Part A

Application for SunDial Paratransit Service

Informational Sheet

Thank you for your interest in SunDial Paratransit Service. SunLine provides multiple public transportation options for individuals with disabilities. **Eligibility for SunDial is based on a person's functional inability to independently use SunLine's fixed-route bus system, known as SunBus, due to a disability.**

SunBus is designed to serve all passengers, including those with physical, cognitive, or visual disabilities. **All buses are equipped with ADA-accessible features such as low-floor entry, lifts or ramps, audio announcements, kneeling capability, enhanced signage, priority seating, and handrails.** These features help many individuals with disabilities travel safely and independently on the fixed-route system.

SunDial Paratransit is available for customers who, due to a disability, are functionally unable to use the SunBus fixed-route service. If you meet this requirement, you may qualify for SunDial. However, it is important to note that having a diagnosis, being a certain age, living far from a bus stop, feeling unsafe, being unable to drive, or finding public transit inconvenient or uncomfortable are not by themselves reasons for eligibility.

SunDial is a shared, origin-to-destination service provided in accordance with the Americans with Disabilities Act (ADA). It operates in areas similar to the fixed-route service and typically covers up to ¾ of a mile from a regular SunBus route. Fares, hours, and service areas are designed to be comparable to Sun Line's fixed-route system.

SunDial: Paratransit Service

SunDial FARE

	MUST MEET SUNDIAL ELIGIBILITY CRITERIA
TRAVEL WITHIN SAME CITY	$1.50 ONE-WAY PER PERSON
TRAVEL WITHIN MULTIPLE CITIES	$2.00 ONE-WAY PER PERSON

SunBus: Fixed-Route

SunBus FARES & PASSES

	Single Ride Fare	Day Pass
ADULT	$1.00	$3.00
YOUTH	$0.85	$2.00

Application for SunDial Paratransit Service

HOW TO APPLY:

1. Review the eligibility information supplied on this SunDial application.
2. If you believe you qualify for SunDial paratransit services:
    a. Complete **entire SunDial paratransit** application **Part A**.
    b. **SIGN THE APPLICATION**
    c. Have a medical professional familiar with your health condition or disability and your functional abilities and limitations complete the **Health Care Provider Certification Form – Part B** of the application. **The Health Care Certification Form** must be completed within **60 days prior** to applying. (it may not be signed by health care provider more than 60 days before turning it back in to SunLine Transit Agency.)
3. **When you have completed both sections, Parts A and B, please mail them to:**
    a. MAIL:

SunLine Transit Agency
c/o Paratransit Eligibility
32505 Harry Oliver Trail
Thousand Palms, CA 92276

Before I start this application and the certification process, I understand all information provided must be true, accurate, and correct. I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services, or if at times, I can ride the SunLine fixed-route bus service. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.

Parts A and B must be submitted together to start the process. An incomplete application will be returned to the applicant and may delay processing. Every question must be answered and be legible.

Application for SunDial Paratransit Service

PART A: Applicant Information and Release

Personal Data

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Do you require TDD services? ◯ Yes ◯ No

Email Address: _____

Home Address: _____

_____

City: _____ State _____ Zip _____

Mailing Address: _____

_____

City: _____ State _____ Zip _____

Gate Code: _____ Apartment/Residential Name: _____

If recertification: ◉ New Application ◯ Recertification

SunDial Paratransit Number: _____ Exp. Date: _____

Please give us the name and phone number of a friend or relative we can call in case of emergency or if we are unable to reach you at your regular number:

First Name: _____ Last Name: _____

Phone: _____ Other Phone: _____

Relationship: _____

OFFICE USE ONLY

❑ Unconditional ❑ Conditional

❑ In Service Area ❑ Outside Service Area

❑ Recertification ❑ New Client

SunDial #_____ Exp. Date_____

Packet Sent ❑ Scanned ❑ Attached ❑Tracked

Application for SunDial Paratransit Service

Transit Usage

1. Do you currently use fixed-route (large public) buses independently? ◯ Yes ◯ No ◯ Sometimes

2. When was the last time you rode the fixed-route bus? _____

3. How frequently do you ride the fixed-route bus? 3. _____ per month

Which fixed-route bus routes do you currently use?

