SKAGIT TRANSIT

-Americans with Disabilities Act (ADA)-

-Transportation Eligibility Certification Application-

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services for persons with disabilities who are unable, because of their disability, to use a Fixed Route bus system.

ADA Paratransit is a shared-ride, advanced reservation service provided for people with physical, cognitive or visual disabilities who are functionally unable to independently use the Fixed Route bus service either all the time, for some specific trips, or temporarily under certain circumstances.

ADA Paratransit eligibility is not based on income, Veteran status, language barriers, concerns about safety, or a person's ability to drive.

Instructions

This packet includes the Eligibility Application, to be completed by the applicant, and the Medical Verification Form which must be completed and signed by a licensed medical professional, including but not limited to Physician, Nurse Practitioner, Physical Therapist, Psychologist, or Licensed Clinical Social Worker.

All questions of this application must be answered in full, and the Medical Verification Form completed, or the application process will be considered incomplete and returned, which will delay processing. The more detailed information you can provide, the better Skagit Transit can make the most appropriate determination regarding your transportation needs. All information will remain confidential.

Occasionally, a site check may be required to determine the safest loading zone at your service address.

Once all information has been received, an eligibility determination will be made within 21 days, and you will be notified in writing.

Questions? Refer the Paratransit User Guide, call 360-757-9191, or email Eligibility@skagittransit.org

Completed applications can be returned by:
Hand deliver to:
Customer Service at Skagit Station
Any Paratransit Operator
Note: Emailed applications are not accepted

Fax: 360-757-4032
US Mail or hand deliver:
Eligibility Department
600 County Shop Lane
Burlington, WA 98233

Applications without signatures will not be processed. Please provide proof of Guardianship or Power of Attorney, if applicable.

Applicant Information

Last Name _____ First Name _____ MI_____

Date of Birth ____/____/____ Home Number _____

Mobile Number _____ Primary Language _____

Email Address _____

Primary Pickup Location (Your home address or place where you will start most trips)

Name of Facility, mobile home or apartment complex, if applicable _____

Address _____ Apt/Unit/Space # _____

City _____ State _____ Zip Code _____

It may be hard for our vehicles to reach your pickup location if there are steep driveways, narrow roads, or dead ends with no palce to turn around. This will not effect your eligibility, but we need to know if access could be a problem:

_____ NO ____ YES If Yes, please explain: _____

Mailing Address (if different than above)

Address _____ Apt/Unit/Space # _____

City _____ State _____ Zip Code _____

Emergency Contact

Last Name _____ First Name _____

Phone Number _____ Relationship _____

By providing emergency/alternate contact numbers, you authorize Skagit Transit to contact the individuals listed regarding your Paratransit service.

Please list any additional individuals or facilities that you authorize to manage your Paratransit service on your behalf: _____

Answer all following sections. To avoid delays, provide complete and detailed answers.

Disability or Condition

Please list specific disabilities or conditions that would prevent you from using Fixed Route bus service:

_____

_____

_____

Is your disability or condition temporary?

____ NO ____ YES If yes, how long are you requesting service: _____

Does your disability or condition vary from day to day?

____ NO ____ YES If yes, please explain: _____

_____

_____

Travel Abilities

How far can you travel independently (walking or using you mobility aids)? _____

If you were waiting for a ride, could you:

Stand for 10 minutes? ____ YES ____ NO

Sit for 10 minutes? ____ YES ____ NO

Do you currently use Fixed Route bus service? ____ YES ____ NO

If NO, why have you not used Fixed Route bus service? Check all that apply:

____ I have never tried

____ I need someone to show me how

____ I have difficulty getting on or off the bus

____ I have difficulty recognizing bus stops

____ I have difficulty traveling to / from the bus stop

____ Other (please specify)

_____

Do you need to travel with a Personal Care Attendant (PCA)? *A PCA is someone designated or employed specifically to assist you with your personal needs.* (Skagit Transit does not provide this service).

