

September 17, 2020

To: Prospective Proposers

From: Lida Delos Santos, Contracts Administrator

**Subject: Question and Answer for RFP S20114 – ADA PARATRANSIT
CERTIFICATION PROGRAMS**

The following page(s) contain responses to questions submitted by prospective Proposers. Do not submit the attached “Q&A” document in your proposal.

QUESTIONS & ANSWERS

The following questions have been submitted by prospective proposers. VTA has provided responses to the following questions to assist proposers in the preparation of their proposal. Some questions may have resulted in material changes to the instructions or technical aspects of the RFP. If so, those changes will be documented herein.

1. Page 6, F. Submission of Proposals: In light of the COVID-19 pandemic, would VTA allow for proposal submission via electronic means only (email, Dropbox, etc.), in lieu of hard copies? This will help with adherence to social distancing guidelines and will minimize in-person exposure risks for VTA employees as well as bidders' employees.

Answer 1: Proposals can be quite voluminous and Office 365 email file size limit of 25MB. Per Page 6, F. Submission of Proposals; proposers shall submit one (1) hardcopy along with a flash drive. Proposals can be mailed or can be drop off at VTA at the following address: 3331 North First Street, Bldg. B, San Jose, CA 95134.

(Note: Addendum No. 1 has been issued addressing the above question #1.)

2. Page 8, Section II. A. 1. Company Qualifications, Experience & References: This section outlines minimum required qualifications, including three references where the proposer has provided similar service. Can you please confirm that this means that vendors must operate at least three programs for similar sized agencies specifically providing ADA eligibility certification services to be eligible for award?

Answer 2: The goal of this section is to obtain three references for entities (public and/or private) where you have provided “similar services” so it does not have to be specifically ADA Eligibility Certification program or of the same size.

3. Please provide a list of all staff that are currently performing this work, including job titles and number of employees under each.

Answer 3: The current Certification Program operates with four (4) Administrative Assistances in the eligibility call center, and four (4) Evaluators, and one (1) Program Manager. Please note with COVID-19 the number of assessments and call volumes have decreased.

4. Please provide 24 months of contractor invoices for the current contract.

Answer 4: The current contract is a firm fixed price. Please see Sample Invoice.

5. Please provide 24 months of monthly reports provided by the current contractor.

Answer 5: The current contract is a firm fixed price. See Sample Invoice.

6. Please provide 24 months of telephone reports that show call volume as well as SLAs associated with this contract (call times, hold times, etc.).

Answer 6: See Eligibility Call Center Data.

7. So that we may plan to hire as many qualified incumbent employees as possible, please provide wage and benefit information for current staff as well as date of hire.

Answer 7: Current contracted staff meets the minimal requires listed in Section Staffing Requirements on page 41. Staff’s pay rates and other information is confidential. Estimates are below:

4x Call Center & Admin Staff Hourly Rate Ranges between \$20 - \$23
4x Eligibility Evaluators Salary Approximately \$80,000 Annually
1x Project Manager Salary Approximately \$100,000 Annually

8. Are startup costs to be included in the all-inclusive rates per assessment? If so, would the VTA consider separating startup costs from the per assessment rates? This would allow for fair competition among bidders.

Answer 8: Startup costs should be included in the first-year all-inclusive rate for both option one and two.

9. Please provide a sample applicant file (with personally identifiable information redacted) that includes any applications, data cards, interview materials, notes, determination letters, etc.

Answer 9: See Sample Customer Documents file. Other notes and eligibility information is housed in the client profile in our database.

10. Please provide a detailed breakdown of Liquidated Damages assessed against the current contractor for the last 24 months.

Answer 10: There have been no Liquidated Damages assessed in the last 24 months.

11. How many non-photo and photo ID Cards are being prepared by the current contractor? Does the VTA anticipate a change in this number?

Answer 11: Non-photo ID cards are created for all customers if they do not have a photo on file. If the customer has a photo on their client profile, then a photo ID card is generated and sent out with their Notification Letter. Please see Attachment 7.

12. On Page 46 of the RFP there appears to be language missing. This section reads: “In list of re-certified customers to the ADA Paratransit Operations provider to manage subscriptions on a monthly basis in addition to the monthly reporting requirements to VTA, Contractor will prepare and submit a” Please clarify.

