

Gregory A. Barfield, Director

2223 G Street  
Fresno, California 93706  
(559) 621-RIDE  
[www.fresno.gov](http://www.fresno.gov)

Dear Applicant:

Enclosed is a copy of the Handy Ride application you requested. Please complete all forms as stated in the coversheet of the application. An incomplete application will be returned to the applicant, which will cause a delay in processing your eligibility for the Handy Ride program. Please check your application before submitting it to the Handy Ride office and ensure the following items have been completed.

1. The applicant's portion is complete and signed by the applicant or guardian.
2. The Professional Verification portion is complete and signed by a qualified **Healthcare Professional**.

**Note About the Application Form** – Individuals with permanent eligibility who have completed an application in the past and whose eligibility didn't expire more than 12 months ago, will need to fill out a shorter (2-page) Paratransit Recertification. If you believe the ARP Paratransit Recertification form applies to you, contact the Handy Ride office to request it.

### **Types of Eligibility**

**Unconditional:** Individuals who cannot travel independently due to severe or profound intellectual disabilities or individuals with physical disabilities who have limited functional ability who are unable to board, ride, disembark, or travel to fixed route boarding locations.

**Conditional:** Individuals who meet the eligibility criteria of this section for some trips but not others, shall be ADA paratransit eligible only for those trips for which he or she meets the criteria (e.g., walking distance too far to regular bus stop).

**Temporary:** Individuals whose disability may improve over time or with treatment and then can use the fixed route system.

**Visitor:** An individual eligible for paratransit service in another jurisdiction is automatically eligible for FAX paratransit services. If more than 21 days of visitor service is needed within a 365-day period, a Handy Ride Application will be required.

Within 21 days of Handy Ride receiving your complete application, a letter will be sent about the eligibility determination. If you disagree with the determination, you have the right to appeal. A copy of the Handy Ride appeals process will be included with the eligibility letter.

If you have questions about this application or Handy Ride service, contact the Handy Ride office at (559) 621-5796.

Sincerely,

*Handy Ride Certification Team*





## Handy Ride Application Instructions

All applicants must submit a complete application which includes **both forms**:

- (1) *The Certification Questionnaire*
- (2) *The Professional Verification Form*

### STEP 1: COMPLETE the Certification Questionnaire

*The Certification Questionnaire* should be filled out by the applicant or the applicant's advocate. The form must be filled out in its entirety. It should be signed by the applicant or the applicant's guardian, and anyone who assisted the applicant in completing the application.

**NOTE:** *Factors such as age, income, ability to drive, vehicle ownership, travel training, or access to other transportation are not used to determine eligibility or completeness of this form.*

### STEP 2: COMPLETE the Professional Verification Form

*The Professional Verification Form* must be completed by one of the following professionals who are familiar with the applicant's condition:

- Physician or Physician Assistant
- Registered Nurse or Nurse Practitioner
- Psychologist or Psychiatrist
- Physical Therapist or Chiropractor
- Occupational Therapist
- Orientation and Mobility Specialist (certified by ACVREP)
- Licensed Clinical Social Worker

To have the Professional Verification Forms completed:

1. Complete and sign the Authorization to Release Information.
2. Have your designated professional complete the Professional Verification Form (Section B).

### STEP 3: SUBMIT FORMS

Submit both the *Certification Questionnaire* and the *Professional Verification Form* together to one of the following:

**Mail to:**  
Fresno Area Express  
2223 G Street  
Fresno, CA 93706

**Fax to:**  
(559) 457-1589

**Email to:**  
HandyRideApps@fresno.gov

**Deliver in-person to:**  
Handy Ride Center  
4488 N. Blackstone Ave.  
or  
Manchester Transit Center  
3590 N. Blackstone Ave.

**Please note that upon receipt of completed applications, it may take up to 21 calendar days for your determination of eligibility.**

If FAX has not determined eligibility within 21 days of receipt of an individual's complete application, the applicant will be treated as eligible and provided service until FAX makes an eligibility determination.

## STEP 4: ORIENTATION

After an eligibility determination, FAX Handy Ride staff will contact you via phone and/or US mail regarding orientation. Orientation will run for approximately 30 minutes.

Orientations can be completed in person or over the phone. We can determine the best option for you when we call you. If your orientation will be conducted in person and you'll need a ride to orientation, one can be provided to you as a courtesy. Please call (559) 621-5770 to schedule your ride to and from orientation.

If your orientation is over the phone, we will mail your Handy Ride ID with no picture. A picture ID can be created after orientation at the Handy Ride office or Manchester Transit Center.

For in-person orientation, you will need to provide a picture form of ID so we can create your Handy Ride picture ID for you.

### Common Issues

To make an eligibility determination within 21 calendar days the FAX Handy Ride office must have a complete application. Several things may cause an application to be incomplete. By double-checking these things BEFORE submitting your application you may avoid delays in processing.