____ NO You will travel with a PCA at your own discretion.

____ YES You cannot travel alone and will always need to be accompanied by a PCA.

Ability Checklist

I am able to complete my usual daily activities	____ YES	____ NO	____ SOMETIMES
I must walk slowly	____ YES	____ NO	____ SOMETIMES
I can grip railings and handles	____ YES	____ NO	____ SOMETIMES
I can handle coins and tickets	____ YES	____ NO	____ SOMETIMES
I know and can communicate my address and phone number	____ YES	____ NO	____ SOMETIMES
I can recognize locations and landmarks	____ YES	____ NO	____ SOMETIMES
I can deal with unexpected situations	____ YES	____ NO	____ SOMETIMES
I can ask for, understand, and follow directions	____ YES	____ NO	____ SOMETIMES
I can cross busy streets	____ YES	____ NO	____ SOMETIMES
I can travel where the ground is not level or is rough	____ YES	____ NO	____ SOMETIMES
I can travel when there is snow and ice	____ YES	____ NO	____ SOMETIMES
I can travel in very hot weather	____ YES	____ NO	____ SOMETIMES
I can travel in darkness or low light	____ YES	____ NO	____ SOMETIMES
I can climb three (3) steps	____ YES	____ NO	____ SOMETIMES
I can travel if someone has shown me the way	____ YES	____ NO	____ SOMETIMES
I can travel from my front door to the curb	____ YES	____ NO	____ SOMETIMES

Please explain and "NO" answers: _____

_____

_____

Condition Checklist

Please check all that apply to you and provide an explanation for each:

CONDITION	EXPLANATION
____ Balance Problems	_____
____ Brain Injury	_____
____ Fracture- *include date(s)*	_____

____ Degenerative Disease _____

____ Cardiac _____

____ Limiting Breathing Condition _____

____ Mental Illness _____

____ Significant Limitation of Activity _____

____ Surgery Rehabilitation- *include date* _____

____ Developmental Disability _____

____ Amputee

____ Sight Impaired

____ Cognitive Disability

____ Dementia / Alzheimer's

____ Hearing Impaired

____ Paralysis

____ Seizures

ADDITIONAL INFORMATION *Please list anything else you want us to know about your disability, conditions, or abilities*

Mobility Aids

When you travel outside your home, what mobility aids do you use? Check all that apply:

____ None

____ Cane

____ White Cane

____ Walker

____ Portable Oxygen

____ Other (Please Specify)

____ Powered Wheelchair

____Manual Wheelchair

____ Three (3) Wheel Scooter

____ Four (4) Wheel Scooter

____ Service Dog

_____

_____

If you use a wheelchair or scooter please answer the following questions:

(Skagit Transit must have this information to effectively schedule rides)

What is the size of your wheelchair or scooter? *Accurate measurements are required*

Width: _____ inches Length: _____ inches

Side to Side *Front to Back*

Is the combined weight of you and your

Wheelchair or scooter more than 800 pounds? ____ YES ____ NO

If YES, how much is your combined weight? ____ lbs. ____ Don't Know

Communications

Skagit Transit can provide you with automated alerts regarding your scheduled rides.

Please select any of the following alerts that you would like to receive. You can adjust your preferences at a later date if your needs change.

- Reminder the night before the scheduled ride
  ____ Text ____ Email ____ Call / Voicemail
- Trip booking confirmation
  ____ Text ____ Email
- Trip cancel confirmation
  ____ Text ____ Email
- Vehicle is approximately 5 minutes away
  ____ Text ____ Email ____ Call / Voicemail
- When your vehicle arrives
  ____ Text ____ Email

Email address to receive alerts: _____

Cell phone number to receive alerts: _____

Phone number to receive alerts: _____

Declaration

I understand that eligibility for Paratransit service is governed by the Americans with Disabilities Act (ADA) and is for people whose disability or condition prevents them from using Fixed Route bus service.

I understand that giving false information is against the law (RCW 9A.72.085 and RCW 40.16.030) and could result in losing access to Paratransit services.

I understand that Skagit Transit will not use the information I provide for any purpose other than determining my eligibility or providing me with service and will keep it confidential and will not share it without my written permission.

I understand that filling out and submitting this application does not guarantee Paratransit service; service is subject to eligibility based on location (address) and ability to access Fixed Route bus service.

_____ _____

Applicant Signature Date

_____ _____ _____

Person assisting with Application Signature Printed Name Date

_____ _____

Relationship to Applicant Phone Number

_____ _____

Address Apt./Unit

_____ _____ _____

City State Zip Code

Failure to sign this form will result in the application being returned for completion

SKAGIT TRANSIT

-Authorization to Release Medical Information-

-To be completed by the applicant-

I authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to Skagit Transit. This information will only be used 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 who may release my medical information:

_____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: (_____)_____

Medical Record or ID #, if known: _____

SIGN HERE:

Applicant's Signature: _____

Date: _____

This concludes the applicant's portion of the form. Please have your treating physician review your application and complete the Medical Professional Verification Form. The entire packet (Application and Medical Verification Form) must be completed and submitted to Skagit Transit to initiate the eligibility determination process. Please call 360-757-9191 if you have questions about this process.