Answer 12: The section should read “Contractor will prepare and submit a list of recertifying customers to the ADA Paratransit Operations Provider on a monthly basis.”

13. Would the VTA consider making option years of mutual consent between the agency and the contractor?

Answer 13: Yes, option years are mutual.

14. During the transition period will the VTA be providing space in the facility for training and other startup activities?

Answer 14: There is a small conference room available in the Eligibility Area that can be utilized. Usage will have to be coordinated with current contractor.

15. Page 74 of the RFP (Exhibit A3 Rate Schedule) – Please define the following terms listed on the form: Home Office Overhead Rate, Home Office Fully Burdened Rate, and Field Office Fully Burdened Rate; and explain how these items will be used in the execution of this contract.

Answer 15: Exhibit A3, Rate Schedule Form was provided as an example and does not apply to the contract resulting from the RFP.

16. When does the current contract expire?

Answer 16: The contract will expire on December 31, 2020.

17. Has Model B ever been implemented? a. If yes, how many in-persons functional assessments have been conducted?

b. If no, why?

c. Was it ever presented to the VTA board for approval to switch to Model B?

i. If yes, what date was it presented to the board?

ii. If no, is there an anticipated date of implementation of Model B

Answer 17: Model B will include in-person assessments as indicated in SOW and VTA will look to the Contractor to assist with program design and implementation of the in-person assessments. We have not gone to the VTA Board with a complete program design and implementation plan for Model B. Anticipated date is July 1, 2023.

18. Can you please provide the wages, benefits, job title and education for the current contractor's staff in San Jose?

Answer 18: Current contracted staff meets the minimal requires listed in Section Staffing Requirements on page 41. Staff's pay rates and other information is confidential. Estimates are below:

4x Call Center & Admin Staff Hourly Rate Ranges between \$20 - \$23

4x Eligibility Evaluators Salary Approximately \$80,000 Annually

1x Project Manager Salary Approximately \$100,000 Annually

19. Can VTA provide an identity protected copy of recent invoices?

Answer 19: The current contract is a firm fixed price. See Document Sample Invoice.

20. What is the current monthly / annual call volume for the current contractor?

Answer 20: See Eligibility Call Center Data.

21. Can we see a generic / identity protected, copy of the current phone interview questions and any procedures for documenting those calls?

Answer 21: Sample Customer Documents file.

22. Is there a future goal of online access for the process?

Answer 22: VTA is open to the idea of setting up online access for the eligibility process, but don't have any formal goals at the moment.

23. Does VTA plan on providing the P.P.E. supplies (hand sanitizer, masks, gloves, etc.) for applicants and staff?

Answer 23: The current contractor provides its staff with P.P.E. , VTA has installed plexiglass in-between each cubical in the eligibility call center. Current contractor obtains janitorial services for their portion of the building and have increased their cleaning frequency.

24. What, if any, categories of conditional eligibility are granted now, e.g. night blindness, lack of curb-cuts, distance, weather? a. Does VTA currently enforce any trip-by-trip eligibility?

Answer 24: VTA's conditional categories are the following:

Unfamiliar Route

Distance (1/4 mile and 1/2 mile)

Terrain (slopes, lacking curb cuts, & uneven pavement)

Variable Health

Visibility (dusk & dawn)

Weather (heat, cold, rain)

Difficult Street Crossings

VTA encourages customers to use the bus when they are able to and welcome customers to use paratransit when they need to, but it is up to the customer to make that determination.

25. What have been the "postage" costs over the last three years for the contractor? If no specifics are available, how many pieces of mail are sent per client and what are the current sizes and weights of each piece of mail?

Answer 25: See Attachment 7.

Approved Customers (line item ‘Total New & Recert Customers Approved) Determination Packet \$1.80 each

Denied Customers Notification Letter \$0.50

Photo ID Cards \$0.50

Recertifying Customers (line item ‘Mailed Out Recertification Applications’) letter, application, and brochure \$0.50 each

26. What does VTA love about the current process and what do they hate about the current process?

Answer 26: Our current process is person centered, high quality staff and proactively initiate enhancement projects which creates an amazing Eligibility Certification Program. We would love to move toward Model B and provide our customers with both functional assessments and phone interviews to make stronger eligibility determinations.

