



# Calaveras Transit Agency Americans with Disabilities Act Paratransit Compliance Plan

December 2021 Update

**Adopted by the Calaveras Transit Agency:  
February 6, 2019**

**Amended:  
DATE**

In Accordance with the U.S. Department of  
Transportation and the Federal Transit Administration  
(Title 49 CFR Part 37)

In accordance with Section 37.139 of the U.S Department of Transportation's regulations to implement the ADA, Calaveras Transit Agency submits the following required information for its ADA compliance plan.

The ADA Paratransit Compliance Plan is submitted by:

Calaveras Transit Agency  
444 E. Saint Charles St., Ste A • P.O. Box 280  
San Andreas 95249

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# Americans With Disabilities Act Paratransit Compliance Plan

## Calaveras Transit Agency

### 1. Introduction and Purpose

The U.S. Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations in 49 CFR Part 37 guide the content of this plan. As a public entity that provides designated public transportation, Part 37 applies to Calaveras Transit Agency.

The basic requirement of the ADA is that “no entity shall discriminate against an individual with a disability in connection with the provision of transportation service” ([§ 37.5\(a\)](#)). “Notwithstanding the provision of any special transportation service to individuals with disabilities, an entity shall not, on the basis of disability, deny to any individual with a disability the opportunity to use the entity’s transportation service for the general public, if the individual is capable of using that service” ([§ 37.5\(b\)](#)).

Written policies and procedures in accordance with the various parts of the regulations help ensure consistency in operations. They also help employees make objective (i.e., not arbitrary) decisions, which can help avoid unintentional discrimination. As noted above, training employees to proficiency in proper implementation of formal operating policies and procedures is paramount.

The draft plan was available for review and comment. A public hearing was held with adequate notice in order to provide the opportunity for comment on the draft plan. Annual updates to the plan will be approved by the same process.

### 2. Profile of Calaveras Transit Agency Services

The Calaveras Transit Agency operates Calaveras Connect, which provides public transportation services throughout Calaveras County through general public dial-a-ride and route deviation services. Service is offered between the major communities in Calaveras County: San Andreas, Valley Springs, Rancho Calaveras, Angels Camp, Murphys, Arnold, West Point, Rail Road Flat, Mountain Ranch, Copperopolis, and Mokelumne Hill. Connections are also provided to neighboring transit systems in Amador and Tuolumne counties. Figure 1 shows the Calaveras Connect routes and service area.

