

Dear Applicant:

The Americans with Disabilities Act (ADA) of 1990 is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have access to public transportation. As required by the ADA, all Spokane Transit transit vehicles and facilities are fully accessible and usable by persons with disabilities.

The regular bus service is meant to be everyone's first choice for public transportation. For ease of entry all buses lower close to the curb and are equipped with ramps for wheelchair access and for those who cannot step up or down. In addition, other accommodations such as wheelchair securement areas, stop announcements made by drivers, and free training to learn how to use the bus, make using the regular bus service possible and enjoyable for many people with disabilities.

Because the regular bus service is accessible, having a disability does not by itself qualify you for Paratransit eligibility. Eligibility is not a medical decision. The decision is based on your functional ability to use the regular bus. If the effects of your disability prevent you from getting to a bus stop, riding a ramp-equipped bus, and/or getting off the bus and to your destination, you may be eligible for Spokane Transit Paratransit services. Eligibility determinations are made based upon the limitations caused by your disability(ies) and will be tailored to your individual abilities. You may qualify for partial or full service.

Spokane Transit may need specific information about the effects of your disability. After you submit your application, you may be asked to provide additional information and/or to participate in an in person physical or cognitive functional assessment. Your application will not be considered complete until all requested information is provided to Spokane Transit.

You should know that your age, being new to Spokane, never having ridden the bus, the unavailability of regular bus service, your inability to carry groceries or packages and/or your inability to drive are not disabilities. These factors will not be used to determine your eligibility for Paratransit.

If you feel that, due to the effects of your disability, you are unable to successfully travel using the regular bus some or all of the time, please complete the application form.


continued

The application form has three parts:

- The first part must be completed by you or someone who is helping you. If someone helps you, please have him/her include their name and contact information in the space provided.
- The second part needs to be read and signed by you, the applicant, or your power of attorney or legal guardian. If you are under 18, your parent must sign the form. If you have a legal guardian, your legal guardian must sign the form. If a legal guardian or power of attorney signs the form for you they must include a copy of the legal documentation appointing him or her as legal guardian or power of attorney when returning the application form.
- The third part must be completed by one of the professionals listed at the top of page 7. Disability verification, on pages 7 & 8, is limited to those professionals listed on page 7. You may include additional information and documentation if you wish.

It is very important to complete all parts of the application before you return it to Spokane Transit. Unsigned or incomplete applications will be returned to you. The ADA allows up to 21 days to process your application. We will begin processing your eligibility determination when the completed form is in our office along with any additional information or assessments that have been requested of you. You will be notified by mail of the eligibility decision.

Sincerely,



Karla Gibbons  
Eligibility Specialist  
Spokane Transit Paratransit

Upon request, alternative formats of the information will be produced for people with disabilities. Please call (509) 325-6094 or TTY (509) 232-6556.



## Paratransit Service Application

If the effects of your disability **prevent** you from getting to a bus stop, riding a ramp-equipped bus, and/or getting off the bus and to your destination, you may be eligible for Spokane Transit Paratransit Service. Eligibility determinations are made based upon the limitations caused by your disability and will be individually tailored to your abilities. You may qualify for partial or full service.

### To apply:

- The enclosed application form has 8 pages. Please be sure that ALL sections have been completed.
- Fill out the enclosed application form or have someone fill it out for you. Add extra pages if necessary.
- Read **PART 2** completely. Sign in the box on page 6. A signature is required before an application can be processed. Parents of minors and legal guardians must sign the application.
- Have **PART 3**, pages 7 & 8 - Professional Verification - **completed and signed by a licensed medical or mental health professional**. (See list of approved professionals at top of page 7.)
- Return the completed application to the address on the form. (See the bottom of page 8.)
- Spokane Transit may need specific information about the effects of your disability. You may be asked to provide additional information and/or participate in a physical or cognitive functional assessment.

