



SKAGIT TRANSIT

PARATRANSIT ELIGIBILITY APPLICATION

PLEASE READ THE FOLLOWING BEFORE YOU START THE APPLICATION PROCESS

ADA Paratransit is a shared ride, advanced reservation, origin to destination service for individuals who, because of their disability, are unable to use Skagit Transit's Fixed Route transit service for some or all of their trip(s).

ADA Paratransit service is not appropriate for everyone. Fixed Route bus service is intended to be all passenger's first choice for public transportation. Fixed Route buses have low entry steps and are equipped with ramps or lifts for wheelchair access and for those who cannot step up or down. Other accommodations, such as wheelchair securement areas, bus stop announcements, and free travel training to learn how to navigate our system, make using Skagit Transit's Fixed Route transit service the first choice for many people with disabilities.

Having a disability does not automatically qualify you for Paratransit eligibility. Eligibility is not a medical decision or a service that your medical professional can prescribe for you. Age, new to the area, lack of experience riding Fixed Route, lack of bus service near you, inability to carry groceries or packages, and/or inability to drive are not disabilities. Situations like these will not be used to determine your eligibility for Paratransit.

Paratransit eligibility is based on your functional ability to use Skagit Transit's Fixed Route bus service. If the effects of your disability prevent you from traveling to a bus stop, riding a ramp equipped bus, and/or getting off the bus to and from your destination, you may be eligible for ADA Paratransit service. Eligibility determinations are made based upon the Fixed Route bus riding limitations caused by your disability(ies) and are tailored to your individual abilities. You may qualify for temporary, partial (conditional) or full (unconditional) service.

Please be aware that Skagit Transit Paratransit cannot transport individuals with medical conditions or symptoms for which a higher level of care is needed for transport. Skagit Transit Paratransit will not transport anyone whose condition changes and it appears to prevent him or her from being safely transported.

After we receive your completed application, you may be required to visit Skagit Station for an in-person assessment. There is no cost for the assessment, and transportation will be provided if needed. An eligibility representative will contact you after the completed application has been received to set up an appointment.

Thank you for your interest in Skagit Transit's Paratransit Service!

All persons seeking eligibility for Paratransit service must complete the eligibility process that begins with completing this application form and may include an in-person assessment. For more information, please refer to the ADA Paratransit user's guide on our website- www.skagittransit.org, pick up a copy at Skagit Station, or request a copy by mail.

If you have any questions or need assistance completing this application form, we are happy to help. Please contact our travel trainer at (360) 757-9191 for assistance.

INSTRUCTIONS

Before submitting the application form, please:

1. Read Skagit Transit's ADA Paratransit user's guide
2. Complete all sections of this application form
3. Ensure the applicant or, if applicable, Legal Guardian or Power of Attorney signs the application. A signature is required before an application will be processed
 - If you have a legal guardian, the guardian is required to sign the application
 - The parent or legal guardian of a minor is required to sign the application

ADDITIONAL ATTACHMENTS REQUIRED FOR A LEGAL GUARDIAN OR POA

- Please provide copies of current Letters of Guardianship and the Order Appointing Guardian document from the court
- Power of Attorney paperwork must include current documentation that grants the POA the right to sign a medical release form on behalf of the applicant

Your application for service is not complete until all required information is provided to Skagit Transit, and you have completed any required in-person assessments.

An incomplete application will be returned to you unprocessed.

Questions? Please refer to **User Guide**, call **360-757-9191** or email: **custserv@skagittransit.org**

Completed applications can be returned by:

Hand Deliver to:

Customer Service at Skagit Station,
Any Paratransit Operator

or

Fax: (360) 757-4032 Attn:
Eligibility Specialist

US Mail or Hand Deliver:

Eligibility Specialist
Skagit Transit
600 County Shop Lane
Burlington, WA 98233

Applicant Information

Last Name _____

First Name _____ Middle Initial _____

Date of Birth ____ / ____ / ____ Home Number _____

Primary Language _____ Mobile Number _____

Email Address _____

Primary Pickup Location *(your home or place where you will start most trips)*

Address _____ Apt./Unit _____

City _____ State _____ Zip Code _____

Mailing Address *(if different than above)*

Address _____ Apt./Unit _____

City _____ State _____ Zip Code _____

Emergency Contact

Name _____ Phone Number _____

Relationship to Applicant _____

Answer all of the questions below. To avoid delays, provide complete and detailed answers. A signature is required at the end of this form (pg. 8). Your eligibility for Skagit Transit Paratransit service will be based on whether your disability or condition prevents you from using fixed route bus service as described in the Americans with Disabilities Act (ADA).