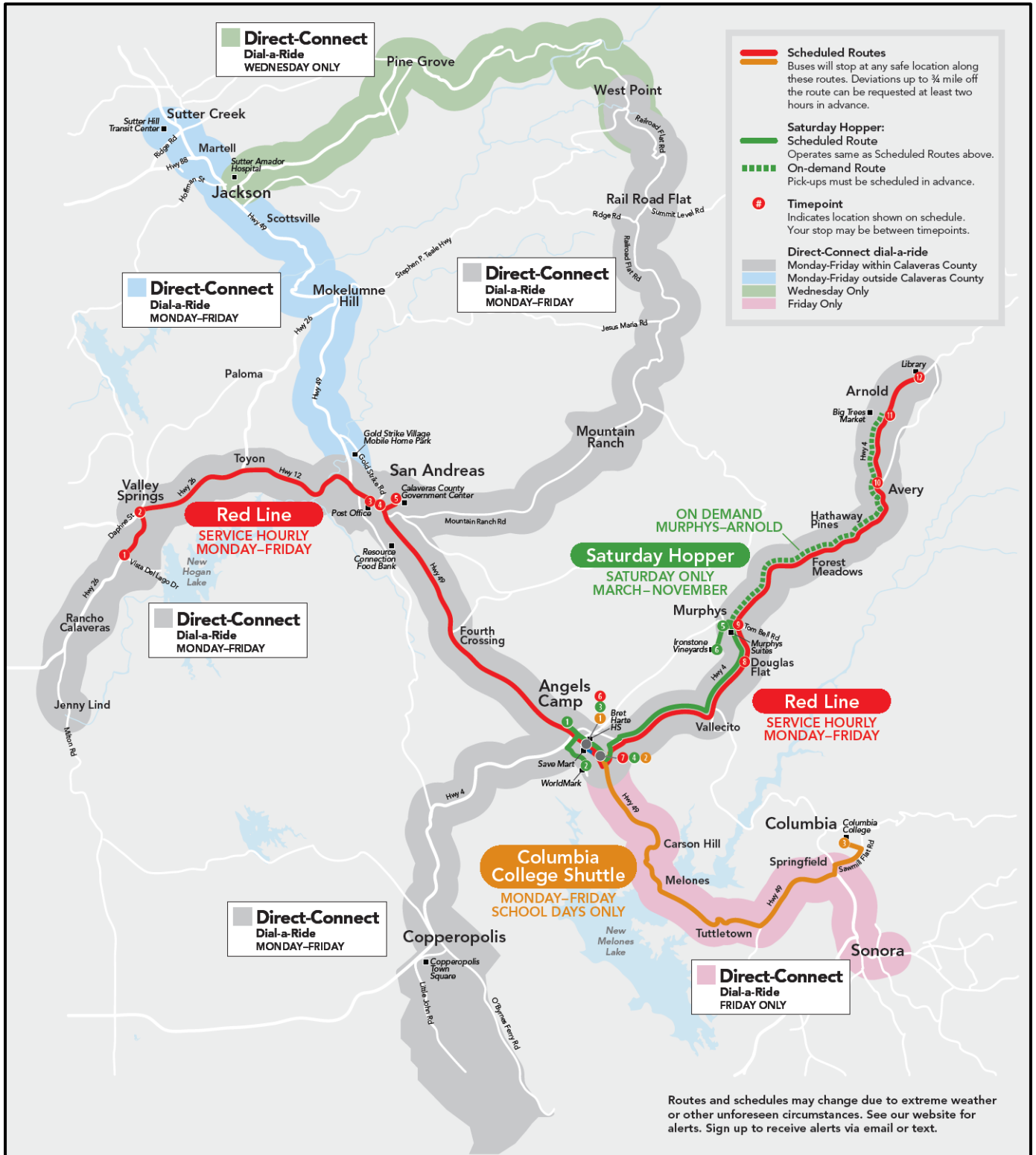
Calaveras County is located on the western slope of the Sierra Nevada in the central portion of California, approximately 130 miles east of San Francisco. The topography ranges significantly in elevation from rolling foothills in the western portion of the County to steep mountainous terrain towards the eastern portion. The area is rural and mainly comprised of open space, farming, and forest lands. Calaveras County is about 1,020 square miles.

State Route 49 is the major north-south highway connecting the communities of the western slope of the Sierra Nevada. It is a relatively narrow two-lane highway. State Routes 4 and 12/26 are the major east-west highways linking Calaveras County to the Central Valley and Interstate 5. The remaining roadway system consists of rural two-lane roads.

The 2020 Census recorded a population of 45,905 for Calaveras County. The City of Angels Camp is the only incorporated city, making up slightly less than nine percent of the total County population. The remaining 91 percent reside in unincorporated communities, creating a challenge for providing transportation to the dispersed population.

Service is provided Monday through Friday with the exception of federally recognized holidays including New Year's Eve, New Year's Day, Presidents Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, and Christmas Day. Buses run from around 6:00 a.m. to 8:00 p.m. depending on the service.

**Figure 1. Calaveras Connect Route Structure and Service Area**



### 3. Fare Structure

Multiple fare types are offered including a one-way base fare, monthly pass, and ticket book of 15 passes. Discounted fares are available for older adults (age 65+), military Veterans, and individuals with disabilities. Students are eligible for discounted monthly passes. A different one-way base fare is offered for Dial-a-Ride and Saturday services.

**Figure 2. Fare Structure**

| <b>Scheduled Route Fares<br/>(Monday - Friday)</b> | <b>Regular</b> | <b>Students</b> | <b>Discounted*</b> | <b>Youth (7-12)</b> | <b>Children Under 6 (with<br/>fare paying adult)</b> |
|--|----------------|-----------------|--------------------|---------------------|--|
| One-Way Base                                       | \$1.50         | -               | \$1.00             | \$0.50              | Free   |
| Ticket Book (15 Tickets)                           | \$20.00        | -               | \$15.00            | -                   | -  |
| Monthly Pass                                       | \$40.00        | \$35.00         | \$30.00            | -                   | -  |
|  |                |                 |                    |                     |  |
| <b>Direct Connect DAR Fares</b>                    | <b>Regular</b> | <b>Students</b> | <b>Discounted*</b> | <b>Youth (7-12)</b> | <b>Children Under 6 (with<br/>fare paying adult)</b> |
| One-Way Base                                       | \$3.00         | -               | \$2.00             | \$1.00              | Free   |
|  |                |                 |                    |                     |  |
| <b>Saturday Hopper Fares</b>                       | <b>Regular</b> | <b>Students</b> | <b>Discounted*</b> | <b>Youth (7-12)</b> | <b>Children Under 6 (with<br/>fare paying adult)</b> |
| Saturday Hopper Base                               | \$3.00         | -               | \$1.50             | \$0.50              | Free   |

