect his/her ability to travel on public transportation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

5. If traveling alone, does the applicant have the ability to:

Wait outside at a bus stop for 10 to 15 minutes? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Grasp handles, coins, tickets? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Stand and maintain balance on a moving bus if holding a railing/pole? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Cross streets safely and find a bus? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Understand and follow a bus schedule? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Communicate needs? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

**The sections on the following pages pertain to specific types of conditions or impairments. Please complete *ONLY* those sections that apply to this applicant.**

**COMPLETE THE FOLLOWING FOR APPLICANTS WITH  
MOBILITY IMPAIRMENTS**

1. Briefly describe the impairment or condition and any corresponding limitations: \_\_\_\_\_  
\_\_\_\_\_
2. Does this person use a mobility aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, circle those used:  
Manual Wheelchair / Power Wheelchair / Cane / Walker / Scooter / Crutches / Leg Braces  
Other: \_\_\_\_\_
3. How far can the applicant walk with mobility aid(s), or travel in a wheelchair?  
Less than 1 block \_\_\_\_ 1 to 2 blocks \_\_\_\_ 3 to 6 blocks \_\_\_\_ 7 or more blocks \_\_\_\_ Don't Know \_\_\_\_
4. Is this condition temporary? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
If yes, how long will this condition last? \_\_\_\_\_

**COMPLETE THE FOLLOWING FOR APPLICANTS WITH  
VISUAL IMPAIRMENTS**

1. Briefly describe the visual impairment and any corresponding limitations: \_\_\_\_\_  
\_\_\_\_\_
2. Does this visual impairments affect this person's ability to travel on public transit: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
3. Is this condition temporary? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
If yes, how long will this condition last? \_\_\_\_\_

**COMPLETE THE FOLLOWING FOR APPLICANTS  
WITH PSYCHIATRIC IMPAIRMENTS OR CONDITIONS**

1. Briefly describe the impairment or condition and any corresponding limitations: \_\_\_\_\_  
\_\_\_\_\_
2. Does this impairment or condition affect this person's ability to travel on public transit:  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
3. Is this person a risk to others or themselves, especially when in close quarters?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
4. Does this person demonstrate inappropriate social behavior (i.e., is he/she aggressive or overly friendly)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**COMPLETE THE FOLLOWING FOR APPLICANTS WITH COGNITIVE IMPAIRMENTS,  
DEVELOPMENTAL DISABILITIES, NEUROLOGICAL IMPAIRMENTS, OR HEAD INJURIES**

1. Please describe the impairment and any corresponding limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Does this impairment impact this person's ability to use public transit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Does the applicant experience seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of seizures and how often? \_\_\_\_\_
4. Does this person demonstrate inappropriate social behavior (i.e., is he/she aggressive or overly friendly)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN CERTIFICATION**



**Does the patient's impairment prevent him/her from riding the \*Fixed Route System?**

Yes  No

By my signature, I certify that this information is true and correct. I understand that the falsification of the information may result in denial of service to the applicant. I understand that all information will be kept confidential.

**Dr.** Signature \_\_\_\_\_ Date \_\_\_\_\_

Form MUST be signed by Medical Doctor

**Print** Name \_\_\_\_\_ **California License #** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**RETURN THE COMPLETED FORM TO  
RABA DEMAND RESPONSE**

*Fax form to:*  
(530) 241-4667

*Or mail form to:*  
RABA  
3333 So Market Street  
Redding, CA 96001

\*\*Fixed Route\*\* is the RABA bus that stops at fixed locations throughout the City. The customer must walk to the bus stop, wait for the bus, and walk from the next stop to his destination.