



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 #: \_\_\_\_\_

Mail completed Newark Paratransit  
Application to: 35322 Cedar Boulevard  
Newark, CA 94560

Telephone Number: (510) 791-7879  
Fax Number (510) 713-8384

## Newark Paratransit Liability Waiver

*Please read the statement below carefully, and then sign below.*

*I understand and hereby acknowledge that my participation in the Newark Paratransit Program is voluntary. Further, I understand and acknowledge that participation in the program may be deemed a hazardous activity.*

*I, my successors, assigns, or anyone acting on my behalf hereby release and forever discharge Newark Paratransit Program, Satellite Housing, Inc., the City of Newark, and their respective officers, agents, employees, volunteers, successors and assigns of and from all actions, causes of action, damages, claims and demands arising out of my participation in the above-named program; and, further agree not to make claim or take proceedings against any other person or entity which may claim contribution or indemnity under the provisions of any statute or otherwise.*

I affirm that the statements on this form are true to the best of my knowledge and belief.

Applicant Signature

Date