*\*Discounted includes individuals with disabilities, older adults (age 65+), and Military Veterans*

### 4. Calaveras Transit Agency Fleet

All Calaveras Transit Agency revenue vehicles are operated by contracted service and are ADA accessible. The vehicle fleet used for revenue services consists of nine buses and two vans, all of which are equipped with lifts or ramps accessible to wheelchairs and persons who cannot use steps.

### 5. Paratransit Services Provided

Calaveras Transit Agency offers route deviation and dial-a-ride (DAR) services to the general public. According to FTA Circular 4710.1, American with Disabilities Act: Guidance, these are considered demand responsive service. While demand responsive services do not require separate complementary paratransit, the system, when viewed in its entirety, must provide a level of service to individuals with disabilities, including individuals who use wheelchairs, equivalent to the level of service it provides to individuals without disabilities.

The seven § 37.77(c) service characteristics for determining equivalency for riders with disabilities, including those who use wheelchairs, are:

- *Response time – The elapsed time between a request for service and the provision of service is the same for riders with and without disabilities, and days and hours to request service are the same.*
- *Fares – For a given trip, the fare is the same for all riders.*
- *Geographic area of service – Riders with disabilities are able to request trips in the same area or areas as other riders.*
- *Hours and days of service – Riders with disabilities are able to request trips on the same days and during the same hours as other riders.*

- *Restrictions or priorities based on trip purpose – For demand responsive service with restrictions or priorities based on trip purpose, the same restrictions or priorities apply to all riders. Establishing policies that restrict or prioritize service based on trip purpose (e.g., medical transportation only) is acceptable as long as transit agencies apply these policies in the same way for all riders.*
- *Availability of information and reservations capability – Riders with disabilities have access to the same information and reservation systems as other riders, including information in alternate formats (e.g., large print, braille, audio, or accessible electronic files for riders with vision disabilities). [Section 37.167\(f\)](#) requires agencies to make alternate formats available, usable by the individual, and appropriate to the intended use. This means providing individuals with hearing or speech disabilities equal access to trip reservation systems in order to request service. (See Circular Section 2.8.)*
- *Any constraints on capacity or service availability – In demand responsive services with service availability or capacity constraints, this means having the same constraints for all riders. The regulations do not prohibit demand responsive services from having trip denials or providing trips on a first-come, first-served basis. However, to be considered equivalent, riders with disabilities would encounter trip denials with the same frequency as riders without disabilities. Similarly, the regulations do not prohibit the use of waiting lists or trip caps, as long as riders with disabilities are not waitlisted more often or do not have more restrictive trip cap limitations. Finally, the regulations do not prohibit demand responsive services from having poor rates of on-time performance or having long ride times due to limited service capacity, as long as riders with disabilities do not experience lower on-time performance rates or longer ride times than other riders.*

Calaveras Transit Agency does not impose restrictions or priorities based on trip purpose. Deviations are available for all riders and throughout the same hours and days as Calaveras Connect’s regularly scheduled service.

## **6. Complaint procedure**

Any person who believes himself/herself or any specific class of individuals to be harmed by failure to comply with ADA policies may, personally or through a representative, file a written complaint with Calaveras Connect. A Complaint must be filed not later than 180 days from the date of the alleged discrimination, unless the time for filing is extended by agreement with Calaveras Connect. Calaveras Connect cannot respond to complaints without the complainant's mailing address.

How to File a Complaint:

Written complaints may use the complaint form provided in “Attachment B” and available on the Calaveras Connect website at: <http://calaverasconnect.org/resources/ada-application/> . If an individual is unable to file a written complaint, Calaveras Transit Agency staff will provide assistance.

