



TRI DELTA TRANSIT

Eastern Contra Costa Transit Authority
801 Wilbur Avenue • Antioch, California 94509
Phone 925.754.6622 Fax 925.757.2530

Important Application Information for ADA Paratransit Transportation

ADA Paratransit Transportation Eligibility

Eligibility is determined on a case-by-case basis in accordance with the Americans with Disabilities Act (ADA). Disabled status is strictly limited to those who have limitations that prevent them from using accessible fixed route transportation. If you are found to be capable of using fixed route bus service, you will not be eligible for ADA Paratransit transportation.

To apply for eligibility you must fully complete the attached application form and return it to Tri Delta Transit. We will review your ability to use accessible fixed route transportation and will consult with your doctor, health professional, or other specialist about your condition and abilities. After reviewing your application and the information provided by your health care professional, we may need to contact you by phone or schedule a personal interview or a functional evaluation. The functional evaluation will help us determine your ability to take a public transit trip.



Once your fully completed application is received and we receive a medical verification form from your health care provider, your application will be processed within 21 days. You will receive notice of your eligibility determination by mail.

If you are certified as ADA eligible, you can travel on Tri Delta Transit's ADA Paratransit transportation system as well as on paratransit systems throughout the nine-county Bay Area. If you are found to be ineligible and do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility determination letter if your ADA status is denied.

Instructions to Apply for ADA Paratransit Transportation

1. Please PRINT OR TYPE full responses to the questions on the application form. Your detailed responses and explanations will help us make an appropriate determination. Be sure to respond to ALL questions or your application will be considered incomplete.
2. You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations.
3. You must provide your signature in three places to complete the application:
 - Authorization to Release Medical Information (page 6)
 - Applicant Certification (page 8)
 - Paratransit Rider Responsibility (page 9)
 - Enclosed HIPAA Form
4. If you require a personal care attendant, complete and sign the form entitled *Certification for Personal Care Attendant* (page 7).
5. Complete and sign the enclosed (HIPAA) Health Information Form.
6. Return the completed application and signed HIPAA form to Tri Delta Transit at 801 Wilbur Avenue, Antioch, CA.

- For help with the application process call (925) 754-6622
- All information that you supply on your application will be kept strictly confidential.

ADA PARATRANSIT TRANSPORTATION APPLICATION

Please mail your completed application to:

Tri Delta Transit
Attn: Paratransit
801 Wilbur Ave, Antioch, CA 94509

Please Print

Personal/Contact Information

Name (*first, middle, last*):

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (*if different from home*):

_____ Apt. #: _____

City: _____ Zip: _____

Daytime Phone: (____) _____ **TDD/TTY:** (____) _____

Evening Phone: (____) _____ **Cell Phone:** (____) _____

Birth Date: ____/____/____ Female Male

Primary Language (*please check*): English Other (*specify*) _____

If you need any future written information provided to you in an accessible format, please check which format you prefer:

CD Audio tape Braille Large Print
 Other

In case of emergency, whom should we contact?

Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

If there is a medical emergency, where do you want to be transported?

Hospital: _____ City: _____

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. Which **disability or health related conditions** PREVENT you from using regular public transit without the help of another person (i.e. BART, bus, streetcar)?

2. Briefly explain **HOW** your condition prevents you from using regular public transit without the help of another person.

3. When did you first experience the conditions you described above?
 0-1 year ago 1 – 5 years ago Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to use public transit?
 Yes, good on some days, bad on others. No, doesn't change.
 Don't know.

5. Are the conditions you described:
 Permanent Temporary Don't Know
If temporary, how long do you expect this to continue?

Tell Us About Your Capabilities and Usual Activities

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

- Cane
- White Cane
- Power Scooter
- Leg Braces
- Other Aid _____
- Power Wheelchair
- Service Animal
- Crutches
- Portable Oxygen Tank
- Communication Devices
- Walker
- Manual Wheelchair

7. Please check the box that best describes your current living situation:

- 24-hour care or Skilled Nursing Facility
- Assisted Living Facility
- I receive assistance from someone that comes to my home to help with daily living activities
- I live with family members who help me
- I live independently (without the assistance of another person)

8. How many city blocks can you travel with your usual mobility aid and without the help of another person?

9. 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 ten to fifteen minutes
- I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
- I would need someone to wait with me because

10. Which of the following statements best describes you?
(Check only one response):

- I have never used regular public transit
- I have used regular public transit but not since the onset of my disability
- I have used regular public transit within the last six months

Tell Us About Your Travel Needs

11. How do you currently travel to your frequent destinations?

(Check all that apply):

- Buses Paratransit Drive myself BART
 Taxi Ferry Streetcar Someone drives me
 Other _____

12. Do you travel with the help of another person?

- Always Sometimes Never

12a. If “always” or “sometimes”, what type of help do they provide?

