



# OC ACCESS Service

## **OC ACCESS Service (General Information)**

OC ACCESS is a shared-ride paratransit service that is available to qualified applicants whose physical or cognitive limitations prevent them from utilizing OCTA's regular fixed route bus service.

OC ACCESS service is provided within a  $\frac{3}{4}$  mile of, and during similar hours as, OCTA's regular fixed route service. OC ACCESS scheduling guidelines include scheduling trips within 60 minutes of the requested time, picking up customers within a quoted 30-minute pick-up window. OC ACCESS travel time is comparable to the level of service and ride time provided on OCTA's fixed-route.

## **OC ACCESS Fares**

The base fare for OC ACCESS service is \$3.60 per passenger for each one-way trip within Orange County.

## **Eligibility**

Eligibility is determined by 3 factors:

- Individual's ability to get to/from the bus stop
- Individual's ability to board/exit the bus
- Individual's cognitive ability to navigate the regular bus system.

Operational issues not used to determine eligibility, include:

- Age
- Distance
- Overcrowded buses
- Lack of bus service to an area

Operational issues are not considered in the eligibility process. These are issues that affect any individual, whether they suffer from a disability or not. The individual's disability (ies) and how it affects their functional ability to use regular bus service is the only criterion used in determining eligibility.

OC ACCESS eligibility may be granted for up to 5 years. Customers wishing to continue OC ACCESS service must reapply and complete the eligibility process prior to their eligibility expiration date to prevent a lapse in OC ACCESS service.

### **Certification Process**

The certification process consists of a completed application and a **one hour** in-person functional assessment. If using a mobility device, please bring the device to the interview. OC ACCESS service may be made available to and from the in-person functional assessment upon request. The entire assessment process may take from 3 to 4 hours, including the commute. Photo ID is needed to verify customers for the in-person assessment.

Individuals are notified by mail regarding their eligibility determination within 21 calendar days after the functional assessment, if a determination is not provided, presumptive eligibility will be granted until a final determination is given. If found to be eligible for OC ACCESS service, the customer receives an OC ACCESS identification number and a Rider's Guide describing the OC ACCESS service and booking process in more detail.

For additional information or assistance, please contact the OC ACCESS eligibility department at (714) 560-5956 ext. 3, or review the OCTA website at [www.octa.net](http://www.octa.net)

**To apply for OCTA Paratransit Service, call the OC ACCESS Eligibility contractor to schedule your in-person assessment at (714) 560-5956 ext. 2, TDD (714) 560-5474.**



# OCTA ADA PARATRANSIT APPLICATION

## DO NOT MAIL

Please complete the application and call (714) 560-5956 ext 2 to schedule your in-person assessment. TDD (714) 560-5474

Notification of Eligibility within 21 calendar days of in-person assessment

### 1. PERSONAL INFORMATION – please print clearly

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Female  Male

Date of Birth   -   -

Email Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_

#### Home Address

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TDD  Yes  No

#### Mailing Address (If different from above)

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Emergency Contact

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

Day Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you require information in an alternate format?  Yes  No

If yes, please indicate:  Braille  Large Print  Other \_\_\_\_\_

Your primary language:  English  Spanish  Other \_\_\_\_\_

### 2. MOBILITY INFORMATION – please print clearly

What is your disability? \_\_\_\_\_

Which of the following mobility aids or equipment do you use?

- Power wheelchair
- Manual wheelchair
- Scooter
- Crutches
- Cane
- Walker
- Oxygen Tank
- Service Animal
- Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **DO NOT MAIL THIS FORM**

**You must bring a valid photo identification and this completed ADA Paratransit Service application to your In-Person assessment appointment**