

Intercity Transit

Dial-A-Lift Application

| | |
|---------------------|------------------|
| For Office Use Only | |
| Name | _____ |
| Map | _____ |
| ID# | _____ Code _____ |
| Conditions | _____ |
| Notes | _____ |
| Date Received | Date Processed |

In compliance with the Americans with Disabilities Act of 1990 (ADA), Intercity Transit (IT) provides “Dial-A-Lift” services to anyone with a disability who cannot access the regular bus routes in an area served by the buses. This service is intended only for those trips that a disabled individual cannot make on the regular bus system.

The following application is designed to assist the IT staff determine the most appropriate form of transportation for our riders. This determination will be based on a rider’s ability and/or inability to access the regular buses.

Prior to completing that attached application, please take a few minutes to read the enclosed letter, which describes ADA Dial-A-Lift Eligibility in detail. As discussed in the letter, all of our regular route buses are equipped with accessible features, thereby allowing our riders the freedom to travel without limitation through our service area.

INSTRUCTIONS FOR COMPLETING THIS FORM:

- ❑ Be sure to read the enclosed letter prior to completing the application.
- ❑ The applicant (or someone assisting them) must complete PART 1-7. The APPLICANT’S CERTIFICATION, Part 2 and the RELEASE OF INFORMATION, Part 7 must be completed and signed by the applicant (or guardian) prior to this application being processed.
- ❑ All questions must be answered. Incomplete forms will be returned.
- ❑ Questions and/or assistance can be obtained by contacting Intercity Transit, Dial-A-Lift Services at: (360) 705-5896 or 1-800-244-6846
- ❑ Using the enclosed self-addressed envelope after attaching 2 first class stamps, mail the fully completed application to:

Intercity Transit/Dial-A-Lift
P.O. Box 659
Olympia, WA 98507-0659

PART 1 GENERAL INFORMATION

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt/Bldg. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Date of Birth:** _____

Email Address _____ **Male** ___ **Female** ___

Mailing Address: (if different from the above) _____

City: _____ **State:** _____ **Zip Code:** _____

Please provide us with the name and telephone number of someone we can call in an emergency:

Name: _____ **Telephone:** _____

Relationship: _____

PART 2 APPLICANT'S CERTIFICATION

Please indicate below the reasons why you are seeking ADA Dial-A-Lift Eligibility (check all that apply):

___ I can use regular fixed route buses to go some places, but in other places I cannot get to or from the bus stops.

___ I can use regular fixed route buses sometimes if they are fully accessible.

___ Because of my disability, I can never use the Intercity Transit regular fixed route buses.

I understand that the purpose of this application is to determine if there are times when I cannot use the Intercity Transit regular fixed route buses and must use Dial-A-Lift services instead. I understand that the information about my disability contained in this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information in this application form is true and correct. I understand that providing false or misleading information could result in my eligibility being reevaluated and/or terminated.

Applicant's Signature: _____ **Date:** _____

***** When signing for another individual, YOU MUST provide a copy of the document authorizing you to do so (i.e. Power of Attorney, Guardianship).**

If someone assisted you in completing this form, please identify him/her below:

Name: _____ **Telephone:** _____

4. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you with daily life functions)?

YES

NO

PART 5 QUESTIONS ABOUT USING REGULAR FIXED ROUTE BUSES

5. Have you ever used the regular fixed route buses?

YES, I typically use the fixed route buses times a week

YES, I used to but stopped because (please be specific): _____

NO

6. Is there something that might help you to ride the regular fixed route buses? Check all that apply.

YES, route and schedule information YES, learning to use the buses

YES, a communication aid YES, bus stops close to home

YES, bus stops close to where I am going

YES, _____

NO

7. Can you ask for and follow written and oral instructions to use the regular fixed route buses?

YES

NO NO or SOMETIMES, please check:

SOMETIMES I get too confused and might get lost

I do not know because I have never tried to use the buses. Other people cannot understand me

I probably could with training

Other: _____

8. Do barriers in the environment prevent you from getting to bus stops on your own?

YES YES, please check:

