

What is VineGo?

VineGo operates in accordance with the regulations established by the Americans with Disabilities Act of 1990 (ADA). The ADA states that a person who is unable to use the regular bus should be able to travel via public transit on the same days, during the same hours, and in the same areas as the regular bus (fixed route). This type of service is labelled as complementary ADA paratransit service. VineGo operates as a shared ride service and provides transportation curb to curb within its designated service area. The ADA stipulates that the service area for complementary ADA paratransit should be at least three-quarters of a mile from any regular fixed route bus system. In order to use VineGo one must be certified as eligible.

How do I apply for VineGo?

Applying for VineGo is done by submitting an individualized application. Applications can be found on the Vine's website or one can be sent via standard mail or email by requesting one over the phone. Once the application is received we encourage an applicant to thoroughly read, and then complete the application to the best of their ability. To allow for the most efficient review of one's application NVTA staff encourages applicants to provide as much information as possible to create the most accurate description of one's inability to use traditional fixed route transit. Once the application is complete it should be mailed to 625 Burnell St. Napa, CA 94559 ATTN: VineGo.

I've sent in my application. What now?

Once an application is received by NVTA, staff has twenty-one (21) business days to make a determination on one's eligibility. NVTA staff may contact an applicant during this period if further information is needed to make the correct determination. If NVTA staff is unable to make a determination within this twenty-one (21) day period the applicant will be granted provisional eligibility until a final determination is rendered. Upon approval or denial a letter will be sent to the individual informing them of their determination of eligibility. If eligible the letter will describe the process for reserving rides, the length of



eligibility, as well as other policies applicable to users of VineGo. If denied the letter received by the applicant will describe the process by which one may appeal their denial if they so choose, as well as information on other transportation options that may better fit their needs.

What other options are there for me to increase my mobility?

NVTA wishes that individuals be aware of all transportation options available to them before applying for VineGo as the following options may better suit their transportation needs.

The regular bus provides the most flexibility to individuals to travel around and outside Napa County. NVTA encourages everyone to try the bus before all other options if possible. NVTA also understands that attempting to use the bus without experience can sometimes appear to be a daunting and confusing task. For this reason NVTA can provide an individual wishing to use the bus with a Transit Ambassador to help navigate the system until one feels comfortable using it on their own. More information about the program can be acquired by calling 707-259-8635.

NVTA also provides the Mileage Reimbursement Program. The Mileage Reimbursement Program was created to encourage volunteer based transportation for older adults and persons with disabilities who cannot drive and do not have access to public transit. One must be a County of Napa resident, unable to drive, reside outside the bus service area or travelling to/from a medical appointment or grocery trip that cannot be reached by other forms of public transportation.

Taxi Scrip also provides another option for mobility by allowing City of Napa residents 65 and older to take a cab ride anywhere in the City of Napa and NVTA will pay up to half the cost of the cab ride. The average out of pocket cost for riders is \$4 per ride. For more information about restrictions and how to apply please call 707-259-8631 or visit our website at ridethevine.com.



PERSONAL INFORMATION

First Name:	
Last Name:	
Gender:	
Date-of-Birth:	
Primary Language:	
Home Phone:	
Mobile Phone:	
Email Address:	
Primary Emergency Contact Name:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email Address:	
Relationship:	
Secondary Emergency Contact Name:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email Address:	
Relationship:	
Home/Service Address	
Residence Name (if applicable):	
Street:	
City:	
Zip Code:	
Mailing Address (if different than above)	
Residence Name (if applicable):	
Street:	
City:	
Zip Code:	

Is this a recertification or are you a new applicant? Recertification New

PERSONAL INFORMATION (cont.)

Are any of the following information formats more preferable to you?

Large Print Braille Audio format

How do you travel now? Please check ALL that apply.

Walk Taxi Paratransit

Drive a Car Vine Transit Other: _____

Someone drives me Bike

What locations and for what reasons do you commonly make trips to? E.g.

Medical - Kaiser in Napa

Trip Destination: _____

Trip Destination: _____

Trip Destination: _____

TRAVEL ABILITIES

1. How far can you walk on level ground?

Less than 1 block 1 block 2 blocks 3 or more

2. If you use a mobility aid how far can you travel when using it?

Less than 1 block 1 block 2 blocks 3 or more

3. Can you maintain your balance while seated in a moving vehicle?

Yes No

4. Could you grasp handles and/or rails to board a bus?

Yes No

5. Could you board a bus if a gently sloping ramp or lift was provided to you for boarding and exiting?

Yes No

6. Are you able to understand and remember directions well enough to complete a bus trip?

Yes No

7. Could you identify the correct bus stop and bus to use for your trip?

Yes No

8. Could you understand how to pay a bus fare?

Yes No

Description of Disability

Of the options below which best describes the disability(ies) that prevents you from riding on regular transit? Mark all that apply.

- Physical disability
- Mental Illness
- Visual impairment
- Recent Medical Procedure
- Developmental disability
- Other: _____

Please provide the specific name (if applicable) of your disability(ies) and a short description why you feel it would prevent you from using fixed route transit.

- Is your disability stable? Yes No
- Is your disability progressive? Yes No
- Is your disability temporary?
 Yes, I expect it to last _____ month(s) It's permanent Unsure

PLEASE CHECK ALL THAT APPLY:

- My disability or health condition prevents me from riding the bus if the weather is extremely hot.
- My disability or health condition prevents me from riding the bus if the weather is extremely cold.
- My disability or health condition prevents me from riding the bus when there is wind or rain
- The severity of my disability fluctuates from day to day. On good days I would be able to use regular transit.
- My disability or health condition prevents me from riding the bus during periods of darkness.
- My disability or health condition prevents me from riding the bus alone.

Mobility Aides and Assistance

If you use a power wheelchair, or scooter, NVTA will need to verify what you and your mobility device weigh together. Many power wheelchairs and scooters are very heavy. VineGo vehicles are designed to lift 600 to 800 pounds, depending on the vehicle.

Which of these mobility aids do you currently use when traveling? Please check all that apply to you.

- | | | |
|---|--|---|
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Walker with Seat |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Leg Brace | <input type="checkbox"/> Power Assist Wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Communication Board | Other: _____ |

If you checked manual chair, power wheelchair, or powered scooter please answer the questions below:

Is your mobility device oversized? Yes No

Do you and your mobility device weigh more than 600 pounds combined?
 Yes No

Have you answered all the questions and provided explanations where required? Any incompleteness will cause a longer turnaround time for approval.

Your Affidavit

I understand the information I have provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use ADA paratransit service, or if at times I can ride the Vine fixed-route buses. I understand that falsification of information could result in the loss of ADA paratransit services as well as a penalty under law.

I agree to notify the Napa Valley Transportation Authority if my condition changes, if my mobility device is replaced, if I have a new mobility device, or if I no longer need to use ADA paratransit service.

_____ Date _____
(Signature of Applicant or Guardian if Applicable)

Person completing Application IF NOT the Applicant:

Printed Name: _____
Relationship to Applicant: _____
Primary Contact Number: _____
Email (if preferred): _____
_____ Date: _____

Signature

Authorization to Release Medical Information*

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional Releasing Information: _____
Contact information: _____
_____ Date: _____

Signature of Applicant

*NVTA staff will only ask questions regarding the disabilities and health conditions described in the application.