Please submit complaints to:

Calaveras Transit Agency  
P.O. Box 280  
San Andreas, CA 95249

Phone: (209) 754-2094



## **7. Service Provided by Other Agencies**

Common Ground Senior Services (CGSS) is a private non-profit providing services to residents 60 and older and veterans in Amador and Calaveras Counties for the purpose of health and wellness appointments. CGSS will respond within 48 hours. Fares are in the form of donations. CGSS has been awarded a Community Development Block Grant to purchase two wheelchair accessible vehicles. Common Ground has also been awarded FTA Section 5310 funds for vehicle purchases, software, and mobility management services. Both grants will enable CGSS to serve more people, expand hours for paratransit services, provide a feeder service for intercity travel by connecting with Calaveras Connect, and develop a volunteer driver program.

## **8. Service Provided for Visitors**

Calaveras Connect provides demand responsive services to visitors as well as residents. An individual with disabilities who can present documentation that he/she is ADA paratransit eligible from the jurisdiction in which he/she resides, and who does not reside in the Calaveras Transit service area, shall be eligible for reduced fares. In many cases, Calaveras Connect will contact the visitor's transit agency directly to get a copy of their eligibility certification.

## **9. Approved Equipment**

In order to accommodate a wheelchair or power scooter on a Calaveras Connect vehicle it must meet the following standards:

- The equipment must have three (3) or more wheels.
- The measurement of the equipment must fit safely in the vehicle securement area, including footrests and backpacks.
- The equipment must not weigh more than 800 lbs. when occupied.
- Walkers must be collapsible and stored between seats.
- Equipment must be in good working order, with batteries charged, tires inflated, brakes working, footrests attached, and all parts secure. (49 CFR 37.3)

Segway or similar electrically motorized personal transportation devices are allowed on Calaveras Connect when used as a mobility device by a person with a disability. The passenger may board with the device but may not use the device as a seat when aboard a Calaveras Connect vehicle.

## **10. Mobility Device Brakes**

When occupying a lift or securement area, it is recommended that passengers apply the brakes on their mobility devices; however, they are not required to do so. With power chairs or scooters, it is recommended that the power switch be turned to the "off" position. Again, this is not mandatory.

## **11. Portable Oxygen Use**

Individuals with disabilities who use portable oxygen devices are allowed to travel with respirators and properly secured portable oxygen supplies as long as it does not violate laws or rules related to transportation of hazardous materials. Equipment must not obstruct the aisle. 49 CFR 37.167(h)

## **12. Securement Policy**

Operators will use front and rear tie-downs to secure mobility devices. Operators will secure mobility devices at the strongest parts of the device; however, the passenger can indicate the most optimal tie-down spot. The mobility device will be secured front facing unless otherwise requested

by the passenger. Drivers will assist passengers with securement systems, ramps, and seatbelts; however, drivers cannot assist riders using power chairs or scooters with the operation of their equipment. Calaveras Connect cannot refuse to transport someone whose mobility device cannot be satisfactorily restrained provided that mobility device fits within the definition described in Section 3. (49 CFR 37.165)

### **13. Stop Announcements**

Stops at major intersections, transfer points, and destination points will be announced on fixed route buses. Transit operators will announce other stops upon request. (49 CFR 37.167 (a-c))

### **14. Personal Care Attendants**

A Personal Care Attendant (PCA) may ride with you at no charge. A PCA is someone who travels with, and helps, a rider with their personal needs. Passengers must provide their own PCA if they need one. The Dial a Ride Application form should include a space that gives the applicant the opportunity to indicate whether or not they will be accompanied by a PCA.

Guests and companions may ride with passengers on Calaveras Connect. Guests and companions must pay regular fare. A companion is anyone who rides with a passenger who is not designated as a PCA. (49 CFR 37 (d))

### **15. Animals**

Service animals are permitted on Calaveras Connect transit vehicles. A service animal is any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability. The use of a service animal must be identified on the ADA application. In order to ride Calaveras Connect:

- The animal must be on a leash or in a container, remain under control of the owner, and behave appropriately.
- Birds, reptiles, amphibians, rodents, and cats must be kept in an enclosed carrier/container.
- The animal must remain at your feet or on your lap. It may not sit on a vehicle seat.
- The animal must not be aggressive toward people or other animals.
- You are responsible for any damage caused by the animal. (49 CFR 37.167 (d))

In the event an evacuation order is issued that covers all or a portion of Calaveras Connect's service area, all pets, as defined in Section 1799.109 of the Health and Safety Code, are permitted on Calaveras Connect vehicles, subject to the before mentioned stipulations for the conduct and transportation of service animals.