27. What part of the blueprint provided for Eastridge facility contains the physical functional assessment area? Is it possible to get a description of the functional assessment features e.g. ramps, bus mockup, bus stop mock-up etc. including photos or the square footage used?

Answer 27: There are no definite plans for developing a Mobility Training Center at Eastridge. There is space between the Maintenance Shop and the current eligibility portion of the building that potentially maybe utilized in the future.

Attachments:

Eligibility Call Center Data, Sample Customer Documents and Sample Invoice

Please note that “RFP S20114 Addendum Acknowledgement Form” must be included in your proposal and is available for download.

Queue Performance by Month

[Paratransit vMiVB] P805 - Eligibility

Created on 9/14/2020 2:25:34 PM by LaurenRosiles

Activity period	ACD calls offered	ACD calls handled	Calls abandoned (short)	Calls abandoned (long)	Calls interflowed	Calls requeued	Queue unavailable	Answered by ACD group 1	Answered by ACD group 2	Answered by ACD group 3	Answered by ACD group 4	Average speed of answer (hh:mm:ss)	Average delay to abandon (hh:mm:ss)	Average delay to interflow (hh:mm:ss)	ACD handling time (hh:mm:ss)	Average ACD handling time (hh:mm:ss)	Abandon %	Service level %	Answer %
August 2018	1804	1723	15	81	0	253	13	1723	0	0	0	00:00:56	00:03:41	00:00:00	103:38:00	00:03:37	4.5%	86.9%	95.5%
September	1456	1433	18	23	0	192	7	1433	0	0	0	00:00:29	00:01:00	00:00:00	84:53:47	00:03:33	1.6%	95.2%	98.4%
October	117	113	2	4	0	20	0	113	0	0	0	00:00:31	00:01:34	00:00:00	06:27:00	00:03:25	3.4%	92.3%	96.6%
November	1406	1374	11	32	0	209	9	1374	0	0	0	00:00:33	00:00:32	00:00:00	85:23:33	00:03:44	2.3%	94.0%	97.7%
December	1271	1253	10	18	0	151	3	1253	0	0	0	00:00:26	00:01:41	00:00:00	78:30:47	00:03:46	1.4%	96.3%	98.6%
January 2019	1727	1694	8	33	0	247	5	1694	0	0	0	00:00:31	00:01:10	00:00:00	103:07:53	00:03:39	1.9%	93.9%	98.1%
Feburary	1437	1411	9	26	0	130	1	1411	0	0	0	00:00:35	00:01:45	00:00:00	85:04:27	00:03:37	1.8%	92.1%	98.2%
March	1584	1541	11	43	0	95	3	1541	0	0	0	00:00:41	00:01:35	00:00:00	88:17:03	00:03:26	2.7%	89.8%	97.3%
April	1682	1630	14	52	0	77	1	1630	0	0	0	00:00:48	00:01:22	00:00:00	86:29:10	00:03:11	3.1%	86.9%	96.9%
May	1506	1487	10	19	0	61	4	1487	0	0	0	00:00:19	00:00:36	00:00:00	78:16:36	00:03:10	1.3%	97.1%	98.7%
June	1344	1326	9	18	0	38	2	1326	0	0	0	00:00:23	00:01:03	00:00:00	65:18:14	00:02:57	1.3%	95.3%	98.7%
July	1519	1480	9	39	0	53	1	1480	0	0	0	00:00:32	00:04:57	00:00:00	78:12:08	00:03:10	2.6%	91.2%	97.4%
August	1492	1458	8	34	0	41	0	1458	0	0	0	00:00:25	00:01:37	00:00:00	83:27:50	00:03:26	2.3%	94.4%	97.7%
September	1505	1489	7	16	0	37	7	1489	0	0	0	00:00:24	00:01:14	00:00:00	77:48:47	00:03:08	1.1%	95.2%	98.9%
October	1714	1674	11	40	0	52	5	1674	0	0	0	00:00:36	00:01:31	00:00:00	92:54:10	00:03:20	2.3%	91.2%	97.7%
November	1485	1450	7	35	0	23	4	1450	0	0	0	00:00:38	00:01:47	00:00:00	76:10:02	00:03:09	2.4%	90.9%	97.6%
December	1458	1425	6	33	0	13	2	1425	0	0	0	00:00:37	00:03:25	00:00:00	81:28:24	00:03:26	2.3%	90.5%	97.7%
January 2020	1844	1751	13	93	0	15	59	1751	0	0	0	00:00:46	00:01:31	00:00:00	99:48:04	00:03:25	5.0%	88.0%	95.0%
February	1632	1591	13	41	0	16	1	1591	0	0	0	00:00:34	00:02:08	00:00:00	86:24:19	00:03:16	2.5%	91.4%	97.5%
March	1289	1261	8	28	0	12	1	1261	0	0	0	00:00:23	00:01:18	00:00:00	67:12:51	00:03:12	2.2%	95.2%	97.8%
April	617	611	4	6	0	11	0	611	0	0	0	00:00:17	00:01:11	00:00:00	30:00:59	00:02:57	1.0%	97.2%	99.0%
May	653	648	3	5	0	14	7	648	0	0	0	00:00:18	00:01:25	00:00:00	30:52:30	00:02:52	0.8%	96.6%	99.2%
June	894	885	12	9	0	7	13	885	0	0	0	00:00:15	00:00:54	00:00:00	43:53:15	00:02:59	1.0%	97.9%	99.0%
July	1019	993	10	26	0	15	35	993	0	0	0	00:00:21	00:01:02	00:00:00	48:14:14	00:02:55	2.6%	95.9%	97.4%
August	872	855	5	17	0	8	0	855	0	0	0	00:00:23	00:02:03	00:00:00	38:33:11	00:02:42	1.9%	95.0%	98.1%