13. Would you be able to get to and from the public transit stop nearest your home?

- Yes No Sometimes

If no or sometimes, explain why:

14. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

15. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

- Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

ADA PARATRANSIT TRANSPORTATION APPLICATION

16. Would you be able to get on or off a public transit bus if it has a lift, a ramp, or a kneeler that lowers the front of the bus?

Yes No Sometimes Don't know, never tried it

If no or sometimes, explain why:

17. Please add any other information that you would like us to know about your abilities.

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

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Authorization to Release Medical Information

(To be completed by applicant)

I **hereby authorize** the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information:

Address:

Medical Record or ID #, if known:

Sign here:

Applicant's signature _____ Date _____

Certification for Personal Care Attendant (Optional)

A personal care attendant is someone whose help you need 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.

Tri Delta Transit paratransit drivers are not personal care attendants, nor does the Americans with Disabilities Act require Tri Delta Transit to provide you with an attendant. ***Tri Delta Transit reserves the right to contact your healthcare professional to verify your need for an attendant.***

Verification

I, _____ certify that due to my disability or health related condition, I require the services of a personal care attendant to assist me and will travel with me when I use Tri Delta Transit paratransit transportation.

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

Applicant Certification

I **certify** that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will 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 understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:

Applicant's signature _____ Date _____

Did someone help you in filling out this form? Yes No

If yes, Name: _____ Phone: (____) _____

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

Paratransit Rider Responsibility

Tri Delta Transit is committed to providing safe, secure, and reliable service to our customers. To ensure this level of service, the cooperation and support of our customers is critical. It is for this reason that the following rules have been adopted.

I, _____ understand that it is my sole responsibility, or that my Power of Attorney or Conservator, that I contact Tri Delta Transit with any of the following changes during the course of my registration with Tri Delta Transit's Paratransit service:

- My name, address and/or telephone number
- Emergency contact's name and/or phone number
- Type of mobility device
- Change(s) to physical or mental condition
- Need for a personal care attendant

When a change occurs I will contact Tri Delta Transit Paratransit immediately to have my rider file updated.

Signature

Date

Please mail all nine pages of this application and HIPPA Form to Tri Delta Transit. If the application is received without all pages included, it will be considered incomplete.

Tri Delta Transit
Attn: Paratransit
801 Wilbur Ave
Antioch, CA 94509



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)

PATIENT NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Tri Delta Transit 801 Wilbur Avenue Antioch 94509

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

- DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

- COPY OF HOSPITAL SUMMARY COPY OF OUTPATIENT TREATMENT NOTE(S) OTHER (Specify)

Medical Verification form

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

ADA Paratransit eligibility determination process

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE (mm/dd/yyyy)

SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED

RELEASED BY

Tri Delta Transit ADA Paratransit Information

Eligibility and Registration

Eligibility is determined on a case-by-case basis in accordance with the ADA. Disabled status is strictly limited to those who have limitations that prevent them from using accessible fixed route transportation. If you are found to be capable of using fixed route bus service, you will not be eligible for ADA Paratransit transportation.



To request an eligibility application:

- Visit Tri Delta Transit's administrative office at 801 Wilbur Avenue in Antioch
- Call 925-754-6622 to get an application by mail

You must fully complete the application form and return it to Tri Delta Transit.

We will receive and review the application

- You may be contacted by phone for more information.
- You may be asked to come to Tri Delta Transit for a personal interview or functional evaluation.
- You will be notified by mail of your eligibility status within 21 days of receipt of your completed application, including a medical verification form completed by your medical provider.
- If you are certified as ADA eligible, you can travel on Tri Delta Transit's ADA Paratransit transportation as well as on paratransit systems throughout the nine county Bay Area.

ADA Paratransit Eligibility Appeals

If you are found to be ineligible and do not agree with the eligibility determination, you have the right to appeal the decision.



To appeal a decision, send a brief letter within 60 days of the decision stating your reasons for the appeal to:

**Paratransit Appeals
Tri Delta Transit
801 Wilbur Avenue
Antioch, CA 94509**

Once we receive the letter, an appeals panel will be assembled to hear your appeal. The appeals board will render a final, written decision within 30 days of hearing the appeal.