**Attachment A**  
**Application for Calaveras Connect Reduced Fare**

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a service of the Calaveras Transit Agency

| Calaveras Connect Application for ADA Service   |        |         |  |
|---|--------|---------|--|
| <b>Please read carefully. All questions must be answered. Incomplete or unanswered applications will be returned</b>  |        |         |  |
| <b>Part A: Personal Information</b>   |        |         |  |
| Name: Last:   | First: | Middle: |  |
| Home Address:   |        |         |  |
| City, State, Zip:   |        |         |  |
| Mailing address (if different):   |        |         |  |
| City, State, Zip:   |        |         |  |
| Telephone number Home:  | Cell:  |         |  |
| Date of birth:  | Male   | Female  |  |
| <b>Part B: Contact Person</b>   |        |         |  |
| Emergency Contact Person:   |        |         |  |
| Relationship to applicant:  |        |         |  |
| Telephone number: Primary:  | Other: |         |  |
| Attach any additional contacts on a separate sheet  |        |         |  |
| <b>Part C: Tell us about your use of Calaveras Connect services</b>   |        |         |  |
| Have you used regular, non-deviated fixed route buses?  |        |         |  |
| Yes    No   |        |         |  |
| Are you aware that all Calaveras Connect fixed route busses are fully accessible to accommodate persons who use wheelchairs and scooters, or persons who are unable to climb the bus steps? |        |         |  |
| Yes    No   |        |         |  |
| Are you able to reach the fixed route bus stop nearest your home?   |        |         |  |
| Yes    No    Sometimes  |        |         |  |
| If "sometimes," please explain:   |        |         |  |
|   |        |         |  |
|   |        |         |  |
| What best describes your ability to use the regular fixed route bus service?  |        |         |  |
| I can use regular bus service for most of my transportation needs.  |        |         |  |
| I have never attempted to use the regular bus service.  |        |         |  |
| I could use the regular bus service, but it would be difficult because:   |        |         |  |
| _____   |        |         |  |
| I can use the regular bus service only for specific routes/destinations because:  |        |         |  |
| _____   |        |         |  |
| I cannot use the regular bus service without the help of a personal care attendant  |        |         |  |
| I cannot use the regular bus service at all because:  |        |         |  |
| _____   |        |         |  |

**Part D: Your Travel Abilities and Needs**

I can get to and from a regular bus stop nearest my home, either by walking or using my mobility device.

Yes      No      Sometimes (Please explain) \_\_\_\_\_

I can wait up to 15 minutes at a bus stop

Yes      Yes, but only with a seat/shelter      Not sure      Sometimes/No (Please explain)

I can get on and off a regular fixed route bus (All regular busses have a lift or ramp. Lifts and ramps can be used by anyone, including persons who cannot climb steps and/or who use wheelchairs or scooters).

Yes      Not sure      Sometimes/No (Please explain) \_\_\_\_\_

I can get to a seat or a wheelchair/scooter position once I've boarded the bus, assuming a seat or space is available.

Yes      Not sure      Sometimes/No (Please explain) \_\_\_\_\_

I can follow written or oral instructions about how to use the bus, identify the proper bus, and identify when it is time to get on and off.

Yes      Not sure      Sometimes/No (Please explain) \_\_\_\_\_

Are there any other reasons why you cannot board or ride regular fixed route busses?

No      Yes (Please explain) \_\_\_\_\_

**Part E: Information About Your Disability or Health Condition**

What is the primary disability or health condition that limits your ability to use regular bus service? Please be specific (for example: stroke, emphysema, schizophrenia, etc). \_\_\_\_\_

Date of diagnosis or onset:

Do you have other physical, mental, or emotional disabilities or conditions that limit your ability to use the regular fixed route bus service?

Yes      No

If yes, explain: \_\_\_\_\_

Do the effects of your disability or condition vary from day to day?

Yes      No

If yes, explain \_\_\_\_\_

Is your disability or condition:

Permanent      Temporary

If temporary, explain: \_\_\_\_\_

**Part F: Mobility Equipment, Aids, or Personal Assistance Required for Travel**

Mark any and all mobility equipment and aids that you expect to use when you travel

- |                         |                               |                 |
|-------------------------|-------------------------------|-----------------|
| None                    | Manual wheelchair             | Service animal  |
| Cane                    | Power wheelchair              | Portable oxygen |
| Walker                  | Power scooter                 | Respirator      |
| Crutches                | Extended footrests            | Picture board   |
| White cane              | Chest restraint               | Alphabet board  |
| Prosthetic device       | Lift Mechanism (for boarding) |                 |
| Other (please describe) |                               |                 |

If you use a wheelchair or scooter: Is it more than 30 inches wide, and/or more than 48 inches long?

