City of Lompoc Transit
Paratransit Application/ADA Certification Form

City of Lompoc Transit provides curb-to-curb paratransit (ADA) service and Fixed Route discounts for the disabled. The eligibility criterion for this program is mandated by the Americans with Disabilities Act of 1990, a federal civil rights law that ensures equality for persons with disabilities. This application must be completed thoroughly and a Doctor's signature is required for applicants seeking ADA certification. Incomplete applications will not be processed and returned to the applicant.

This application is being completed for: ❑ADA Service ❑Fixed Route Discount

First Name: ______________________ Last Name ____________________ Date of Birth ____/___/___

Home Address____

Mailing address (if different from above) ____

Home Phone (____) ____________________ Work Phone (____) ___________________

Gender ❑Male ❑Female

Do you require future information to be provided in an alternate format? ❑Yes ❑No

If yes, please specify. ❑Large Print ❑Audio Tape ❑Braille ❑TTY/TDD

Are you able to independently get to and from a regular COLT fixed-route stop? ❑Yes ❑No

Are you able to independently get on and off a COLT bus without assistance? ❑Yes ❑No

Are you restricted to a wheelchair? ❑Yes ❑No If yes, is it motorized? ❑Yes ❑No

Do you use a mobility devise such as a cane or walker? ❑Yes ❑No

If yes, which do you use most often? ❑Cane ❑Walker ❑Crutches
❑Other __________________________

Do you travel with a service animal? ❑Yes ❑No

Do you travel with an Oxygen Tank? ❑Yes ❑No

Will you be traveling with a personal care attendant? ❑Yes ❑No

Would you be able to use the COLT fixed-route system if you received special training? ❑Yes ❑No

What type of transportation do you currently use?

- ❑ Drive self/private auto
- ❑ Friend/family member
- ❑ COLT fixed-route bus
- ❑ Walk
- ❑ Taxi
- ❑ Other ______________________

Please provide the name and contact information for someone we may contact in the event of an emergency:

Name _________________________________ Relationship ______________________________

Address ____

City, State, Zip ____

Daytime phone (____) ____________________ Evening phone (____) ________________________

This section to be completed by applicant's physician only

What is the nature of the applicants' disability or condition that you feel makes them eligible for ADA paratransit service? Please check all that apply.

- ❑ Cardiovascular Impairment
- ❑ Developmental Impairment
- ❑ Neurological Disability
- ❑ Visual Disability
- ❑ Respiratory Impairment
- ❑ Other (specify below)
- ❑ Mental/Cognitive Disability
- ❑ Musculo-skeletal Disability
- ❑ Seizure Disorder

Please describe how the applicant's disability/condition limits their ability to use the COLT fixed-route system. (Attach additional sheets if necessary)

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Is the applicant's disability/condition permanent? ❑ Yes ❑ No

If not, what is the estimated recovery date?_____/______/_____

Physician's name ______________________________ Phone (____) ________________________

Address____

Physician's Signature _______________________________________ Date _____/______/_____

I certify that the information in this application is true and correct. I understand that falsification of the information may 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 agree to abide by the rules and procedures of the City of Lompoc Transit Dial-A-Ride program.

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.

Applicant's Signature ______________________________________Date _____/______/___________

Professional Authorization

I hereby authorize (Enter the name, address and phone number of the licensed professional familiar with your disability or health related condition):

Physician's Name ____

Address: ____

Phone number ____

to release to the City of Lompoc Transit the necessary information about my disability in order to certify my eligibility for paratransit services. The information released will be used solely to determine my eligibility. I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at anytime.

Print (Applicant's) Name ____

Applicant's Signature ______________________________________Date _____/______/___________

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City of Lompoc Transit
Attention ADA Coordinator
1300 West Laurel Avenue
Lompoc, CA 93436

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