**Your application will not be considered complete until all requested information is provided to Spokane Transit and you have completed an in-person or cognitive assessment if one is required.**

Spokane Transit will process your application and notify you within 21 calendar days of receipt of your completed application. A completed application may include an in-person or cognitive assessment if required and any additional information requested.

If you have any questions or need assistance in completing this application, call 325-6052 (TTY 232-6557) or for Telecommunications Relay Service dial 711.

Upon request, alternative formats of this information will be produced for people with disabilities. Please call (509) 325-6094 or TTY (509) 232-6555.



# PARATRANSIT SERVICE APPLICATION

Revised 01/2011

<input type="checkbox"/>	New
<input type="checkbox"/>	Recertification
ID # _____	

PLEASE PRINT CLEARLY

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

Mailing Address \_\_\_\_\_ Apt./Sp. # \_\_\_\_\_

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

Pick-Up Address \_\_\_\_\_ Apt./Sp. # \_\_\_\_\_  
(If different from mailing address)

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

**Complete only if Paratransit Certificate of Eligibility card is to be sent to a different mailing address.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

TTY Phone \_\_\_\_\_ (Text Telephone for the hearing impaired)

**Language Ability:** Do you speak and understand English?

Yes  No (specify spoken language): \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

**It is important that all parts of this application are completed. An incomplete application will be returned to you.**

**Part 1** (Please complete all questions thoroughly.)

1. Can you ride the regular bus without someone else's help?

Yes     No     Sometimes

2. What is your physical, cognitive (thinking reasoning, memory), mental health disability, or other health condition(s) that would prevent you from riding the regular bus?

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3. Explain how your disability prevents you from:

- a. Getting on or off a ramp-equipped regular bus; and/or
- b. Getting to or from a bus stop; and/or
- c. Successfully completing a bus trip.

Explain as completely as possible. Use an extra page if needed.

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4. Is your need for Paratransit van service **long term** or **temporary**?

Long term     Temporary - How long? \_\_\_\_\_

5. Do your **limitations** change from time to time because of medical treatments, medications, or for other reasons?

No     Yes - How? \_\_\_\_\_

6. Because of your disability, do **weather conditions** (such as heat, cold, rain, snow, or ice) prevent you from using a regular bus without someone else's help?

No     Yes - Which ones? \_\_\_\_\_

How? \_\_\_\_\_

7. Because of your disability, do **terrain conditions** (such as hills, uneven surfaces, or curbs) prevent you from using the regular bus without someone else's help?

No     Yes - Which ones? \_\_\_\_\_

How? \_\_\_\_\_

8. When you walk outside your home, how far can you walk on your own or with the use of a mobility aid such as a cane or walker? If you use a scooter or wheelchair skip this question.

Number of blocks \_\_\_\_\_  Less than a block  Not able to walk any distance

9. Does your walking distance change because of health conditions? If so, how?

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10. How far is your residence from the nearest bus stop? (For bus stop information, call 328-7433.)

Number of blocks \_\_\_\_\_  Less than a block

How many steps can you go up or down without someone's help?

none  1 step  2 or more steps

11. Please answer the following questions:

**Yes    No    Sometimes**

Can you stand for 10 minutes while you wait for your ride?

Can you sit for 10 minutes while you wait for your ride?

Can you ask for, understand, and follow directions?

Can you cope with unexpected problems or changes in your routine?

Can you recognize landmarks (i.e. bank, grocery store)?

Can you tell time?

Can you cross a busy street at a crosswalk?

Can you use a telephone to make and receive calls?

Can you see well enough to walk or travel to a bus stop?

Always  Daylight only - Please explain:

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Do you use a service animal to assist you? If yes, what type of animal? \_\_\_\_\_

Do you travel with portable oxygen?

If you are determined to be eligible for Paratransit, will you need to bring a helper (Personal Care Attendant - PCA) with you?

If you are determined to be eligible for Paratransit, will you need to use the lift to board the van?

If you checked "sometimes" on any item, please explain (use additional sheet if necessary.)

