

REQUEST FOR ADDITIONAL PARATRANSIT TAXI SERVICE

Applicant's Name: _____

ADA ID#: _____ Birthdate: _____

ADA Eligibility: Perm/Temp Full/Cond: _____

How much taxi value do you have left over now? \$ _____

- Complete ALL the questions below and return this form to the **SF Paratransit, 68-12th Street, 1st Floor, San Francisco, CA 94103-1297**. Please call the Eligibility Department at (415) 351-7050 if you have any questions about this form.
- ***Your request will be processed within 5 working days.***
- You will be asked to complete this form each time you request additional paratransit service.
- **If you have Conditional Eligibility, your service request will be reviewed based upon your eligibility conditions. Please refer to the back of the page.**
- Trips may be verified S.F. Paratransit Broker's Office.

Please list all trips you need covered by Paratransit, indicate if regular /temporary.

Origin	Destination	One Way Trip Cost	# Of Trips A Month	Regular Trips	Temporary Trips
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
M.					
N.					

FOR CUSTOMERS WITH CONDITIONAL ELIGIBILITY ONLY:

Your ADA DOCUMENTATION OF PARATRANSIT ELIGIBILITY issued on your SF Paratransit Debit Card states whether or not you are conditionally eligible for Paratransit Services.

Note: For all other trip conditions, the use of Muni Accessible Fixed Route Services is available. Please call (415) 701-4485 for further information on accessible routes.

For each trip requested listed from **A to O**, please state **WHAT CONDITIONS PREVENT** use of the Muni bus, streetcar, train, or BART.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____
- M. _____
- N. _____
- O. _____

When ALL questions are completed, please return form to the Paratransit Office in the enclosed envelope as soon as possible.