_____

4. Have you ever had travel training to learn how to travel around the community and/or on how to use fixed-route buses? ◯ Yes ◯ No

5. Would you like information about travel training to use the fixed-route buses? ◯ Yes ◯ No

Disability/Health Condition Information

All questions must be answered.

6. Please describe the disability or health condition which prevents you from using fixed-route buses.

_____

_____

_____

_____

_____

_____

_____

_____

8. Is this a temporary disability or health condition? ◯ Yes ◯ No

9. If yes, how long you do expect it to prevent you from using fixed-route bus service? _____ Months

Application for SunDial Paratransit Service

10. Are you currently receiving any treatment? ◯ Yes ◯ No

If yes, check what treatment(s) apply to you:

- ☐ Medications
- ☐ Radiation Therapy
- ☐ Non-weight Bearing Immobilization
- ☐ Weight Bearing Immobilization
- ☐ Physical Therapy
- ☐ Dialysis
- ☐ Surgery
- ☐ Convalescence
- ☐ Chemotherapy
- ☐ Psychotherapy
- ☐ Rehabilitation
- ☐ Other: _____

11. How long will you be receiving treatment?

- ◯ < 3 months
- ◯ 3-6 months
- ◯ 6-9 months
- ◯ 9-12 months
- ◯ > 12 months
- ◯ Unknown duration

13. Have you had a recent fall which required medical attention? ◯ Yes ◯ No

If yes, what is your fall frequency per week? _____

If yes, did the fall occur while using mobility aid/device? ◯ Yes ◯ No

14. Do you live in an assisted living facility or nursing facility? ◯ Yes ◯ No

15. Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")? ◯ Yes ◯ No

16. Do you use any mobility aids or equipment? (check all that apply)

- ☐ Powered/Electric Wheelchair
- ☐ Walker
- ☐ Brace
  Type of Brace: _____
- ☐ White Cane
- ☐ Other: _____
- ☐ Manual Wheelchair
- ☐ Cane
- ☐ Prosthesis
- ☐ Service Animal
- ☐ Crutches
- ☐ Powered Scooter
- ☐ Communication Board
- ☐ Portable Oxygen in Cart
- ☐ Portable Oxygen in Bag
- ☐ None

17. If you use a wheelchair or scooter, what is the width and length?

Width: _____ inches Length: _____ inches

18. If you use a wheelchair or scooter, what is the total weight of your mobility device when you are using it? Weight: _____ pounds

If your wheelchair or scooter is larger than 30 inches wide, 48 inches long and 600 pounds when occupied, the SunLine paratransit vehicle may be unable to accommodate your trip.

Application for SunDial Paratransit Service

Transit Skills

Please read the following statements and check those which best describe your abilities to use fixed-route buses (**check all that apply**). **At least one box needs to be checked.**

- ☐ I can get to and from bus stops if the distance is not too great.
- ☐ I can ride buses when I am feeling well. There are other times, when my disability or health condition worsens, that I cannot ride the buses.
- ☐ I have a disability or health condition that prevents me from riding the buses and if the weather is very hot or cold.
- ☐ My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- ☐ I can get to and from bus stops only if there are curb cuts and sidewalks.
- ☐ I can get to and from bus stops and light only if there are no hills.
- ☐ I have difficulty understanding or remembering all the things I would have to do to use the buses.
- ☐ I can use the buses if it is someplace that I go all of the time.
- ☐ I can never use buses by myself.
- ☐ I am not sure if I can use buses.
- ☐ I am not able to use buses for other reasons.

If you checked any of the above boxes, please explain:

_____

_____

_____

_____

_____

Functional Skills

The following questions will give us more information about your functional abilities. Please select Always (A), Sometimes (S), or Never (N) in response to the following questions and provide an explanation.