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12. Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid (example: support cane, 90%, no aids, 10%).

- |  |  |
|--|--|
| <input type="checkbox"/> No aids _____%      | <input type="checkbox"/> Motorized wheelchair _____%   |
| <input type="checkbox"/> White cane _____%   | <input type="checkbox"/> Motorized scooter _____%      |
| <input type="checkbox"/> Support cane _____% | <input type="checkbox"/> Manual wheelchair _____%      |
| <input type="checkbox"/> Crutches _____%     | <input type="checkbox"/> Other (please specify) _____% |
| <input type="checkbox"/> Walker _____%       |  |

If you checked more than one box, explain when/how you use the aids:

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13. If you use a **wheelchair** or **scooter**, is it more than 30 inches wide, 48 inches long?

- Yes                       No                      Specify dimensions: \_\_\_\_\_

14. Is the combined weight of you and the wheelchair or scooter over 600 pounds?

- Yes                       No                      Specify combined weight: \_\_\_\_\_

15. If you use a **manual wheelchair**, are you able to self-propel?

- Yes    How far? \_\_\_\_\_    Comments: \_\_\_\_\_
- No    Please explain: \_\_\_\_\_

16. Does the distance you can travel in a **manual wheelchair** change because of health conditions?

- Yes                       No                      If yes, please explain: \_\_\_\_\_

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17. If you use a **wheelchair** or **scooter** how far are you able to travel outside on your own?

- \_\_\_\_\_ # blocks    \_\_\_\_\_ Less than 1 block    \_\_\_\_\_ Not able to travel any distance

18. Is there any additional information regarding your condition or travel restrictions that has not been addressed? \_\_\_\_\_

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19. Have you **ever** ridden the regular bus?

- Yes       No

20. Do you **currently** ride the regular bus?

- Yes       No, (If no, check all that apply):
- I have difficulty getting on or off the bus.
  - I have difficulty riding specific bus routes.
  - I have difficulty traveling to and from the bus stops.
  - I have difficulty recognizing bus stops.

21. Could you ride the **regular bus** if there was a bus stop or bus route near your home?

- Yes, always       Yes, sometimes       No

22. Can you find your way to and from the regular bus stop without someone's help?

- Yes       No (If no, check all that apply):
- I get confused.
  - I can't remember where I'm going.
  - I need someone with me to make sure I get to the stop.
  - I need someone to help me transfer to another bus.
  - Other: \_\_\_\_\_
- 

23. Which training would help you learn to ride the regular bus? Check all that apply.

- Getting on or off the bus
- Riding specific bus routes
- Traveling to and from the bus stops
- Using wheelchair ramps and other accessibility features
- Recognizing bus stops
- Other: \_\_\_\_\_

24. Would you be interested in having someone contact you about **Spokane Transit's free training** to learn how to ride the regular bus?

- Yes       No      If yes, please explain: \_\_\_\_\_
- 

**Note:** If you indicated yes, an STA Mobility Trainer will contact you soon.

**Representative:**

If a person other than the applicant filled out this application, please complete the following (please print):

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Agency \_\_\_\_\_

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

**Part 2: Paratransit Service Applicant Agreement & Authorization for Release of Information**

**By signing below, you authorize the release of verification information and any other information to Spokane Transit or its representatives needed to evaluate your eligibility to receive Paratransit service.**

Please be advised that Spokane Transit will use your statements to determine your eligibility for Paratransit service as provided by law. The statements contained herein are material to Spokane Transit's determination and Spokane Transit may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (RCW 9A-72.085 and RCW 40.16.030).

Spokane Transit may share your eligibility determination with other transportation providers, on request, to facilitate travel in Spokane and other transit districts.

Documents used by Spokane Transit regarding your Paratransit eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. Spokane Transit will attempt to notify you should there be a public records request for your eligibility documents.

