

# DIAL-A-LIFT APPLICATION

Dial-A-Lift is available for individuals with disabilities who are unable to ride Intercity Transit's city bus service. Dial-A-Lift eligibility is not based on:

- The presence of a disability or use of a mobility aid such as a walker or wheelchair.
- Lack of familiarity with the bus system.
- Personal safety, vulnerability, age, or language barriers.
- The belief the city bus is more difficult or less comfortable.
- Convenience of schedule.
- Inability to drive.

## The Application Process

1

### Submit your application.

All applications must be completed and signed.

2

### Transportation Functional Assessment

All applicants are required to come in person for an assessment.

3

### Medical Verification

A questionnaire about your functional abilities may be sent to your medical provider.

4

### Determination

Once we have received all of the required information, we will make a determination within 21 days.

## Types of Eligibility

**Unconditional:** Applicants are unable to use the city bus under any circumstances.

**Conditional:** Applicants can use the city bus under some circumstances.

**Temporary:** Applicants experience a temporary loss of functional ability to use the city bus.

## Basic Eligibility Check

Do you live in Olympia, Lacey, Tumwater, or Yelm within 3/4 mile of a city bus route?

Yes

No

Unsure, call 360-705-5896

Do you have a disability that prevents you from using the city buses?

Yes

No, Dial-A-Lift is not the service for me.

## Things to Know

- ✓ A trip on Dial-A-Lift will generally take as long as a trip on the city bus service.
- ✓ Dial-A-Lift trips must be reserved 1-5 days in advance.
- ✓ Dial-A-Lift provides clients with a 30-minute pickup window and clients may be dropped off 30-45 minutes ahead of their given appointment times (including school and work trips).
- ✓ Dial-A-Lift will pick up and drop off other clients during your trip.

## Acknowledgement

- ✓ I will be required to complete an in-person assessment.
- ✓ A final determination can take up to 21 days after Dial-A-Lift has received all required information.
- ✓ Dial-A-Lift is similar to the city bus service.
- ✓ No portion of this process will be waived or expedited.

Applicant Signature

# Applicant Information

First Name

Last Name

M.I.

Primary Language

Date of Birth

Identify as:

Male

Female

Non-binary

Is someone your legal guardian or Power of Attorney?

Yes

No

Legal Guardian/POA Name

## Primary Pick-up Location (home address or place where most trips will start)

Street Address

Apt. #

City

State

WA

Zip Code

Special Pick-up Instructions

## Mailing Address (if different from above)

Street Address

Apt. #

City

State

WA

Zip Code

## Contact Information

Primary Phone Number

Alternate Phone Number

Email Address

Preferred number for ride notifications

Primary

Secondary

## Emergency Contact Information

Full Name

Relationship

Phone Number

# Disability Information

**1** Choose from the reasons below why you are seeking Dial-A Lift eligibility. Check all that apply.

I am able to use city buses to go some places, but in other places, I cannot get to or from the bus stops.

I am able to use city buses sometimes.

Because of my disability, I can never use the city buses.

**2** What type or types of disabilities prevent you from using the city buses? Check all that apply.

Physical disability

Visual impairment - Current visual acuity \_\_\_\_\_

Developmental disability

Cognitive disability

Other \_\_\_\_\_

Please list the diagnosis that affects your ability to travel on the city bus service.

**3** Is your disability permanent or temporary?

Permanent

Temporary. I expect it to last another \_\_\_\_\_ months.

Unknown

**4** Indicate any mobility aids or equipment you use. Check all that apply.

None

Crutches

Manual wheelchair >> Can you propel on your own?

Cane

Walking sticks

Electric wheelchair

Yes

No

White cane

Service animal

Scooter

Walker

Portable oxygen

Alphabet board

Other (please describe): \_\_\_\_\_

How long have you been using the above aid? \_\_\_\_\_

## Condition Checklist (check all that apply)

Amputation

Breathing condition

Frail

Panic

Autism

Cognitive disability

Memory loss

Paralysis

Balance problems

Confusion

Non-verbal

Psychosis

Blind or low vision

Deaf or hard of hearing

Obesity

Seizures

Brain injury

Dialysis required

Pain

Significant limitation of activity

## Ability Checklist

- |  |   |
|--|---|
| <b>1</b> I walk slowly.<br>Yes      No      Sometimes  | <b>9</b> I can cross streets with an electronic signal.<br>Yes      No      Sometimes     |
| <b>2</b> I can grip railings and handles.<br>Yes      No      Sometimes                        | <b>10</b> I can travel where the ground is not level/rough.<br>Yes      No      Sometimes |
| <b>3</b> I can handle money (pay cashiers or fares).<br>Yes      No      Sometimes             | <b>11</b> I can travel where there is snow and ice.<br>Yes      No      Sometimes         |
| <b>4</b> I know and can communicate my address and phone number.<br>Yes      No      Sometimes | <b>12</b> I can travel in hot weather.<br>Yes      No      Sometimes                      |
| <b>5</b> I can recognize locations and landmarks.<br>Yes      No      Sometimes                | <b>13</b> I can travel in darkness or low light.<br>Yes      No      Sometimes            |
| <b>6</b> I can deal with unexpected situations.<br>Yes      No      Sometimes                  | <b>14</b> I can travel in bright light.<br>Yes      No      Sometimes                     |
| <b>7</b> I can ask for, understand, and follow directions.<br>Yes      No      Sometimes       | <b>15</b> I can travel if someone shows me the way.<br>Yes      No      Sometimes         |
| <b>8</b> I can cross busy streets with a crosswalk only.<br>Yes      No      Sometimes         | <b>16</b> I can travel from my front door to the curb.<br>Yes      No      Sometimes      |

## Additional Information

Please list anything else you want us to know about your disability or concerns about riding the city bus.