1. **One of the forms is missing.** Your application must contain both the *Certification Questionnaire* and the *Professional Verification Form*. Please ensure both are complete and submitted together.
2. **One of the forms is not signed.** Both the *Certification Questionnaire* and *Professional Verification Form* must be signed. If either the applicant or the professional forgets to sign the form, it may be considered incomplete.
3. **The professional credentials are missing.** Professionals must include their titles and/or credentials when signing the *Professional Verification Form*.

Jane Doe **X** (Incomplete)    Jane Doe M.D. **✓** (Complete)    Jane Doe R.N. **✓** (Complete)

DATE RECVD

IN SVC AREA

HR ID #

PRIOR EXPIRY

EXPIRATION DATE

## Certification Questionnaire

### Questions about this form?

Call FAX Handy Ride at (559) 621-5796, or California Relay at 711 for TTY.

**Complete all parts of the form.** Forms that are not fully completed will be returned, which will delay your eligibility determination.

### PART 1 – Applicant Data

Please Print or Type

Name: \_\_\_\_\_ Gender (optional): \_\_\_\_\_  
           First                      Middle Initial                      Last

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Community/Complex Name (e.g., Fig Garden Apartments): \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Phone: (\_\_\_\_) \_\_\_\_\_

### Mailing Address (if different from above)

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Emergency Contact Person

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Have you previously or do you currently use FAX Handy Ride? Yes  No

Do you have a California ID card or California driver's license? Yes  No

What is your disability?

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Explain how your disability prevents you from independently using regular route FAX buses.

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1. Which of the following assistive devices, if any, do you use?  
(Please check all that apply.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Powered Wheelchair   | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> White Cane                     | <input type="checkbox"/> Powered Scooter/Cart | <input type="checkbox"/> Prosthesis        |
| <input type="checkbox"/> Walker                         | <input type="checkbox"/> Communication Aid    | <input type="checkbox"/> Portable Oxygen   |
| <input type="checkbox"/> Crutches                       | <input type="checkbox"/> Service Animal       |  |
| <input type="checkbox"/> Other (please describe): _____ |   |  |

If you selected Wheelchair or Scooter, would you prefer/need to use the device while riding in FAX Handy Ride vehicles?  Yes  No  Sometimes

2. Are you able to travel in a car?  Yes  No
3. If you use a wheelchair or scooter:  
 Is it more than 33 inches wide?  Yes  No  
 Is it more than 51 inches long?  Yes  No  
 Is the combined weight of the device and occupant more than 800 pounds?  
 Yes  No
4. Does your health condition/disability require you to use Handy Ride service?  
 Permanently  Temporarily \_\_\_\_\_ Week(s) \_\_\_\_\_ Month(s)
5. Does your health condition/disability change from day to day in ways that occasionally disrupt your ability to use regular-route bus service?  
 Yes  No If yes, please explain: \_\_\_\_\_

## PART 2 – Questions About Using Regular FAX Service

*Complete Part 2 even if you are unable to use regular-route bus service. This information will assist us in determining how your disability/health condition affects your ability to use regular-route bus service.*

6. Do you now independently use regular-route FAX buses?  
 Yes  No  Sometimes  Yes, but only with an attendant

If “Yes” or “Sometimes,” how many times? \_\_\_\_\_ per week \_\_\_\_\_ per month

Which of the following best describes how you use regular-route FAX buses?

- To travel to and from one destination only  
 To travel to and from a few destinations  
 To travel to and from many different destinations

7. Have you ever had training using regular-route buses?  
 Yes  No

8. What is the maximum distance you can travel without the assistance of another person (choose 1 of the 4 options below)?  
 less than 1 block (110 yards or less)  1-3 blocks (110-330 yards)  
 4-6 blocks (440-660 yards) or  more than 6 blocks (661 yards)

9. I can wait for a regular-route FAX bus (check all that apply):  
 Only if there is a bench or shelter  Up to 15 min.  More than 15 min.

10. Please check one box for each category below marking whether it is Yes, No, or Sometimes as each relates to your ability to use regular-route FAX buses.

Y=Yes; N=No; S=Sometimes

A.	I can tolerate hot or cold weather (rain, humidity)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
B.	I can recognize destinations, bus stops, or landmarks	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
C.	I can tolerate air pollution (smog, fumes, perfume)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
D.	I have night blindness (bright light, low light)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
E.	I can recognize printed information	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
F.	I can hear and process spoken words or auditory information (background noise)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
G.	I can communicate my needs	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
H.	I can follow directions	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
I.	I can deal with unexpected situations or changes in routine (for example: bus detours)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
J.	I can safely and effectively travel through crowded and/or complex facilities	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
K.	I can recognize and navigate curbs, drop-offs, curb cuts, and other barriers	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
L.	I can travel independently along sidewalks and other pedestrian walkways	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
M.	I can cross streets independently	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
N.	I can find the correct bus stop	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
O.	I can identify the correct bus (single or multiple buses during a single trip)	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
P.	I can get on and off a bus using the lift if necessary	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
Q.	I can deposit, swipe, or dip my fare into the farebox	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
R.	I can get to a seat/wheelchair position	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
S.	I can ride in a standing position	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
T.	I am familiar with what to do if I miss my bus	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>
U.	I require a Personal Care Assistant to ride with me	Y <input type="checkbox"/>	N <input type="checkbox"/>	S <input type="checkbox"/>







