

**AMERICANS WITH DISABILITIES ACT  
REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY**

The information obtained in this certification process will only be used by Gold County Telecare, Inc and Gold Country Stage for the provision of transportation services. The Nevada County Department of Public Works, Transit Services Division, will review the application and mail you a letter of acceptance if you qualify. The information will not be provided to any other person or agency.

1. Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ (Home)

(\_\_\_\_\_) \_\_\_\_\_ (Work)

5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Please describe any disability or disabilities you have which prevent you from using the fixed route system (Gold Country Stage) without special accommodation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is this condition temporary? \_\_\_\_\_

8. If yes, expected duration: Until \_\_\_\_\_

9. How does this disability prevent you from using fixed route services (Gold Country Stage)? Please explain completely. Use additional sheet if needed.

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10. Are there any other effects of your disability of which we need to be aware?

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11. Do you use any of the following mobility aids? (Check all that apply)

Manual wheelchair\_\_\_\_\_ Cane\_\_\_\_\_ Crutches\_\_\_\_\_ Walker\_\_\_\_\_  
Electric wheelchair\_\_\_\_\_ Personal Care Attendant\_\_\_\_\_  
Power Scooter\_\_\_\_\_ Guide Dog\_\_\_\_\_

12. The following questions refer to your ability to move about or travel on a fixed route bus (Gold Country Stage) if one were available. Please answer the following questions to the best of your ability.

A. Can you travel 200 feet (about 2 city lots) without the assistance of another person? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

B. Can you travel up or down a small hill without the assistance of another person? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

C. Can you travel  $\frac{1}{4}$  mile (about 2 city blocks) without the assistance of another person? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

D. Can you travel  $\frac{3}{4}$  mile (about 6 city blocks) without the assistance of another person? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

E. Can you climb three 12-inch steps without the assistance of another person? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

F. Can you wait outside without support for ten minutes? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

13. I hereby certify that the information given above is correct.

Applicant      Signature\_\_\_\_\_Date\_\_\_\_\_

14. In order to allow the Nevada County Department of Public Works, Transit Services Division, to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and sign below for medical authorization.

The following (check one) Rehabilitation Professional\_\_\_\_\_  
Physician\_\_\_\_\_ Health Care Professional\_\_\_\_\_ is familiar with my disability and is authorized to provide medical information that is required to complete this certification to the Nevada County Department of Public Works, Transit Services Division,

Physician Name\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Print Name of Applicant\_\_\_\_\_

Applicant Signature\_\_\_\_\_

15. If this application has been completed by someone other than the passenger requesting certification, please complete the following:

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Daytime Phone\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_