



Tahoe's Smooth Movin' Shuttle!

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South Tahoe Area Transit Authority – 128 Market Street, P.O. BOX 5310, Stateline, NV, 89449  
Telephone: (775) 589-5284 - FAX: (775) 588-4527 – Website: [www.bluego.org](http://www.bluego.org)

Dear Passenger,

Thank you for your interest in BlueGO. The County of El Dorado sponsors a Special Needs Transportation Program on BlueGO fixed route buses and BlueGO OnCall demand responsive service in the Tahoe Basin of El Dorado County and Douglas County.

Participants of this program must be a resident of El Dorado County or Douglas County and meet one of the following criteria:

- Age 60 years or older
- Have a disability with verification from a medical/health care professional
- Certified as defined by the Americans with Disabilities Act (ADA) for complementary paratransit service.

In addition, all participants must have on file with the El Dorado County Department of Human Services, Community Services Division, the following:

- Completed Application
- Disability Verification/senior status verification

Applications will be updated every three years. Once certified, participants will be issued a photo identification card that would be shown to the BlueGO bus operator when boarding. A reduced fare is also collected when boarding. The fare is shown in the BlueGO Rider's Guide provided with this letter.

Participants may schedule their ride on BlueGO OnCall by calling 530.541.7149 option 1

If you have any questions about this application, or any part of the eligibility process, you may call Paula Lambdin, Program Coordinator at El Dorado County Department of Human Services, Community Services Division at 530.573.3490, email her at [plamdin@co.el-dorado.ca.us](mailto:plamdin@co.el-dorado.ca.us) or call 711 for TDD/TTY users through the Relay Service.

Sincerely,

A handwritten signature in black ink, appearing to read "John Andoh".

John Andoh  
BlueGO Transit Administrator

A handwritten signature in black ink, appearing to read "Paula Lambdin".

Paula Lambdin  
Program Coordinator



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**APPLICATION FOR EL DORADO COUNTY SPECIAL NEEDS TRANSPORTATION PROGRAM**

To be eligible for the El Dorado County Special Needs Transportation Program, you must be an El Dorado County or Douglas County resident, at least 60 years of age or have a disability, or be certified for a paratransit service in accordance with the Americans With Disabilities Act (ADA). If you are eligible, you will have your photo taken for a BlueGO Special Needs Identification Card, which would be valid for discounted fares on BlueGO for three years.

**APPLICATION INSTRUCTIONS:**

1. If you are applying for the special needs transportation program on **basis of age or you are ADA certified for paratransit service, please complete steps 1, 2 & 2A only.**
2. If you are applying for the special needs transportation program because of a **disability, Complete both sides – Steps 1, 2, 2A, 3, 4, and 5** of this application.

**STEP 1 TO BE COMPLETED BY ALL APPLICANTS (PLEASE PRINT)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

*The information **ONLY** listed above will be provided to the South Tahoe Area Transit Authority's transit operations contractor for the purposes of identifying who is eligible for the Special Needs Transportation Program. This application will remain confidential with the El Dorado County Department of Human Services – Community Services Programs.*

**STEP 2 CHECK ONE BOX ONLY**

A.  Senior & Low Income – 60 and older. Attach a photocopy of birth certificate, driver's license, or passport showing age and send in with application. **No other steps are necessary.**

B.  ADA Certified for Paratransit Service - Attach a photocopy of ADA Paratransit Card Received from BlueGO or another transit agency and send in with application. **No other steps are necessary.**

C.  Person with a Disability - Have steps 3 and 4 filled out by your physician or certifying agency on the reverse side and sign Step 5.

**STEP 2A OPTIONAL QUESTIONS (Circle either Yes or No)**

- |  |            |           |
|--|------------|-----------|
| 1. Can you use BlueGO fixed route buses?   | <b>YES</b> | <b>NO</b> |
| 2. Can you transfer between buses?   | <b>YES</b> | <b>NO</b> |
| 3. Can we provide additional BlueGO transit information to you?                                    | <b>YES</b> | <b>NO</b> |
| If yes, a BlueGO Rider's Guide will be mailed to you and a BlueGO representative will contact you. |            |           |
| 4. Do you require the use of a mobility aid or device?   | <b>YES</b> | <b>NO</b> |
| If yes, what type: _____   |            |           |

The following information **MUST** be completed for applicants with disabilities

If you have income from a source that has verified your permanent disability status, such as SSI or SSDI you may provide CURRENT proof of income in lieu of a physician certification.

**STEP 3 THIS SECTION MUST BE FILLED OUT BY A PHYSICIAN OR CERTIFYING AGENCY. Please complete this section and verify with your signature.**

I certify that \_\_\_\_\_ has a disability that may qualify them for a  
(name of applicant)  
discount on the public transportation system.

The condition is [ ] permanent [ ] temporary from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Name of Certifying Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Agency/Medical Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**STEP 4 THIS SECTION MUST BE COMPLETED BY A PHYSICIAN OR APPROPRIATE HEALTH CARE PROVIDER.**

Does the applicant require physical assistance getting on or off the bus or need help negotiating the bus service? (Attendants for persons with disabilities ride free when assisting passengers on and off the BlueGO. Fraudulent use of an attendant is considered fare evasion and is against the law.)

\_\_\_\_\_ Yes- the applicants requires the assistance of an attendant

\_\_\_\_\_ No – the applicant does not require the assistance of an attendant.

**STEP 5 RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_ agree to the release information related to the  
(applicant name)

El Dorado County Department of Human Services for the purpose of determining eligibility for the Special Needs Transportation Program.

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

**PLEASE COMPLETE FORM AND MAIL TO: PAULA LAMBDIN, PROGRAM COORDINATOR,  
EL DORADO COUNTY DEPARTMENT OF HUMAN SERVICES – COMMUNITY SERVICES  
PROGRAMS, 3368 LAKE TAHOE BLVD #202, SOUTH LAKE TAHOE, CA 96150, FAX to  
(530) 542-9312 OR EMAIL TO [PLAMBDIN@CO.EL-DORADO.CA.US](mailto:PLAMBDIN@CO.EL-DORADO.CA.US)**

**For office use only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Welcome Letter Sent: \_\_\_\_\_  
Certification: Age: \_\_\_\_\_ ADA: \_\_\_\_\_ Disability: \_\_\_\_\_