Personal Data Card, Certification and Authorization for Release of Protected Health Information



Please read, sign, date and mail to VTA Eligibility Department, 3331 N. First St, San Jose, CA 95134. This form can also be dropped off at VTA, 3331 N. First St, San Jose, CA 95134.

Applications for individuals who are under the age of 18 years, must be completed by the applicant's parent, legal guardian or custodian. If an applicant is 18 years or older, but is unable to complete the application because of a physical or vision impairment, the applicant must have given permission to the person completing the application. Applications for individuals 18 years of age or older with cognitive impairments, must be completed by the applicant's legal guardian or custodian.

Applications that do not meet the above criteria will not be processed. Thank you in advance for your cooperation.
VTA ACCESS Paratransit will contact you for a phone interview.

Section 1: Personal Data Check one: New Applicant Existing Customer
(Paratransit ID # _____)

Applicant Name: _____ (Mr/Mrs/Ms - circle one)

Birthdate: _____

Application Information:

Address: _____ City: _____

State: _____ Zip: _____

Home Phone Number: _____ n/a Cell Phone Number: _____

Best time(s) to call: _____ anytime Email: _____

Primary Language: _____ English

What is your primary disability and/or most limiting condition?

Do you use any mobility aids or specialized equipment? Yes No

If you answered "Yes" please check all that apply:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> White Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair |
| <input checked="" type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Respirator | <input type="checkbox"/> Portable Oxygen Tank |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Speech Devices | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Other _____ |

Do you need any future written information provided to you in an accessible format? Yes No

If "Yes", please check the format you prefer: Email Diskette Audio Tape Braille Large Print

Would you be interested in learning more about mobility options and travel training? Yes No

Emergency Contact Name: XXXX XXXXXXXX
Relationship to Applicant: XXXXXX Phone Number (s): XXX-XXX-XXXX
Address: XXX XXXXXXXX XX City: XXX XXX State: XX Zip Code: XXXXXX

Section 2: Authorization for Release of Protected Health Information

I understand the protected health information provided during the application and interview process will be kept confidential and shared only with the following professionals or providers as necessary to determine eligibility and provide paratransit services, and for quality assurance/audits to comply with ADA regulations and VTA policy.

Section 3: Authorization to Release Medical Information

(Please include the contact information for your physician or licensed professional, who can verify your disability/ies, or has knowledge about your disability/ies and functional limitations.)

I hereby authorize:

Name: XXXXXX XXXXXXXX
Address: XXX XXXXXXXX
Phone: XXX-XXX-XXX FAX: XXX-XXX-XXXX

(OPTIONAL) Medical Record/Kaiser Number: n/a

to release the information requested below about my disability or disabilities to VTA ACCESS Paratransit eligibility representatives/contractors upon request. The information released will be used solely to evaluate my eligibility for VTA paratransit services as required by the Americans with Disabilities Act, 42 U.S.C. Section 12101 et seq., 104 Stats. 327.

