



Phone: 510-791-7879, Fax: 510-713-8384

Email: transit@satellitehousing.org

## Paratransit Application Form

Please return application to above address

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ TDD/TTY: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address Apt. # City Zip Code

Name of Housing Facility (if applicable): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Month Day Year

Do you manage your own affairs and deal with your own mail? Yes No  
If "No", to whom should important correspondence be mailed?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Cell or Evening phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above) Street Address or PO Box Apt. # City State Zip Code

1. Are you on any of the following forms of income/benefit assistance? (check all that apply)  
Supplemental Security Income (SSI) Cash Assistance Program for Immigrants (CAPI)  
Medi-Cal; if yes, #: \_\_\_\_\_ CalWorks General Assistance (GA)

2. Gross Individual Monthly Income: \_\_\_\_\_

3. Gross Household Monthly Income: \_\_\_\_\_ # of people in household: \_\_\_\_\_

4. What is your living arrangement? Live alone Live w/ spouse/partner  
Live with adult children Live in a skilled nursing facility/nursing home  
Live in assisted living/residential care home Other: \_\_\_\_\_

5. What is your race/ethnicity? African American Asian/Pacific Islander  
Caucasian Hispanic/Latino Native American  
Other: \_\_\_\_\_

6. What language(s) do you speak? Preferred Language: \_\_\_\_\_  
Other Language(s): \_\_\_\_\_

**7. How do you currently travel to your most frequent destinations?** (Check all that apply)  
ADA Paratransit (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)  
Drive myself                      Someone drives me                      Buses/BART                      Taxi  
Other: \_\_\_\_\_

**8. Have you been certified as eligible for rides with an ADA paratransit service (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)?**  
Fully eligible                      Conditionally eligible                      Rider Identification #: \_\_\_\_\_  
Not eligible/Denied                      Have not applied                      Don't know

**9. Do you use any of the following mobility aids or specialized equipment?**  
Cane                      White Cane                      Walker  
Manual Wheelchair                      Power Wheelchair                      Power Scooter  
Service Animal                      Portable Oxygen Tank                      Other: \_\_\_\_\_

**10. Do you need a wheelchair lift to get in and out of a vehicle?**      Yes      No      Don't know

**11. Do you typically travel with assistance from another person (other than driver)?**      Yes      No

**12. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Is the above condition you describe:**      Permanent      Temporary until: \_\_\_\_\_

**14. Emergency Contact Person:** \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Daytime phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_\_) \_\_\_\_\_

**15. If you need future information provided to you in an accessible format, please check which format you prefer:**      Large Print      Audiotape      Braille      CD/Electronic File

*I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give Newark Paratransit permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person who assisted you with application/Phone #: \_\_\_\_\_