Without the help of someone else can you:	Always	Sometimes	Never
Ask for and understand written or spoken instructions?	◯A	◯S	◯N
If Sometimes or Never, please explain: _____			
Cross the street?	◯A	◯S	◯N
If Sometimes or Never, please explain: _____			
Stand for 15 minutes if there is no place to sit?	◯A	◯S	◯N
If Sometimes or Never, please explain: _____			

Application for SunDial Paratransit Service

	Always	Sometimes	Never
Step on and off a sidewalk from a curb?	◯ A	◯ S	◯ N
If Sometimes or Never, please explain: _____			
Walk up and down three steps if there is a handrail?	◯ A	◯ S	◯ N
If Never, please explain: _____			
Walk on uneven surfaces?	◯ A	◯ S	◯ N
If Never, please explain: _____			
Stand on a moving bus if there is a handrail?	◯ A	◯ S	◯ N
If Never, please explain: _____			
Transfer from one bus to another?	◯ A	◯ S	◯ N
If Never, please explain: _____			

Under the best conditions, what is the farthest that you can travel outdoors (using your mobility aid if you use one) without the help of another person? ◯ < 1 block ◯ 1-4 blocks ◯ > 4 blocks

Please provide any other information about your disability or health condition that would help us better understand your travel abilities:

Certification

I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services (SunDial), or if I can ride the SunLine fixed-route buses. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law. I agree to undergo an in-person assessment of my mobility abilities and limitations for the purpose of making a determination regarding my eligibility for paratransit service. I understand that intentionally providing false or misleading information or a refusal of an in-person assessment is grounds for a determination of ineligibility for SunDial services and benefits. I agree to notify SunLine if my condition changes, if I am using a new mobility device, or if I no longer need to use ADA paratransit service.

Applicant/Responsible Party Signature: _____ Date: _____

Application for SunDial Paratransit Service

Authorization for Release of Information

I _____ authorize my health care professional to release any and all information about my disability or health condition and its effect on my ability to travel on the SunLine fixed-route system (**Part B**). I understand that I may revoke this authorization at any time. I understand that SunLine Staff may contact the health care professional who completed the verification attached to this application, in order to confirm this information. I understand that all medical information will be kept strictly confidential.

Applicant/Responsible Party Signature: _____ Date: _____

If someone assisted in completing this application, please provide the following information:

Print Name: _____

Agency (if applicable): _____

Relationship to Applicant: _____

Address: _____

Home Phone: _____ Other Phone: _____

Signature: _____ Date: _____

Part B

Application for SunDial Paratransit Service

Informational Sheet

Thank you for your interest in SunDial Paratransit Service. SunLine provides multiple public transportation options for individuals with disabilities. **Eligibility for SunDial is based on a person's functional inability to independently use SunLine's fixed-route bus system, known as SunBus, due to a disability.**

SunBus is designed to serve all passengers, including those with physical, cognitive, or visual disabilities. **All buses are equipped with ADA-accessible features such as low-floor entry, lifts or ramps, audio announcements, kneeling capability, enhanced signage, priority seating, and handrails.** These features help many individuals with disabilities travel safely and independently on the fixed-route system.

SunDial Paratransit is available for customers who, due to a disability, are functionally unable to use the SunBus fixed-route service. If you meet this requirement, you may qualify for SunDial. However, it is important to note that having a diagnosis, being a certain age, living far from a bus stop, feeling unsafe, being unable to drive, or finding public transit inconvenient or uncomfortable are not by themselves reasons for eligibility.

SunDial is a shared, origin-to-destination service provided in accordance with the Americans with Disabilities Act (ADA). It operates in areas similar to the fixed-route service and typically covers up to ¾ of a mile from a regular SunBus route. Fares, hours, and service areas are designed to be comparable to Sun Line's fixed-route system.