- 1** When using Dial-A-Lift, does your health condition or disability require you to travel with a Personal Care Attendant (PCA)?  
Yes      No      Sometimes \_\_\_\_\_
- 2** Do you need to be delivered into the care of another person at your destination?  
Yes      No      Not applicable
- 3** Does the combined weight of your wheelchair/scooter and your own weight exceed 1000 pounds?  
Yes      No      Not applicable

# Current Use of Buses

**1** Have you ever used a city bus service?

Yes, I typically use the city buses \_\_\_\_\_ times a week.

Yes, I used to, but stoppped because \_\_\_\_\_

No.

**2** If you currently use the city bus service, which routes do you use?

**3** What is the location of the closest city bus stop to your home? (e.g. corner of 4th Ave and Fairview St)

Have you ever used this bus stop?

Yes      No

Can you get to this stop without assistance?

Yes      No      Sometimes \_\_\_\_\_

**4** When was the last time you rode the city bus?

**5** Do you ride the city bus alone?

Yes      No

**6** If you do not use the city bus, what prevents you from independently using it? Please be descriptive.

# Travel Abilities

**1** How far are you able to travel on your own or using a mobility aid?

I am unable to walk or transport myself.

Up to  $\frac{1}{2}$  mile (about 6 blocks).

Less than one block (300 feet).

Up to  $\frac{3}{4}$  mile (about 9 blocks).

Less than two blocks (600 feet).

More than  $\frac{3}{4}$  mile.

Up to  $\frac{1}{4}$  mile (about 3 blocks) .

**2** Does the weather have an effect on your ability to use the city bus service?

Yes

No

I don't know.

If yes, please explain how the weather affects your ability to use the city bus service.

**3** Are you able to wait at a bus stop for a city bus? Check all that apply.

Yes.

For no more than 15 minutes.

No.

For more than 15 minutes.

Only if there is a bench and/or shelter.

Unknown.

**4** What might help you ride the city buses? Check all that apply.

Buses being wheelchair accessible.

Closer bus stops.

Curb cuts and level sidewalk.

Route and schedule information.

Learning to use city buses with Travel Training.

Someone to ride with me.

## Where do you go and how often do you get there now?

To assist with your functional assessment, please list the two places you most often go and how you currently get there.

**1** Destination: \_\_\_\_\_

How often do you go there? \_\_\_\_\_

Street Address: \_\_\_\_\_

How do you get there? \_\_\_\_\_

\_\_\_\_\_

**2** Destination: \_\_\_\_\_

How often do you go there? \_\_\_\_\_

Street Address: \_\_\_\_\_

How do you get there? \_\_\_\_\_

\_\_\_\_\_

# Medical Verification and Release of Information

Please provide contact information for at least one medical provider who can answer relevant questions about your disability and the affect it has on your ability to travel.

## Medical Provider 1

Name

Street Address

Phone Number

Fax Number

## Medical Provider 2

Name

Street Address

Phone Number

Fax Number

## Medical Provider 3

Name

Street Address

Phone Number

Fax Number

## Medical Information Release

I, \_\_\_\_\_, authorize the above providers and their office staff to provide information to Intercity Transit/Dial-A-Lift about my functional abilities and medical diagnoses in order to verify my eligibility for Dial-A-Lift services. I understand this release expires one year from today. I may also revoke this release at any time by notifying Intercity Transit/Dial-A-Lift in writing. I understand this eligibility is a transportation decision, not a medical one, and this information will only be used to verify statements on my application, not prescribe or approve me for Dial-A-Life services.

Applicant Signature

Date

Person Assisting with Application Signature

Printed Name

# APPLICATION CHECKLIST



## Review Page 1

This page contains valuable information to keep you informed about the Eligibility Process.



## Complete and Sign Application

Ensure you have answered all questions and signed pages 1 and 8. Missing signatures will cause your application to be considered incomplete.



## Schedule Your Functional Assessment

Your in person assessment can be scheduled by calling 360-705-5896 or emailing [daleligibility@intercitytransit.com](mailto:daleligibility@intercitytransit.com).



## Watch Your Mail

Dial-A-Lift will communicate with you primarily by mail. If you have any questions about your eligibility status, call 360-705-5896 or email [daleligibility@intercitytransit.com](mailto:daleligibility@intercitytransit.com).



## Try Our City Bus Service

Whether approved for Dial-A-Lift or not, our city bus service is always available and 100% ADA Accessible. Contact our Travel Training Department to set up lessons on using the fixed route buses. They're fare free! Call 360-705-5879 or email [traveltraining@intercitytransit.com](mailto:traveltraining@intercitytransit.com).

## SUBMIT COMPLETED APPLICATIONS TO



### Mail

Intercity Transit/Dial-A-Lift  
PO Box 659, Olympia, WA 98507-0659



### Phone

360-705-5896



### Email

[daleligibility@intercitytransit.com](mailto:daleligibility@intercitytransit.com)



### Fax

360-709-0231