I understand that I have a right to revoke any Section of this authorization at any time by writing to VTA ACCESS Paratransit except to the extent that action has already been taken based upon this authorization.

Applicant Signature: _____ **Date:** _____

Section 4: Applicant Certification (Please sign)

All applicants must sign the completed application. If this application has been completed by someone other than the person requesting certification, the person who completed the application must provide the following information:

Name of Person Assisting Applicant: _____
Relationship to Applicant: _____
Address _____ City _____ State _____ Zip Code _____
Phone Number: _____ Alternate Number: _____
Signature: _____ Date: _____

By signing this application, you are certifying under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Applicant/Legal Guardian/Conservator Signature: _____ **Date:** _____

Main Phone Interview Guide

Applicant Name _____ Paratransit ID # _____

Interview Date _____ Evaluator _____

 New Applicant Existing ApplicantDoes the applicant have paratransit service in one of the 8 surrounding counties? Yes No

8 counties: San Francisco, San Mateo, Solano, Sonoma, Contra Costa, Marin, Napa, Alameda

If yes, the applicant should not continue with the interview. Information from the current paratransit provider should be faxed to VTA ACCESS Eligibility Department to provide applicant regional visitor status with VTA.

Disability and Mobility Equipment Information

Condition: _____ When was it diagnosed? _____

Is the applicant's condition: Temporary Permanent Progressive Other: _____

Condition: _____ When was it diagnosed? _____

Is the applicant's condition: Temporary Permanent Progressive Other: _____

Condition: _____ When was it diagnosed? _____

Is the applicant's condition: Temporary Permanent Progressive Other: _____

Condition: _____ When was it diagnosed? _____

Is the applicant's condition: Temporary Permanent Progressive Other: _____

Comments:

Is the applicant's primary condition stable and/or well-controlled with medications: Yes No*If no, explain (i.e. recent medication adjustments, continued significant symptoms, etc):*

If yes, is the applicant taking their meds regularly and reliably? Yes No

Does the applicant experience any side effects from their medications? Yes No

If yes, what are they? Dizziness Increased fatigue
 Confusions Photosensitivity
 Other: _____

Temporary Disability N/A

- The applicant's disability or health condition is only temporarily expected to significantly limit their functional abilities, **or**
- The applicant is newly disabled, and expects to improve their functional abilities, **or**
- The applicant has a pre-existing disability(ies), but is currently recuperating or receiving medical treatment/therapy that may result in a new baseline level of functioning.

Mobility Aids N/A

If more than one (1) mobility aid is used, specify frequency of use of each device in comments below.

- | | |
|---|---|
| <input type="checkbox"/> Cane, type: _____ | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Walker, type: _____ | <input type="checkbox"/> Crutch(es) |
| <input type="checkbox"/> Brace(s), type: _____ | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Portable Oxygen Tank |
| <input type="checkbox"/> Power wheelchair, type: _____ | <input type="checkbox"/> Power scooter |
| <input type="checkbox"/> Manual wheelchair, type: _____ | |
| <input type="checkbox"/> Other _____ | |

Primary device used in the community: _____

Mobility Aid size: Length: _____ Width: _____ Weight when occupied: _____

Years using device(s): _____

Comments:

Personal Care Attendant (PCA) Yes N/A

If the applicant indicates a need for travel assistance, evaluate whether this assistance meets ADA guidelines regarding an individual's inability to travel independently on either fixed route, ADA Paratransit service, or both. The need for assistance **MUST** relate to the individual's disability **AND** be beyond what the fixed route or ADA Paratransit driver is expected to provide.

Comments (include details if assistance needed):

What type of treatment is the applicant receiving? N/A

- Rehabilitation facility/skilled-nursing facility Home Health
- Rehabilitation therapies (e.g., physical, occupational or speech therapy), *Frequency:* _____
 - to improve functional abilities
 - to maintain functional abilities or prevent further loss of functioning
- Chemotherapy/radiation therapy, *Frequency:* _____
- Medication adjustments
- Psychological/psychiatric treatment (e.g., counseling, medication, etc.), *Frequency:* _____
- Recovery from surgery or injury
- Dialysis, *what days?* _____ Just began/beginning: *When?* _____
- Other _____

Comments:

Fixed Route

What are the applicant’s primary concerns with using the Fixed Route (FR)?