- Yes      No      Not sure

Is the total combined weight of you and your wheelchair more than 600 pounds?

- Yes      No      Not sure

Calaveras Connect operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use Calaveras Connect?

- Always      Sometimes      Never

If "Always" or "Sometimes," how does a PCA or other person assist you?

- All activities of daily living.
- To help me get to the vehicle when it arrives.
- By pushing my manual wheelchair.
- To help me get to my destination from the vehicle.
- Other (please describe) \_\_\_\_\_

Some persons cannot be left alone at their residence or other destination. For example, persons with dementia or Alzheimer's disease. Does someone always need to meet you when you arrive at a destination?

- Yes      No

***If you answered "Yes," there must be someone to meet you on all trips you would take on Calaveras Connect. If no one is available at you destination, Calaveras Connect would call the contact person listed in Part B***

**Part G: Information About Your Functional Capabilities**

How far are you able to travel on a flat surface, either on your own or by using your regular mobility aid, and without the help of another person?

- I am not able to travel at all without the help of another person.
- I am severely restricted and can travel only at home.
- I can get to the curb in front of my home or apartment.
- I can go one city block
- I can go two city blocks (about one eighth mile)
- I can go four city blocks (about one quarter mile)
- I can go eight city blocks (about one half mile)
- I can go twelve city blocks (about three-quarters of a mile)
- I can go any distance

Please describe any conditions when you are unable to travel this far: \_\_\_\_\_

Please check the environmental conditions that affect your ability to get to and from a regular bus stop, or to and from a destination using the regular bus. Please explain below.

Due to the nature of my disability, in order to travel, I must:

Avoid inclines

Be in a sidewalk or pathway with an even surface

Avoid steep hills

Avoid hours of darkness

Explanation: \_\_\_\_\_

Due to the nature of my disability, all intersections in my path:

Must have curb cuts

Must have a clearly marked pedestrian crosswalk

Must have both a pedestrian crosswalk and traffic signal

Explanation: \_\_\_\_\_

Additional potential barriers (please explain): \_\_\_\_\_

Please check the specific weather conditions that because of your disability prevent you from using regular fixed route bus service

Snow                      Heat (above \_\_\_\_ degrees F)

Ice                         Cold (below \_\_\_\_ degrees F)

Please explain how these conditions would affect your ability to get to or from a bus stop or to your destination:

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

The weather does not affect my disability

#### **Part H: Profession Contacts and Authorization for Release of Medical Information**

It may be necessary for Calaveras Connect/Paratransit Services to contact a health professional - a physician, case manager, therapist, or social worker - who is familiar with your disability or health condition. Please complete and sign the enclosed Medical Release - Authorization for Use and Disclosure of Protected Health Information. Calaveras Connect/Paratransit Services will not release to any other party, any medical information obtained with the release(s) you provide.

#### **Part I: Please Read the Following and Sign the Application**

**Applications must be signed. Unsigned applications will be returned.**

For the applicant:

I understand that the purpose of this application is to determine whether I am eligible to use Calaveras Connect ADA services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for ADA services, and to provide ADA services if I am determined to be eligible, unless I give other specific authorization. I understand that Calaveras Connect may review my current ADA eligibility status at any time whatsoever, where circumstances may warrant that I am no longer eligible to receive ADA transportation service.



**If a legal representative signs this application:**

I acknowledge that I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Legal Representative

\_\_\_\_\_

Date

**If this application was completed by someone other than the applicant:**

If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to the applicant:

Name:

Address:

Phone:

Organization or agency affiliation:

I have knowledge of the applicant's disability or health condition which limits or prevents use of regular non-deviated Calaveras Connect busses.

Yes      No

\_\_\_\_\_

Representative's signature

\_\_\_\_\_

Date

**Part J: Returning the Application**

**Before returning the application, please make sure that:**

- You have answered all questions in parts A through G
- You have signed Part I and the Medical Release
- If another person (not the applicant) completed the application, that person has completed the information in Part I and signed.