SKAGIT TRANSIT

-Medical Professional Verification Form-

-To be completed by a licensed medical or mental health professional-

Applicant's name: _____

Date of birth: _____

Licensed Medical or Mental Health Professional Verification

Please check one:

____ Medical doctor (MD)	____ Optometrist	____ Psychologist (Ph.D.)
____ Orthopedic Doctor	____ Neurologist	____ Psychiatrist
____ Nurse Practitioner	____ Spinal Specialist	____LCSW
____ Physical / Occupational Therapist	____ Ophthalmologist	
____ Certified Orientation & Mobility Specialist		

Instructions: This applicant is applying for Skagit Transit ADA Paratransit transportation services. In accordance with the Americans with Disabilities Act of 1990, ADA Paratransit service is available only for persons who, because of a disability, are prevented from taking the regular Fixed Route bus. All Skagit Transit public transit buses are equipped with ramps/lifts for people who cannot climb stairs. The applicant could be prevented in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus, or successfully navigate to a destination or 2) is unable to understand how to complete a bus trip.

For the benefit of the applicant, please answer the following questions as fully and accurately as possible. Please be specific when answering the questions or write N/A (not applicable). Incomplete answers will result in the application being returned to the applicant. All healthcare information will be kept confidential. Call Skagit Transit's Eligibility Department at 360-757-9191 if you have any questions.

Please fax completed form (Verification Form and Summary) to the Skagit Transit Eligibility Department at **360-757-4032**.

Thank you.

-Medical Professional Verification Form continued-

1. Based on your knowledge of the applicant's condition, is the information provided on their ADA paratransit application accurate?

   ____ YES ____ SOMEWHAT ____ NO

   If you checked "SOMEWHAT" or "NO" please explain:

   ---

2. What specific conditions contribute to the applicant's mobility and/or cognitive limitations? Please define the degree of impairment and include visual acuity, if applicable.
   NOTE: Age or the inability to drive are not qualifying factors.

   DIAGNOSIS _____

   DISABILITY _____

   DATE OF ONSET _____

   DEGREE OF IMPAIRMENT _____

   Please explain how the applicant's disability prevents them from using the regular bus system:

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3. The disability that prevents the applicant from accessing the regular bus system is:
   ____ Permanent ____ Temporary - Expected recovery date: _____

   Are any of the following skills effected by the applicant's disability such that they ***prevent*** the use of our Fixed Route bus service? (Please check all that apply)

   ____ Travel alone outside the house
   ____ Seek and act on directions
   ____ Cross streets
   ____ Exit at the correct destination
   ____ Deal with unexpected situations
   ____ Leave the house on time
   ____ Find way to/from a bus stop
   ____ Board, ride and disembark a bus
   ____ Transfer to a second bus
   ____ Monitor time

   Are any of the following effected by the applicant's disability such that they prevent the use of our Fixed Route bus service? (Please check all that apply)

   ____ Judgement
   ____ Coping skills
   ____ Concentration
   ____ Attention to task
   ____ Problem solving
   ____ Short-term memory
   ____ Orientation, recognizing a problem
   ____ Long-term memory
   ____ Communication

SKAGIT TRANSIT

-Medical Certification for Paratransit Service-

-SUMMARY OF ASSESSMENT-

To be eligible for Paratransit, an individual must have a disability that prevents use of our Fixed Route bus service. If an applicant is uncomfortable or inconvenienced using our Fixed Route bus service, that is not a justification for eligibility, and will not be taken into consideration.

- In your professional opinion, is this person capable of traveling independently throughout the community in a Fixed Route city bus, with little to no assistance? ____ YES ____ NO
- Please explain why this person is or is not capable of traveling independently in a Fixed Route city bus:

- Attached additional relevant medical information ____ YES ____ NO
- What is the nature of your medical practice? (e.g., family/general practice, internal medicine, psychiatry, cardiology, etc.)

  _____

I am a licensed medical professional as described above; I certify that the information on this form and any additional information submitted therein are true and correct. Upon consent of the applicant, I agree to release this applicant's relevant medical records upon request from Skagit Transit.

Physician's Signature _____ **Date**_____

Licensed Physician's Information (type, print, or stamp):		
Last Name	First Name	Middle Name
Licensed Number	Phone Number	Fax Number
Business Address		