- Unfamiliar with system Environmental barriers Weather
- Personal safety concerns Stigma Unable to wait without a seat
- Unfamiliar with some routes
- Unable to access stop nearest residence: *why?* _____
- Other: _____

****only ask the following questions/details on what the applicant indicated their concerns were with using the Fixed Route System:**

Understanding and/or Remembering Fixed Route (FR) Tasks N/A

If the applicant indicates difficulty understanding or remembering all things necessary to use fixed route, is it:

- Disability-related Not disability-related (*skip to comments*)

What prevents the applicant from understanding or remembering?

- Not familiar with FR use Significant memory impairment
- Unable to comprehend instructions Mental health symptoms
- Other _____

Comments:

Use of Fixed Route (FR) for Frequent/Familiar Trips N/A

If the applicant indicates that he/she can use fixed route *only* if it's someplace he/she goes all the time, is it:

- Disability-related Not disability-related (*skip to comments*)

What prevents the applicant from using fixed route for other trips?

- Needs training to permit navigation in unfamiliar areas
 Needs repetition in travel to retain trip instructions
 Has not tried to use fixed route for less frequent trips
 Other _____

What trip(s) is the applicant able to do independently on FR?

- Simple Trips Complex/Transfer Trips

Comments:

[For conditional eligibility related to specific trips the applicant can make on FR]

Origin address: _____ Destination address: _____

- One way Round trip AND Simple Complex/Transfer

Origin address: _____ Destination address: _____

- One way Round trip AND Simple Complex/Transfer

Origin address: _____ Destination address: _____

- One way Round trip AND Simple Complex/Transfer

Comments:

Independent Use of Fixed Route Service N/A

If the applicant indicates an inability to use fixed route alone, is it:

-
- Disability-related
-
- Not disability-related (
- skip to comments*
-)

What prevents the applicant from using fixed route independently?

-
- Requires physical and/or behavioral assistance
-
-
- Inadequate physical endurance even with assistance
-
-
- Needs training to learn to use fixed route
-
-
- Needs directional assistance for navigation
-
-
- Other _____

Comments:

Distance to the Bus Stop/Light Rail Trolley Station N/A

If the applicant indicates a problem in this area, is it:

-
- Disability-related
-
- Not disability-related (
- skip to comments*
-)

How far can the applicant walk/wheel independently?

- | | |
|--|---|
| <input type="checkbox"/> Unable to walk/wheel any distance | <input type="checkbox"/> < 1 block (< ~660 ft) |
| <input type="checkbox"/> 1 block (~660 ft) | <input type="checkbox"/> 2 blocks ($\frac{1}{4}$ mile/1320 ft) |
| <input type="checkbox"/> 3 blocks (> $\frac{1}{4}$ but < $\frac{1}{2}$ mile) | <input type="checkbox"/> 4 blocks ($\frac{1}{2}$ mile/2640 ft) |
| <input type="checkbox"/> More than 4 blocks (> $\frac{1}{2}$ mile/2640 ft) | |

How long does it take the applicant to walk/wheel the specified distance? _____

Is applicant able to cross the street independently? Yes No

Distance to nearest fixed route stop: _____

Comments:

Temperature N/A

If the applicant indicates he/she is unable to use fixed route due to the effect of temperatures on his/her disability and/or functional abilities (other than extreme temperatures that would affect any fixed route traveler), is it:

-
- Disability-related
-
- Not disability-related (
- skip to comments*
-)

What type of temperature affects the applicant's disability?

(VTA defines hot as 85° & above and cold is 40° & below)

- Heat Estimate: above _____ degrees
 Cold Estimate: below _____ degrees

What affects the applicant's functional abilities on a bad temperature day?