**To submit your application, please mail application to:**

Calaveras Connect

P.O. Box 280

San Andreas, CA 95249

You may also fax your application to the Calaveras Connect office at 209-754-9086. If you have any questions or need assistance in completing the application, including an alternative format, call the Calaveras Connect office at 209-754-4450.

**MEDICAL RELEASE**  
**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION**

**All sections must be completed**

I, \_\_\_\_\_ authorize:

*(print applicant or patient name)*

Name of professional: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to disclose Protected Health Information (PHI) to the Calaveras Connect ADA paratransit program, P.O. Box 1385, San Andreas, CA 95249, for the purpose of assessing whether I am eligible under the Americans With Disabilities Act for Calaveras Connect's ADA transportation service. Only those persons with disabilities whose disabilities prevent their use of Calaveras Connect's regular bus service are eligible to use this service.

My PHI may include medical records, diagnostic reports, physical therapy records, and any personal and medical information pertinent to my application for ADA eligibility. If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my initials in the space next to the type of information:

- \_\_\_\_\_ Chemical dependency
- \_\_\_\_\_ Sexually transmitted diseases
- \_\_\_\_\_ HIV / AIDS
- \_\_\_\_\_ Genetic information
- \_\_\_\_\_ Mental health information (excludes psychotherapy notes)
- \_\_\_\_\_ Reproductive health (including abortion)

I may cancel this authorization at any time by sending a written request to the Calaveras Connect ADA Program, P.O. Box 1385, San Andreas, CA 95249. My cancellation of this authorization will not affect any uses or disclosures made before my request is received. If I do not revoke this authorization, it will automatically expire in 120 days.

I understand that Calaveras Connect/Paratransit Services will not release any medical information obtained with this release to any other party.

I understand that I am not legally obligated to sign this authorization and that Calaveras Connect/Paratransit Services will not refuse to process my application for ADA eligibility based on my refusal to sign this authorization. I also understand that if Calaveras Connect/Paratransit Services is unable to obtain information necessary to determine my disability or health condition and how the disability or health condition limits or prevents my use of regular bus services, my application for ADA eligibility may be denied.

I understand that by signing this statement I am authorizing Calaveras Connect/Paratransit Services to provide a copy of this statement to the above listed professional for the purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

\_\_\_\_\_  
Signature of applicant or legal representative      Date

Applicant's Date of Birth: \_\_\_\_\_

**Attachment B**  
**ADA Complaint Form**

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a service of the Calaveras Transit Agency

| Calaveras Connect ADA Complaint Form   |             |           |                 |       |
|--|-------------|-----------|-----------------|-------|
| <b>Section I: Contact Information</b>  |             |           |                 |       |
| Name:  |             |           |                 |       |
| Street Address:  |             |           |                 |       |
| City State, Zip code:  |             |           |                 |       |
| Phone:   |             | Email:    |                 |       |
| Accessible Format Requirements:  | Large Print | TDD/Relay | Audio Recording | Other |
| If other is selected, explain:   |             |           |                 |       |
| <b>Section II: Complaint Details</b>   |             |           |                 |       |
| Date of occurrence:  |             |           |                 |       |
| Time of occurrence:  |             |           |                 |       |
| Name/ID of employee(s) or other involved:  |             |           |                 |       |
| Vehicle ID/Route name:   |             |           |                 |       |
| Direction of travel:   |             |           |                 |       |
| Location of incident:  |             |           |                 |       |
| Mobility aid used (if any):  |             |           |                 |       |
| If above information is unknown, please provide other descriptive information to help identify the employee: |             |           |                 |       |
|  |             |           |                 |       |
|  |             |           |                 |       |
| Description of incident (attach multiple pages, if necessary):   |             |           |                 |       |
|  |             |           |                 |       |
|  |             |           |                 |       |
|  |             |           |                 |       |
| <b>Section III: Follow Up</b>  |             |           |                 |       |
| May we contact you if we need more details or information?   |             |           | Yes             | No    |
| What is the best way to reach you?   |             | Phone     | Email           | Mail  |
| If a phone call is preferred, what is the best day and time to reach you?                                    |             |           |                 |       |
| <b>Section IV: Desired Response (choose one)</b>   |             |           |                 |       |
| Email response   |             |           |                 |       |
| Telephone response   |             |           |                 |       |
| response by US Postal Mail   |             |           |                 |       |