The appeals panel consists of at least three persons, including one peer to the applicant, one medical professional, and one transit professional.

The appeals process will include a meeting between you (or someone on your behalf) and the appeals panel.

You may bring anyone you wish along to the meeting to speak on your behalf. Tri Delta Transit will provide free transportation for you to and from the appeals meeting. Tri Delta Transit will also provide any necessary aids that you request at the appeals meeting, if you request them at least one week in advance.

Hours and Days of Operation

Transportation Service Hours

ADA Paratransit Transportation Hours:

Monday - Friday 3am to midnight*

Saturday 6am to 1am*

Sunday 7am to 1am*

*Transportation availability subject to fixed route bus service hours

ADA Paratransit transportation is available during the same days and hours that Tri Delta Transit's fixed route bus service operates. You may request a pick-up within $\frac{3}{4}$ mile of a fixed route during the days and hours of service the bus route operates.

Saturday/Sunday/Holiday Service

There is limited ADA Paratransit transportation on Saturdays, Sundays and on holidays.



- New Year's Day (Actual & Observed)
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day (Actual & Observed)
- Labor Day
- Veterans Day (Actual & Observed)
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day (Actual & Observed)

Ride Reservations

925-754-3060

6am - 6pm daily,
including holidays



Ride Cancellations

925-706-4382

Call the cancellation line with all ride cancellations at least one hour in advance of your ride time or you will be charged with a no-show.



The cancellation line is available 24 hours a day, 7 days a week to record your message.

Please leave the following information:

1. Your name and pick-up address
2. Time and date of all rides to be cancelled, including return ride if applicable

Late Cancellation/ No-Show Policy

A no-show is a scheduled ride that you do not take without properly cancelling on time.

- If you call to cancel less than one hour in advance of your ride time, you will be marked a no-show.
- If you accumulate more than three no-shows in a six-month period of time, your service may be suspended for one month.
- A written warning will be sent before service is suspended.

Contact Information

Phone Numbers

Applications, Questions, Comments:

925-754-6622

Ride Reservations: 925-754-3060

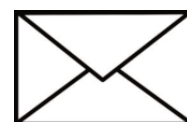
Ride Cancellations: 925-706-4382

Lost & Found: 925-754-6622

TTY: 925-754-3695

Mailing Address

801 Wilbur Avenue
Antioch, CA 94509



Scheduling a Ride

Once you have been notified that you are eligible to use Tri Delta Transit's ADA Paratransit transportation, call 925-754-3060 to schedule a ride. Ride requests may be made one to three days in advance. If you are requesting a trip that goes outside Eastern Contra Costa County, we recommend that you call at least seven days in advance so we can coordinate your trip with the other providers.

When requesting a ride, please give the reservationist the following information:

1. Your name and pick-up address
2. The date and time of the appointment or your preferred pick-up time*
3. The destination address and phone number
4. The preferred return time*
5. The return address
6. If a personal care attendant or companion(s) will travel with you
7. If you will be using a cane, walker, service animal or mobility device

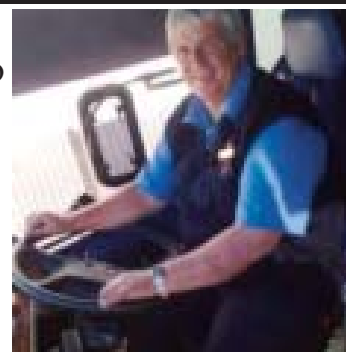
After making the ride request, you will receive an automated call with your confirmed pick-up time the day before your scheduled ride.

*Please remember this is shared ride transportation. To accommodate as many ride requests as possible, an ADA Paratransit confirmed pick-up time may be up to one hour before or after the requested pick-up time.

- If you schedule a trip where your arrival time is important (e.g., doctor appointment), please give the reservationist your appointment time.
- If you schedule a trip where your arrival time is not important (e.g., store), please give the reservationist the time you prefer to be picked up from your starting location.

ADA Paratransit Regional Rides

ADA Paratransit transportation allows you to schedule rides which take you outside Eastern Contra Costa County. This means you will be required to transfer to another paratransit provider.



We recommend that you call at least seven days in advance to schedule a regional trip so we can coordinate your trip with the other providers.

ADA Paratransit Subscription Service

Subscription service is a convenience offered to our ADA Paratransit passengers that take the same trip on a regular basis. Subscription service is pre-paid and has specific rules and limits. Typical subscription rides include those for school, jobs, dialysis, chemotherapy, and other medical treatments. Tri Delta Transit offers subscription service on a space available basis. If space is not available for subscription service, you may ask to be placed on a waiting list by calling Tri Delta Transit's Accessible Services department at 925-754-6622.



