

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) 757-7983 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 _____

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. 7). Your eligibility for 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

What disability or condition prevents 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?

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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am able to complete my usual daily activities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I walk slowly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can grip railings and handles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can handle coins and tickets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know and can communicate my address and phone number.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can recognize locations and landmarks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can deal with unexpected situations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can ask for, understand, and follow directions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can cross busy streets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel where the ground is not level or is rough.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel when there is snow and ice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel in very hot weather.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel in darkness or low light.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can climb three (3) steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel if someone has shown me the way.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel from my front door to the curb.

Additional Information

Please list anything else you want us to know about your disability or condition. Also list any concerns you have about riding the bus. (Use back sheet if necessary)

Condition Checklist

Please check all that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Frail |
| <input type="checkbox"/> Anxiety/Panic Attacks | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Non-Verbal |
| <input type="checkbox"/> Breathing Condition | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Dialysis Required | <input type="checkbox"/> Sight Impaired |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Significant Limitation of Activity |

Mobility Aids

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

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Support/quad cane | <input type="checkbox"/> Powered scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |

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 by yourself (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)

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 _____

Additional Information

Please use this space to provide Skagit Transit with any additional information that may be pertinent to your application.