Disability or Condition

Please list all **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 will it last? _____

Does your disability or condition vary from day to day?

No

Yes

If Yes, please explain:

Does your disability or condition prevent or limit your ability to travel by yourself on public transit?

No

Yes

If Yes, please explain:

Your Pickup Location

It may be hard for our Paratransit vehicle to reach your pickup location if there are steep driveways, narrow roads, or no place to turnaround. This will not affect your eligibility, but we need to know if access could be a problem.

No

Yes

If Yes, please explain:

Ability Checklist

No Yes Sometimes

Please check the box that applies.

I am able to complete my usual daily activities.

I walk slowly.

I can grip railings and handles.

I can handle coins and tickets.

I know and can communicate my address and phone number.

I can recognize locations and landmarks.

I can deal with unexpected situations.

I can ask for, understand, and follow directions.

I can cross busy streets.

I can travel where the ground is not level or is rough.

I can travel when there is snow and ice.

I can travel in very hot weather.

I can travel in darkness or low light.

I can climb three (3) steps.

I can travel if someone has shown me the way.

I can travel from my front door to the curb.

Please explain any "No" answers:

Condition Checklist

Please check all that apply to you:

Balance Problems
Please Explain:

Limiting Breathing Condition
Please Explain:

Brain Injury
Please Explain:

Mental Illness
Please Explain:

Fracture
Please Explain:

Significant Limitation of Activity
Please Explain:

Degenerative Disease
Please Explain:

Surgery Rehabilitation
Please Explain:

Amputation

Developmental Disability

Assistance Required

Hearing Impaired

Cognitive Disability

Paralysis

Dementia/Alzheimer's

Seizures

Non-Verbal

Sight Impaired

Mobility Aids

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

None

Powered wheelchair

Cane

Manual wheelchair

White cane

Powered scooter

Walker

Personal Care Attendant

Portable Oxygen

Service animal

Other (please specify) _____

Wheelchair or Scooter Information

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

What is the size of your wheelchair or scooter?

Width: _____ inches
(side to side)

Length: _____ inches
(front to back)

Is the combined weight of you and your wheelchair or scooter more than 600 pounds?

No

Yes

If Yes, how much is your combined weight?

_____ lbs

Don't know

Travel Abilities

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

If you were waiting for a ride could you:

Stand for 10 minutes?

No

Yes

Sit for 10 minutes?

No

Yes

Do you currently use Fixed Route bus service?

No

Yes

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 and from the bus stop

Other _____
(please specify)

Additional Information

Please list anything else you want us to know about your disability, condition, or abilities. Also list any concerns you have about riding the bus:

Communications from Skagit Transit

If you would like to receive a confirmation of time(s) the night before your scheduled ride, please choose one of the following delivery methods:

Voice

E-Mail

Text

If you would like to receive an alert five (5) minutes before your bus arrives, please choose one of the following delivery methods:

Voice

E-Mail

Text

Professional Verification and Release of Information

Please provide contact information for at least one professional care provider who can provide us with relevant details about your disability or condition.

Name _____ Profession _____

Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Name _____ Profession _____

Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Medical Information Release

I _____ authorize the above provider(s), and their
(applicant's name)

office staff, to provide information to Skagit Transit about my functional abilities and medical diagnoses in order to verify my eligibility for paratransit service. I understand this release expires one year from today. I also may revoke this release any time by notifying Skagit Transit in writing.

Applicant Signature

Date

Person Assisting with Application
Signature *(if applicable)*

Printed Name

Date

Relationship to Applicant _____ Phone Number _____

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 may ask me to participate in a capability assessment or ask for a professional verification of my capabilities.

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 *(if applicable)*

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



Client's name (printed)- _____

Client's signature- _____

Date- _____

It is assumed that you or a representative of your care facility will schedule Paratransit ride requests on your behalf. Please list the names of additional people that you authorize to schedule rides on your behalf.

This document authorizes the following person(s) to schedule Paratransit trips:

Please fold along dotted line

U.S.
Postage
Required

Skagit Transit
ATTN: Eligibility Department
600 County Shop Lane
Burlington, WA
98233-9772