Fares and Tickets

Paratransit drivers must collect fares upon boarding, so please have the exact fare ready prior to boarding. The driver cannot give change.

One-way trip starting and ending in Tri Delta Transit's ADA service area	\$2.75
One-way trip starting and/or ending outside Tri Delta Transit's ADA service area	\$5.50
One-way Direct Trips to Concord or Martinez Mon-Fri*	\$5.50
One-way Regional Trips (transfer to Link) Mon-Fri* \$5.50 + all applicable fees for other transit agencies	\$5.50 + additional fees
One-way Regional Trips (transfer to Link) Sat-Sun# \$7.00 + all applicable fees for other transit agencies	\$7.00 + additional fees
10 one-way ride tickets valued at \$2.75 each	\$27.50

*During fixed route 200 & 201 regular service hours only.

#All trips provided to Concord and Martinez during hours Route 200 & 201 are not in operation (including weekends and holidays) will be charged an additional fee of \$3 each way.

Personal Care Attendant Fare

If you are certified to ride with an attendant for ADA Paratransit transportation, a personal care attendant is not required to pay a fare and must be picked up and dropped off at the same locations as you, the passenger. You must let the reservationist know if you will have an attendant when scheduling your ride. Your need for an attendant must be registered with Tri Delta Transit's Accessible Services department during the eligibility determination process or by calling 925-754-6622.



Companion Fare



If you are certified for ADA Paratransit transportation, companions are charged the same fare as you, the passenger. ADA Paratransit transportation customers are allowed up to two companions per ride. Additional companions may be allowed to ride as space permits. Companions must be picked up and dropped off at the same locations as you. You must let the reservationist know if you will have companions when scheduling your ride.

Tickets

You can purchase 10-ride coupon books with 10 one-way ride tickets valued at \$2.75 each by:

- Calling 925-754-6622 to order over the phone or to request a mail order envelope
- Ordering online at TriDeltaTransit.com
- Ordering in person at Tri Delta Transit's administrative office: 801 Wilbur Avenue, Antioch

Rules and Procedures

Paratransit Drivers WILL

- Help you board and exit the vehicle
- Secure your mobility device to the vehicle (walkers, canes and carts are not secured)
- Upon request, escort you to and from the front door of the primary building upon arrival at both origin and destination
- Assist with loading shopping bags upon request. You may carry four shopping bags on the vehicle. The shopping bags may not weigh more than twenty pounds each. The shopping bags must remain out of the aisle.



For Safety Reasons, Paratransit Drivers WILL NOT

- Enter your private residence
- Push your wheelchair up or down any stairs, steep ramps or inclines
- Lose sight of their vehicle
- Enter an apartment complex, driveway, or other private property without written permission from the property owner
- Carry more than four shopping bags



Being on Time

- Once your pick-up time has been confirmed, Tri Delta Transit has a 30-minute window during which to arrive (either 15 minutes before or 15 minutes after your scheduled time).



For example, if your pick-up time is confirmed for 12:30 pm, you should be ready for pick-up from 12:15 p.m. to 12:45p.m.

- You must meet the paratransit driver within 3 minutes of his/her arrival during the 30-minute window.



For example, if your scheduled pick-up time is 7am and the driver arrives at 6:45am, the driver will wait until 6:48am. If you are not ready, you will be marked as a no show.

Rider Responsibilities

- For your safety, please refrain from eating, drinking, and smoking while on the bus.
- There is no reserving of seats, fighting, yelling or obscene language allowed.
- You are also requested to not wear scented personal care products while using the service. This is to ensure that vehicles are accessible for passengers with multiple chemical sensitivity.

Shared Ride Transportation

Paratransit is shared ride transportation. This means that other passengers may be on-board during any part of a ride and that scheduled pick-up times or routes of travel may be altered so another passenger can be accommodated. It is likely that the vehicle will stop and pick-up other passengers as it proceeds.

Shared rides help lower the cost of paratransit.



Mobility Devices and Securement

All Tri Delta Transit vehicles are equipped with a mobility device ramp or lift.