SunDial: Paratransit Service

SunDial FARE

	MUST MEET SUNDIAL ELIGIBILITY CRITERIA
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SunBus: Fixed-Route

SunBus FARES & PASSES

	Single Ride Fare	Day Pass
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Application for SunDial Paratransit Service

HOW TO APPLY:

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2. If you believe you qualify for SunDial paratransit services:
    a. Complete **entire SunDial paratransit** application **Part A**.
    b. **SIGN THE APPLICATION**
    c. Have a medical professional familiar with your health condition or disability and your functional abilities and limitations complete the **Health Care Provider Certification Form – Part B** of the application. **The Health Care Certification Form** must be completed within **60 days prior** to applying. (it may not be signed by health care provider more than 60 days before turning it back in to SunLine Transit Agency.)
3. **When you have completed both sections, Parts A and B, please mail them to:**
    a. MAIL:

SunLine Transit Agency
c/o Paratransit Eligibility
32505 Harry Oliver Trail
Thousand Palms, CA 92276

Before I start this application and the certification process, I understand all information provided must be true, accurate, and correct. I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services, or if at times, I can ride the SunLine fixed-route bus service. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.

Parts A and B must be submitted together to start the process. An incomplete application will be returned to the applicant and may delay processing. Every question must be answered and be legible.

Part B: Health Care Provider Certification

All information must be filled out.

Please note the following licensed health care professionals are authorized to fill out the application:

- Physician (MD or DO)
- Psychiatrist
- Physical Therapist
- Registered Nurse
- Ophthalmologist
- Occupational Therapist
- Psychologist
- Optometrist (visual disabilities only)
- Other licensed health care provider familiar with the applicant's condition

Your patient _____ has requested eligibility for SunDial Paratransit Service. SunDial is an origin to destination, shared ride paratransit service for people whose disabilities or health conditions prevent them from riding the fixed route accessible transportation system all, or part of the time. As the applicant's healthcare provider, you are uniquely qualified to clarify the applicant's **functional abilities and limitations** to ride the SunLine fixed route bus system (SunBus). In order to determine this applicant's functional abilities, we require you, the healthcare pro vider, to complete and certify all of the following sections. Please detail how the applicant's disability (ies) or health condition(s) impact his or her ability to board, navigate, and travel independently on the accessible fixed route system. Please be as specific as possible.

The following factors do not, by themselves, qualify a person for paratransit:

- Diagnosis
- Inability to drive
- Age
- Personal finances
- Distance to bus stop
- Inconvenience
- Lack of bus service
- Discomfort

Please be advised that all SunLine buses are equipped with ADA accessible features, such as low floor buses, lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and hand rails.

The information shared will be protected per the requirements identified in the Health Insurance Portability and Accountability Act (HIPAA) and your patient/client has agreed in the release of information. Your patient/client has also authorized the release of further information as needed.

An incomplete application will be returned to the applicant and may delay processing. Every question must be answered and be legible.

Health Care Provider (please print): _____

Institution/Facility/Agency Name: _____

License Number: _____ State Issued: _____

Specialization: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

The entire Part B form must be completed by a licensed health care provider; otherwise, the form will be denied.

Part B: Health Care Provider Certification

All information must be filled out.

1. Written diagnosis(es) and ICD-9CM and/or DSM Code(s): _____

_____

2. How long have you been treating the patient? _____
3. When was the last time you saw the patient? _____
4. What is the expected duration of the disability? ◯ Short Term ◯ Long Term
   Short Term: Conditions lasting at least 90 days but are likely to improve within one year
   Long Term: Conditions with absolutely little expectation of improvement
5. In your opinion, does this applicant's disability(ies) prevent him or her from independently using the accessible SunLine fixed route bus service (SunBus)?
   ◯ Yes (Answer question 6, if left blank, application will be denied.) ◯ No
6. If yes, explain **how** the disability or health condition impacts the applicant's ability to travel independently on the accessible SunLine fixed route bus system (SunBus):

_____

_____

_____

_____

_____

_____

Paratransit Service: SunDial

SunBus: Fixed-Route

Part B: Health Care Provider Certification

All information must be filled out.