**This form must be signed by the Applicant or by the individual who has designated power of attorney, or is a legal guardian for the Applicant. If the Applicant is under 18 years of age, a parent or legal guardian must sign this form. If the Applicant is over 18 years old and you are signing as a power of attorney or legal guardian, please include a copy of the authorizing document.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Applicant

Designated Power of Attorney

Legal Guardian

Printed name: \_\_\_\_\_ Contact number \_\_\_\_\_

**I hereby certify under the penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct.**

**A licensed medical or mental health professional who is familiar with you and your disability must complete the remaining questions on pages 7 and 8 of this application. If you have been told there is a charge for obtaining medical or mental health verification, call (509) 325-6052. Spokane Transit may be able to identify an alternative service that does not charge for the required verification. See the top of the next page for a list of approved professionals.**

Applicant's Name \_\_\_\_\_

### Part 3: Licensed Medical or Mental Health Professional Verification

For the purpose of this application, licensed medical or mental health professionals are limited to:

Please check one:

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Doctor (MD or DO)                        | <input type="checkbox"/> Optometrist or Ophthalmologist              |
| <input type="checkbox"/> Psychologist (Ph.D.)                             | <input type="checkbox"/> Physician Assistant or ARNP                 |
| <input type="checkbox"/> Licensed Mental Health Professional              | <input type="checkbox"/> Physical or Occupational Therapist          |
| <input type="checkbox"/> MDS Nurse (From Skilled Nursing Facilities Only) | <input type="checkbox"/> Certified Orientation & Mobility Specialist |

**INSTRUCTIONS:** If the Applicant is your current patient or client, please answer the following questions. All health care information will be kept confidential.

Please note that Paratransit is a costly, tax-supported service. We need your assistance to assure that eligibility is limited to people who, because of the effects of their disabilities, are not able to ride the substantially less expensive regular bus. Age, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for Paratransit service. Please call (509) 325-6052 if you have any questions.

In completing the required information, please **list only the disability diagnoses that would prevent the Applicant from independently getting to or from or successfully riding a regular bus**. Please define the degree of impairment and include measure(s) of visual or hearing acuity, GAF or IQ scores, if applicable.

DIAGNOSIS/DISABILITY (not symptoms)	DEGREE OF IMPAIRMENT (circle one)	DATE OF ONSET (if known)
_____	mild   moderate   severe	_____
_____	mild   moderate   severe	_____
_____	mild   moderate   severe	_____
_____	mild   moderate   severe	_____
_____	mild   moderate   severe	_____
_____	mild   moderate   severe	_____

Is the Applicant's need for Paratransit service temporary?  No  Yes - until \_\_\_\_\_

Are any of these conditions episodic or variable in their severity?  No  Yes - provide details below:

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that you deem relevant as to why this Applicant cannot use the regular bus service: \_\_\_\_\_

\_\_\_\_\_

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Please review the information contained in Part 1, as provided by the Applicant or Applicant's Representative. Based on your knowledge of the Applicant's condition, is the information provided accurate?

Yes       No       Somewhat

If you checked No or Somewhat, please explain: \_\_\_\_\_

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**I HEREBY CERTIFY** under penalty of perjury under the laws of the State of Washington that the information provided on the Professional Verification portion of this application is true and correct.

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<b>Licensed Professional's Signature</b>	<b>Specialty</b>	<b>Date</b>
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Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Would you like additional information regarding Paratransit Services and eligibility criteria?

Yes       No

Thank you for your assistance in completing this form. Spokane Transit, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.

**Return application to:**      **Spokane Transit - Paratransit Service**  
**1230 West Boone Avenue**  
**Spokane, WA 99201-2686**  
**Phone: (509) 325-6052      Fax: (509) 325-6030**

— — — — — Please Fold in Half — — — — —

Return Address:

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┌ — — ┐  
| 1st Class |  
| Postage |  
| Required |  
└ — — ┘

Spokane Transit  
Paratransit Service  
1230 West Boone Avenue  
Spokane, WA 99201-2686