

# **EMCT SENIOR BUS**

## **APPLICATION FOR TRANSPORTATION ELIGIBILITY**

This application will be used to determine if you are eligible for EMCT Senior bus services under the Americans with Disabilities Act (ADA). EMCT Senior bus serves disabled and senior riders.

If you believe you have a disability that prevents you from independently using the local fixed route system, please complete this form.

This application form may be filled out by you, a relative or a friend. It is important that you answer every question on this form. Evaluation of your request cannot begin until we have received the completed form along with all supporting documentation. Please return your application to:

**Community Action Partnership of Madera County  
Community Services Department  
1225 Gill Avenue  
Madera CA 93637**

All information requested through this certification process will be kept confidential. Please call CAPMC staff at (559) 673-9173 if you have any questions or if you need alternative format.

Once your completed form has been received, you may expect an answer within 21 calendar days. Denial of eligibility can be appealed by submitting a written notice to the CAPMC Community Services Manager.



## Application for Senior Bus Transportation

Thank you for your interest in the ADA senior bus services provided by Community Action Partnership of Madera County. Please read and complete this application. Your signature is required.

(This section must be completed by the applicant) Please Print Clearly

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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**Emergency /Local Contact (if applicable)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

**You must be a senior over the age of 60 or be disabled to utilize the senior bus service. Do you have a disability that prevents you from using the fixed route bus system?**

\_\_\_\_ No, I am applying based only on my age (60 or older). Attach a copy of your documentation of your age (government ID). Stop here. You do not need to complete the other section of the application.

\_\_\_\_ Yes, I am applying for "ADA Transit Eligibility". Please complete the following sections, attach required documentation and sign the application.

Office use only

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Notice sent/ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

1. What is your disability and how does it prevent you from using the fixed route service?

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

2. Do you need to bring someone else with you to help you when you travel (Personal Care Assistant PCA) Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

3. Can you walk ¼ mile without assistance? Yes \_\_\_ No \_\_\_

4. Can you climb steps without assistance? Yes \_\_\_ No \_\_\_

5. Can you wait at a bus stop without support for 10 minutes? Yes \_\_\_ No \_\_\_

6. Please attach Physicians certification of permanently or temporary disabled.

It may be necessary to contact a physician to confirm the information you have provided. Please complete and sign the following information.

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

Address \_\_\_\_\_ City \_\_\_\_\_

Phone number \_\_\_\_\_

I certify that the information in this application is true and correct, and I agree to the release of this information to Community Action Partnership of Madera County for the purpose of eligibility certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only

Approved \_\_\_ Denied \_\_\_ Incomplete Application \_\_\_ Notice sent/ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_