NO I can't get places if there are no curb cuts

SOMETIMES I can't if the street or sidewalk is too steep

I cannot cross busy streets and intersections

I cannot travel outside when it is too hot

I cannot travel outside when it is too cold

I do not know because I have never tried I can't find my way at night because of a vision problem

I get confused and cannot find my way

I probably could with instruction

Other: _____

9. Using a mobility aid or on your own, how far can you travel?

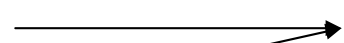
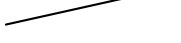
- I can travel up to 1 block
- I can travel up to 2 blocks
- I can travel up to 3 blocks (1/4 mile)
- I can travel up to 6 blocks (1/2 mile)
- I can travel up to 9 blocks (3/4 mile)

10. Can you wait up to 30 minutes at a bus stop?

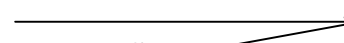

- YES
- YES, but only if the stop has a bench and shelter
- YES, but I don't like to wait that long
- NO(explain): _____

11. Can you get on and off a regular route bus?

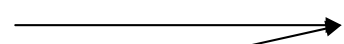

As a reminder, all of our regular route buses are ADA accessible, which means that they are equipped with wheelchair lifts and a "kneeler" to lower the height of the steps. Passengers who find that they cannot enter via the steps due to their height may request that they board via the lift.

- YES
 - NO 
 - SOMETIMES 
 - I do not know because I have never tried
- NO or SOMETIMES, please check:**
- Only if the bus has a wheelchair lift
 - I cannot climb the stairs
 - I do not want to use the lift
 - I probably could with instruction
 - Other: _____

12. Can you get to a seat or wheelchair station by yourself?

- YES
 - NO 
 - SOMETIMES 
 - I do not know because I have never tried
- NO or SOMETIMES, please check:**
- I need someone to help me
 - I have a balance problem
 - I have trouble finding a seat
 - I need the seat nearest the door
 - Other: _____

13. Can you determine where/when to get off the bus or can you find out by yourself?

- YES
 - NO 
 - SOMETIMES 
 - I do not know because I have never tried
- NO or SOMETIMES, please check:**
- I get confused and can not remember where I am going
 - I can if the driver calls out the stops
 - I probably could with training
 - Other: _____

14. Are there any other physical condition/s that limit your ability to use the regular fixed route buses?

___ YES (Please describe them below):

___ NO

PART 6 CURRENT TRAVEL INFORMATION

Please list three trips that you plan to make most frequently using the Dial-A-Lift buses.

| Sample | |
|--|--------------------------------------|
| <u>From (Place and address)</u> | <u>To (Place and address)</u> |
| 1. 101 N. Capitol Way | 333 S. Custer Way |

| | <u>From (Place and address)</u> | <u>To (Place and address)</u> |
|----|--|--------------------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Do you need to have information and materials given to you in another format? If yes, please check the appropriate item/s:

___ *Spanish* ___ *Large Print* ___ *Audio Tape* ___ *Braille* ___ *Other:* _____

PART 7 MEDICAL VERIFICATION

I receive service from the following doctor, rehabilitation facility, health care professional or agency, which is familiar with my case. You have my permission to contact them to provide information about my disability for the purpose of completing this application.

My Name: _____ Date of Birth: _____

Name of doctor, health care or rehab professional/s that are familiar with me:

1. Name: _____

Agency: _____

Address: _____

Telephone: _____

2. Name: _____

Agency: _____

Address: _____

Telephone: _____

3. Name: _____

Agency: _____

Address: _____

Telephone: _____

I understand that this information will be held by Intercity Transit, Dial-A-Lift in the strictest of confidence and will not be shared with any other person or agency, except professionals involved in my eligibility determination. This form will permit the professional listed to release information to Intercity Transit up to 60 days from the date listed below.

I further understand that I can revoke this consent at any time by providing written notification.

Signature of Applicant: _____ Date _____

*** When signing for another individual, YOU MUST provide a copy of the document authorizing you to do so (i.e. Power of Attorney, Guardianship).