# Handy Ride Eligibility Application Professional Verification

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1. Complete and sign the “*Authorization to Release Information*” below.
2. Have your designated professional fill out the forms and return them to you.
3. **SUBMIT Both the Completed *Certification Questionnaire* and *Professional Verification Form* together to one of the following:**

**Mail to:**  
Fresno Area Express  
2223 G Street  
Fresno, CA 93706

**Fax to:**  
(559) 457-1589

**Email to:**  
HandyRideApps@fresno.gov

**Deliver in-person to:**  
Handy Ride Center  
4488 N. Blackstone Ave.

or

**Manchester Transit Center**  
3590 N. Blackstone Ave.

## **SECTION A**      **Authorization to Release Information**

(When complete send to the professional you named.)

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

I authorize the following professional to release to FAX Handy Ride specific information as requested. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for six months after the date appearing below. All healthcare information will be kept confidential.

Name of Professional: \_\_\_\_\_ Title: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Guardian's signature required if the applicant is not his/her own guardian.

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SECTION B** Completed by Healthcare Professional

Dear Healthcare Professional:

Federal Law is very specific about ADA Paratransit eligibility. You are being asked to provide information regarding this individual’s disability(ies). Eligibility is restricted to individuals who:

- 1. As a result of their disability, cannot board, ride, or disembark from a regular fixed-route bus.
- 2. Have a specific impairment-related condition that prevents them from getting to or from a bus stop. *This does not include persons who find it difficult or uncomfortable to get to and from bus stops.*

In providing the requested information you should consider only the presence of a disability or health condition and not the applicant’s age or economic status.

You will be asked to include your credentials on the last page.

**GENERAL INFORMATION** (Must be completed by Healthcare Professional)

Describe the diagnosed disability you are currently treating this individual for and the functional limitations of this impairment:

\_\_\_\_\_

\_\_\_\_\_

Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last visit \_\_\_\_/\_\_\_\_/\_\_\_\_

How long have you worked with the individual? Since \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the disability temporary? \_\_\_\_\_ Or permanent? \_\_\_\_\_

If permanent, is disability progressive?  Yes  No

If temporary, please give your best recovery estimate \_\_\_\_\_

Do temperature extremes affect the individual, e.g., heat index of more than 85 degrees (°F) or wind-chill less than 32 degrees (°F)?  Yes  No

If yes, how so? \_\_\_\_\_

Please list current medications \_\_\_\_\_

\_\_\_\_\_

Is this individual compliant with taking medications?  Yes  No

Can the individual currently use regular route public transportation (all buses are equipped with wheelchair lifts)?

Yes  No  Not Sure

Does the individual's health condition/disability require them to travel with someone to assist and/or supervise them?  Yes  No

Is the individual's judgment impaired?  Yes  No

Is behavioral inhibition impaired?  Yes  No

Can the individual walk?  Yes  No

Does the individual use a mobility aid?  Yes  No

If yes, please list the type of device \_\_\_\_\_

How long has the individual been using the device(s)? \_\_\_\_\_

What is the maximum distance the individual can travel without the assistance of another person?

- less than 1 block (110 yards or less)     1-3 blocks (110-330 yards)  
 4-6 blocks (440-660 yards)    or     more than 6 blocks (661 yards)

The individual:	Yes	No	Sometimes
A. Can live independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Can seek and ask for directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Can process information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Can follow routines (consistency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Has basic coping skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has basic judgment skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Has basic problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Has basic orientation skills (person, place, time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Has any concentration limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Has any short- or long-term memory limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **VISUAL IMPAIRMENT**

*(Please complete if applicable to the patient's disability)*

Please provide visual acuity measurements and visual field readings for both eyes.

OS \_\_\_\_\_

OD \_\_\_\_\_

## EMOTIONAL/BEHAVIORAL ISSUES

Does the individual experience any of the following?

Auditory hallucinations    Visual hallucinations    Delusions    Disassociation

Does this prevent the individual from being oriented to person, place, and time?

Yes    No

Is the individual currently being treated for any of the following?

Anxiety    Depression    Panic attacks    Schizophrenia

Other: \_\_\_\_\_

For panic attacks please indicate on average the frequency and length of the attacks:

\_\_\_\_\_ per day   \_\_\_\_\_ per week   \_\_\_\_\_ per month

\_\_\_\_\_ per year   \_\_\_\_\_ approximate duration

## PLEASE PRINT SO THAT WE MAY CONTACT YOU IF NEEDED

**Healthcare Professional Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Professional License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide any additional information that may assist us in determining this applicant's eligibility.

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**Handy Ride staff will make the final determination on the applicant's eligibility.**