- Severe joint stiffness/pain Extreme weakness or fatigue
 Significant shortness of breath Other significant respiratory issues
 Effects of treatment regimen Increased cardiac symptoms
 Other _____

Comments *(include any additional detail)*:

Rain, Snow and Ice N/A

If the applicant indicates he/she is unable to use fixed route due to the effect of rain, snow or ice on his/her mobility (other than large amounts of snow/ice that would affect any fixed route traveler), is it:

- Disability-related Not disability-related *(skip to comments)*

What affects the applicant's mobility in rain, snow or ice?

- Unable to maneuver wheelchair/scooter Other mobility aid problems
 Balance/gait problems Unable to see snow or ice
 Unable to navigate effectively with white cane
 Unable to gauge traffic movement due to visual and hearing impairments
 Other _____

Comments *(include any additional detail)*:

Slopes, Curbs and Sidewalks N/A

If applicant indicates difficulty stepping up/down off a sidewalk from the curb or with traveling on uneven surfaces, is it:

- Disability-related Not disability-related *(skip to comments)*

When is applicant unable to step up/down off a sidewalk from the curb?

- Always unable Able with assistance Always able

When is applicant unable to travel on uneven surfaces?

Always unable

Able with assistance

Always able

What prevents applicant from stepping up/down off a sidewalk from the curb and/or from traveling on uneven surfaces?

Wheelchair or scooter user

Wheeled walker user (unable to safely lift)

Balance/gait problems

Unable to detect curbs or other barriers

Unable to navigate effectively on uneven surfaces with long, white cane

Other _____

Comments:

Summary Statement

Summary of Functional Abilities

Please use the comments section below to summarize pertinent information received during the interview:

Travel Training

Is the applicant interested in mobility options and travel training? N/A Yes No

If the applicant indicates a past or present involvement with travel training to learn to travel in the community and/or on how to use fixed route buses or light rail:

Was travel training completed? Yes No

What type of travel training was received?

Orientation and mobility instruction Fixed route travel trolley/railing

Interviewee Information

Interview information obtained from:

(Indicate name, relationship, agency, and phone # if significant information was obtained from someone other than applicant.)

- Applicant
- Family member(s) _____
- Friend _____
- Home care worker _____
- Legal Guardian _____
- Agency staff _____
- Other _____

Recommendation

- Can make determination:
 - Unconditional - 3 years
 - Conditional - 3 years *(see selected conditions below)*
 - Temporary Unconditional - _____ *(specify length of eligibility)*
 - Not Eligible

- Further information needed from Professional Verification
Obtained: _____

Conditions**Unfamiliar Routes:**

- When the route is not a familiar trip and you are unable to navigate the route independently.
- Trips currently completing independently:
 - To: _____ From: _____
 - To: _____ From: _____
 - To: _____ From: _____
 - Reason: applicant unable to navigate route independently due to:

Distance:

- When the distance to/from the bus stop or rail station is greater than 1/4 mile (1320 feet).
- Reason: applicant unable to travel greater than specified distance due to:

- When the distance to/from the bus stop or rail station is greater than 1/2 mile (2640 feet).
- Reason: applicant unable to travel greater than specified distance due to:

Street Crossing:

- When the route to/from the bus stop or rail station includes a difficult street crossing.
- Reason: applicant unable to completed difficult street crossing due to:

Terrain:

- When the route to/from bus stop or rail station includes uneven terrain.
- Reason: applicant unable to navigate over uneven terrain due to:

- When the route to/from bus stop or rail station lacks continuous sidewalks.
- Reason: applicant unable to navigate without continuous sidewalks due to:

- When the route to/from bus stop or rail station lacks curb cuts.
- Reason: applicant unable to navigate without curb cuts due to:

- When the route to/from bus stop or rail station includes slopes.
- Reason: applicant unable to navigate slopes due to:

Variable Health:

- When symptoms of your health condition/disability are exacerbated or worsened due to pre or post treatment effects and would prevent the use of fixed route (dialysis, chemo, radiation or other).
- Reason: applicant unable to travel after pre/post treatment due to:

- When symptoms of your health condition/disability are exacerbated or worsened and would prevent the use of fixed route.
- Reason: applicant unable to travel when symptoms are exacerbated or worsened due to:

Visibility:

- When there is darkness or during dusk to dawn.
- Reason: applicant unable to safely navigate during darkness due to:

- When there is increased brightness or on bright days.
- Reason: applicant unable to safely navigate during brightness due to:

Weather:

- When temperatures are above 85 degrees Fahrenheit.
- Reason: applicant unable to travel when above specified temperature due to:

- When temperatures are below 40 degrees Fahrenheit.
- Reason: applicant unable to travel when below specified temperature due to:

- When weather conditions include rain, ice or snow.
- Reason: applicant unable to travel during rain, ice or snow due to:

September 14, 2020

XXX XXXX
XX XXXX XX
SAN JOSE, CA XXXXX

Dear XXXX XXXXX:

Welcome to VTA ACCESS Paratransit Service! You have been approved for **UNCONDITIONAL** use of VTA ACCESS Paratransit Service. This means you can use VTA ACCESS Paratransit for your transportation needs. The decision to grant you UNCONDITIONAL use of VTA ACCESS Paratransit is based on the results of your evaluation.

Results of Your Evaluation

You were granted unconditional eligibility for VTA ACCESS Paratransit for the following reason(s): **BASED ON THE INFORMATION PROVIDED DURING YOUR INTERVIEW IT WAS DETERMINED THAT YOU DO NOT POSSESS THE PHYSICAL ENDURANCE NECESSARY TO INDEPENDENTLY USE FIXED ROUTE FOR ANY TRIPS.**

In addition you are authorized to travel with a Personal Care Attendant (PCA) without charge for trips where you require additional assistance.

Your Paratransit Eligibility

Your eligibility is for three (3) years and will expire on **September 14, 2023**. It is your responsibility to reapply for services before this expiration date. In addition, if you were evaluated using a specific mobility device (e.g. manual wheelchair, power wheelchair/scooter, etc.), you are eligible to ride with this device.

Based on your evaluation, you have been deemed eligible to ride using the following mobility device(s): **Scooter/Electric Wheelchair**. However, if your mobility device changes, you are required to call the Eligibility Department at (408) 321-2381 to be re-evaluated with your new mobility device.

Please note VTA ACCESS Paratransit is shared ride public transportation. We operate under the same service area and times as VTA bus and light rail and provide exterior door to exterior door service. Vehicles are sent out based on availability and demand to ensure efficient routing. So customers can expect a Cutaway, Minivan, Sedan, or Taxi for trips unless an accessible vehicle is required.



VTA ACCESS Paratransit Photo ID

For those trips where you can use accessible VTA bus and light rail you can do so without charge by showing your VTA ACCESS Paratransit photo ID. To request a photo ID, please call us at 408-321-2381 or email us at: paratransit@vta.org with a recent photo, name, date of birth, and client ID. Please note, your individual expiration date is printed on the photo ID and cannot be used past that date. Re-certifying customers are responsible for requesting a new photo ID. Photo ID's are not automatically sent out. For more information about photo ID's reference the enclosed Rider's Guide.

Enclosed with this letter is your VTA ACCESS Paratransit non-photo ID. This non-photo ID card contains your eligibility expiration date and paratransit client ID which must be given whenever you schedule a paratransit trip. **Non-photo ID's cannot be used on VTA bus and light rail system for fare payment.**

General Information

Enclosed is the VTA ACCESS Rider's Guide to help you understand paratransit service and policies. As a VTA ACCESS Paratransit customer, you are required to abide by the policies and procedures set forth in the Rider's Guide. For eligibility questions please contact the Eligibility Department at (408) 321-2381.

For additional information about accessible bus or light rail, please call VTA Customer Service at (408) 321-2300 or TTY (408) 321-2330.

Sincerely,

VTA ACCESS Paratransit Service

Enclosures:

1. VTA ACCESS Paratransit non-photo ID
2. VTA ACCESS Paratransit Rider's Guide



635 Maryville Centre Dr. Suite 125
Saint Louis, MO 63141

Bill To:
Santa Clara VTA CA ADA Cert
3331 N. First Street
Bldg. A
San Jose CA 95134-1927

Invoice Number: 22218
Invoice Date: 1/31/2018
Customer Number: 0134001
Terms: Net 30
Account Code: 563620

<u>Service Type</u>	<u>Description</u>	<u>Quantity</u>	<u>Price</u>	<u>Amount</u>
ADMINISTRATION	FIXED RATE - JANUARY 2018	1.00	\$91,565.00	\$91,565.00

JANUARY

Invoice Total: \$91,565.00