- Passengers using a wheelchair are encouraged to remain in their chairs and wear a lap belt during boarding and exiting and while riding in the paratransit vehicle.
- Passengers using a scooter are encouraged to transfer to a seat during travel and wear a lap belt.
- During boarding and exiting, electric mobility devices are required to be set on the lowest speed or turned off.
- Mobility devices are required to be in good working order and must adhere to ADA requirements/limitations. Maximum size for a mobility device is 30 inches wide and 48 inches long. The maximum combined weight of a passenger and their mobility device is 600 pounds.
- All mobility devices except walkers, canes, and carts must be secured to the bus. All other items must be kept clear of the aisles.

Service Animals and Pets

Service Animals

A service animal is an animal specifically trained to assist you with necessary duties. If you travel with a service animal, you must include this information on your eligibility application. Please let the reservationist know if you will be bringing a service animal when scheduling your ride.



- Animals meeting service animal criteria may board the bus with you at any time.
- While riding in a vehicle, the service animal is required to sit, stand, or lay on the floor of the vehicle and may not block the aisle.
- If your service animal misbehaves, you will be asked to remove the animal from the vehicle. If there are multiple occurrences of misbehavior, the animal's riding privileges may be revoked. Examples of misbehavior include unprovoked growling or attacking passengers, the driver, or other service animals.

Pets

Pets may board the bus with you if your pet is in a pet carrier. For safety reasons, the driver is unable to assist with carrying the pet carrier. Please let the reservationist know if you will be bringing a pet carrier when scheduling your ride.



Frequently Asked Questions

We've anticipated some questions you may have about Tri Delta Transit ADA Paratransit transportation. If you still have questions after reading this information, please call Tri Delta Transit at 925-754-6622 or TTY: 925-754-3695.

If I am disabled, am I automatically eligible for ADA Paratransit transportation?

No. Only those individuals whose disabilities prevent them from using fixed route bus service, all of the time or some of the time, are eligible. This eligibility criterion comes from the Americans with Disabilities Act. All Tri Delta Transit buses are accessible, and many individuals with disabilities are able to use the fixed route bus service.

If I have a blue DMV disabled placard, am I automatically eligible for ADA Paratransit transportation?

No. Only those individuals whose disabilities prevent them from using fixed route bus service, all of the time or some of the time, are eligible. This eligibility criterion comes from the Americans with Disabilities Act. All Tri Delta Transit buses are accessible, and many individuals with disabilities are able to use the fixed route bus service.

Where is the service area?

Tri Delta Transit ADA Paratransit transportation follows the guidelines of the Americans with Disabilities Act (ADA). According to the ADA, ADA paratransit transportation must be provided within $\frac{3}{4}$ mile of fixed route bus service. ADA paratransit transportation is designed to be comparable to Tri Delta Transit's fixed route bus service, providing ADA paratransit transportation to origins and destinations within a $\frac{3}{4}$ mile radius of Tri Delta Transit's bus routes during regular service hours of that route.

There are also transfer points for ADA paratransit regional rides which take passengers outside Eastern Contra Costa County. Reservationists will make the arrangements with the other paratransit provider(s) and provide assistance in arranging your ride to connect at a transfer point, if needed. It is recommended that you call at least seven days in advance to request a regional ride.

What must I do to be able to use ADA Paratransit transportation?

Visit Tri Delta Transit's Administrative Office at 801 Wilbur Avenue in Antioch or call 925-754-6622 to request an application. Complete and submit the application to Tri Delta Transit, 801 Wilbur Avenue, Antioch, CA 94509. We will review your application and mail a medical verification form to your doctor in order to process your application.

How long does it take to process my application for ADA Paratransit transportation?

Once we receive your fully completed application and a medical verification form from your health care provider, your application will be processed within 21 days. You will receive notice of your eligibility determination by mail.

What if I do not qualify for ADA Paratransit transportation?

You will receive a letter explaining why you are not eligible. The letter also will explain how you can appeal the decision.

How far in advance do I need to schedule my ride?

Ride requests may be made one to three days in advance. We recommend calling at least seven days in advance to schedule an ADA Paratransit trip that goes outside Eastern Contra Costa County.

Can an attendant ride with me?

Yes, if you are certified to ride with an attendant for ADA Paratransit transportation. A personal care attendant may ride free if you are certified to ride with an attendant. When you reserve a ride, you must let the reservationist know that an attendant will be traveling with you.

Can I take my friend or family member with me?

Yes, if you are certified for ADA Paratransit transportation. You must let the reservationist know that you will have companion(s) with you. Your companion(s) also must pay the same fare for each one-way trip. You are allowed up to two companions per ride.

Do you allow animals on the bus?

Yes. Service animals and pets are allowed. The pet must be in a pet carrier. For safety reasons, the driver is unable to assist in carrying the pet carrier.