



# SF Paratransit

## Request for Additional Paratransit Taxi Service

Rider's Name: \_\_\_\_\_

Rider ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you requesting a Permanent \_\_\_\_\_ or Temporary \_\_\_\_\_ increase?

- Complete this form and return it to SF Paratransit:

**By Mail: 68-12th Street, 1st Floor, San Francisco, CA 94103**

**By Email: SFPTCertification@SFParatransit.com**

**By Fax: 415.351.3135**

- In most cases, requests will be processed within 5 business days.
- If requesting a permanent increase in your taxi debit card allotment, you may be required to complete this form for three consecutive months to verify your need for the increase. Trips will be verified.
- If requesting a temporary increase in your taxi debit card allotment, for how many months will you need the increase? \_\_\_\_\_ months
- Please call the SF Paratransit Eligibility Department at 415.351.7050 if you have any questions about this form.

### Please list all anticipated trips covered by SF Paratransit Taxi Service:

Origin	Destination	One-Way Trip Cost	# of Trips a Month	Type of Trip	Return Trip needed?	Number of weeks or months needed (Temporary)	Expected Last Trip Date
Ex1: 68 12th Street	400 Parnassus	\$14.50	8	Physical therapy	Yes	7 weeks	3/8/2020
Ex2: 68 12th Street	3700 California	\$20.00	2	Primary doctor	No	N/A	N/A
A.							
B.							
C.							
D.							
E.							
F.							
G.							
H.							
I.							
J.							

**Riders with conditional eligibility must also complete the back of this form.**



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## For Riders With Conditional Eligibility Only:

Your ADA documentation of paratransit eligibility issued on your SF Paratransit Debit Card states if you are conditionally (CON) eligible for Paratransit Services.

*Note: For all other trip conditions, the use of Muni Accessible Fixed Route Services is available. Please call SFMTA Accessible Services at 415.701.4485 for further information on accessible Muni routes.*

For each trip listed from A to J on the other side of this form, please state what conditions prevent the use of the fixed route Muni bus, streetcar, train or BART.

**Ex1: The nearest bus stop to my doctor's office is more than 2 blocks away.**

**Ex2: I will need to climb up an incline from the bus stop to my doctor's office.**

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_

E: \_\_\_\_\_

F: \_\_\_\_\_

G: \_\_\_\_\_

H: \_\_\_\_\_

I: \_\_\_\_\_

J: \_\_\_\_\_