7. Does the applicant require any of the following mobility aids/devices (check all that apply):

☐ Powered/Electric Wheelchair	☐ Manual Wheelchair	☐ Powered Scooter
☐ Walker	☐ Cane	☐ Crutches
☐ Brace	☐ Prosthesis	☐ Portable Oxygen in Cart
Type of Brace: _____	☐ Communication Board	☐ Portable Oxygen in Bag
☐ White Cane	☐ Service Animal	☐ None

☐ Other: _____

8. If this applicant is currently on medication(s), will the side effects significantly reduce or hinder his/her ability to independently ride the accessible SunLine fixed route bus service?

◯ Yes ◯ No ◯ N/A

9. If you selected yes, please explain how the side effects would hinder their ability to use the accessible SunLine fixed route bus service:

_____

_____

_____

_____

For questions 10-22, select Yes (Y), No (N), or Sometimes (S). If you answer Yes or Sometimes to questions 10-22, elaborate on how it prevents the applicant from using accessible SunLine fixed route bus service:

10. Would temperature extremes affect this applicant's ability to ride fixed route bus service? ◯ Y ◯ N ◯ S

Please Explain: _____

11. Would ice and/or snow affect this applicant's ability to ride fixed route bus service transit? ◯ Y ◯ N ◯ S

Please Explain: _____

12. Would poor air quality affect this applicant's ability to ride fixed route bus service? ◯ Y ◯ N ◯ S

Please Explain: _____

13. Does this applicant have any challenges with balance? ◯ Y ◯ N ◯ S

Please Explain: _____

14. Does this applicant have any challenges with memory? ◯ Y ◯ N ◯ S

Please Explain: _____

15. Does this applicant have any challenges with breathing? ◯ Y ◯ N ◯ S

Please Explain: _____

16. Does this applicant have any challenges with strength and endurance? ◯ Y ◯ N ◯ S

Please Explain: _____

Part B: Health Care Provider Certification

All information must be filled out.

17. Does this applicant have any challenges with ambulating on hills? ◯Y ◯N ◯S
Please Explain: _____

18. Are there any visual impairments that would affect this applicant's ability to ride fixed route bus service? ◯Y ◯N ◯S
Please Explain: _____

19. Are there any hearing impairments that would affect this applicant's ability to ride fixed route bus service? ◯Y ◯N ◯S
Please Explain: _____

20. Does this applicant exhibit any inappropriate social behaviors? ◯Y ◯N ◯S
Please Explain: _____

21. Do you have safety concerns for this applicant in using a bus by themselves? ◯Y ◯N ◯S
Please Explain: _____

22. Does this applicant require a Personal Care Attendant when traveling? ◯Y ◯N ◯S
Please Explain: _____

23. In your medical opinion, what other factors related to the applicant's disability(ies) affect his/her ability to ride the accessible SunLine fixed route service (SunBus)? (if left blank, application will be denied.)

_____

_____

_____

_____

_____

_____

_____

I certify that I am legally licensed and am currently treating _____. The above information I have provided hereto is a fair representation of this applicant's disability(ies) or health condition(s) and is true and correct under penalty of perjury according to the laws of the State of California. I understand the information provided will be used for the sole purpose of determining the applicant's eligibility for paratransit service. I also agree that SunLine may contact me for clarification of any information I have provided and that I will reply with good faith. **I understand the information contained herein is true and correct to the best of my knowledge and ability. Any falsification could result in the client's loss of paratransit service.**

Signature: _____ Date: _____

Health care provider, please mail the completed Part B back to the applicant. Important: Parts A and B must be submitted together to begin the process. Once the applicant has both Part A and Part B completed, they must mail the full application to SunLine Transit Agency at the designated address. Incomplete applications will be returned. Every question must be answered clearly and legibly. SunLine staff will contact the health care provider who completed Part B to verify the information.