



Dial-A-Lift Application

<u>For Official Use Only</u>	
Name	Map
ID#	
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 fixed route bus system. This service is intended only for those trips preventing a person with a disability from riding the fixed route bus system.

The following application is designed to assist IT staff in determining the most appropriate form of transportation for riders. This determination is based on a rider’s ability and/or inability to access fixed route buses.

All of our fixed route buses are equipped with accessible features, allowing riders the freedom of travel without limitation throughout IT’s service area.

Instructions

Be sure to review eligibility information on our website prior to completing the application.

The applicant (or someone assisting them) must complete PART 1-6. **The APPLICANT’S CERTIFICATION, Part 2 must be signed by the applicant (or guardian) prior to this application being processed.**

ALL applicants are required to have their health care provider complete the Dial-a-Lift Professional Certification Form (Part 7).

All questions must be answered. Incomplete forms will be returned.

If you have questions and/or need assistance, contact: Intercity Transit, Dial-A-Lift Services at: 360-705-5896 or 1-800-244-6846.

Attach adequate postage and mail the completed application to: Intercity Transit/Dial-A-Lift , P.O. Box 659, Olympia, WA 98507-0659 or email your application to: DALEligibility@intercitytransit.com.

Part 1: General Information

Last Name First Name MI
Street Address Apt/Bldg #
City State Zip
Phone Date of Birth
Gender M F Email

Mailing Address (if different from above)

City State Zip

Please provide the name and phone number of someone we can call in an emergency:

Name Phone

Relationship

Part 2: Applicant's Certification

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

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

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

I understand the purpose of this application is to determine if there are times when I cannot use the Intercity Transit fixed-route buses and must use Dial-A-Lift instead. I understand 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, to the best of my knowledge, the information in this application form is true and correct. I understand providing false or misleading information could result in my eligibility being re-evaluated 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 or her below:

Name Phone

Part 3: Information about Travel Training

Note: Travel Training is personal (one-on-one) instruction teaching an individual how to use fixed-route buses.

Have you ever had any personal instruction/training on how to use the fixed-route bus?

NO, I have not received any personal instruction/training

YES, I received personal instruction/training through an agency

Name of Agency

YES, I received personal instruction from a friend/relative

Please indicate below the skills you have learned:

Travel to and from a bus stop To cross streets

To ride the following routes (please list them)

Route #

Route #

Route #

To read bus schedules and to plan trips

Other

Intercity Transit offers free instruction to anyone interested in learning how to ride Fixed-route buses. Would you be interested in getting information about this service?

Yes

No

If you are found eligible for Dial-A-Lift for some or all of your trips, would you like to receive automated phone reminders of your ride times?

Yes

No

Part 4: Information about Applicant's Disability

1. What type(s) of disability prevents you from using fixed route buses? Check all that apply.

Developmental Disability

Physical Disability

Cognitive Disability

Please provide specific information about how your physical disability, mental disability or other disabling condition impacts your activities of daily living:

2. Is the disability described above temporary or permanent?

Temporary, I expect my disability to last another months

Permanent I don't know

3. Please indicate if you use any of the following mobility aids/equipment

Cane

Wheelchair

Long white cane

Leg brace

Power scooter

Crutches

Power wheelchair

Walker

Picture board

None

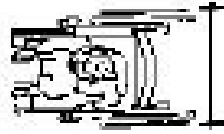
Service animal

Other

4. If you use a wheelchair or scooter, what size is it?

length in inches

width in inches



5. Does the combined weight of your wheelchair/scooter and your own weight exceed 800 pounds?

Yes No

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

YES, I need assistance when I travel with:

Mobility	Reading	Eating	Shopping
Medication	Transfers	Communicating	Others

No

Part 5. Questions about using Fixed-Route Buses

7. Have you ever used 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

8. Is there something that might help you to ride 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

No

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

Yes No I don't know because I have never tried

No or sometimes, please check:

I get too confused and might get lost Other people can't understand me

I probably could with training Other

10. Are you able to get to and from bus stops on your own?

Yes No I don't know because I have never tried

No or sometimes, please check:

I can't get places if there are no curb cuts I can't if the street or sidewalk is too steep

I cannot cross busy streets and intersections I can't travel outside when it's too hot

I get confused and can't find my way I can't travel outside when it's too cold

I feel unsafe traveling alone I can't find my way at night because of a vision problem

I probably could with instruction Other

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

I cannot travel outside my house/apartment

I can get to the curb in front of my house/apartment

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)

12. 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)

13. Can you get on and off a fixed-route bus?

As a reminder, all of our fixed route buses are ADA accessible, equipped with accessible ramps and a "kneeler" to lower the height of the bus. Passengers can ask the driver to "kneel" the bus or deploy the ramp to meet their individual accessibility needs.

Yes No Sometimes I don't know because I have never tried

If No or Sometimes, please check:

Only if the bus has a wheelchair ramp I cannot step onto the bus

I do not want to use the ramp I probably could with instruction

Other

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

Yes No Sometimes

If No or Sometimes, please check:

I get confused and can't remember where I am going I can if stops are called out or displayed

I probably could with training Other

16. Are there any other physical condition(s) limiting your ability to use the fixed route buses?

Yes (please describe below)

No

Part 6: Current Travel Information

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

Sample	From (Place and address)	To (Place and address)
1.	101 N. Capitol Way	333 S. Custer Way

	From (Place and address)	To (Place and address)
1.		
2.		
3.		

Part 7: Professional Certification

**Intercity Transit Dial-A-Lift Professional Certification
Must be completed by Care Provider**

Applicant's Name

Date of Birth

The above individual has applied for Americans with Disabilities Act Paratransit (Dial-A-Lift) Services and has listed you as their care provider. Dial-A-Lift is provided for individuals unable to access fixed-route buses **due to their disability**. For this reason, your responses will assist in determining eligibility. As a reminder, all of our fixed-route buses are fully accessible (i.e., kneel and have ramps). Travel Training is also offered through our office at no cost for interested individuals.

Diagnosis

Please specify this individual's diagnosis or multiple diagnoses if applicable (provide ICD10 and DSM IV codes):

Permanent Temporary For how long?

Is this condition affected by weather/temperature? If so, specify weather type.

Hot Cold Both

Mobility

Do you feel this individual can board a bus using the lift, handrails and/or by having the bus lowered to ground level?

Is walking detrimental to this individual's condition? If so, please explain

If walking is not detrimental, how far can this individual travel doing a combination of walking/standing?

2 blocks 3 blocks 6 blocks 9 blocks other (please specify)

Does the patient use a mobility device? Yes No

If yes, please specify the type of mobility device

If applicable, how far is this individual able to propel their mobility device without assistance from another individual?

2 blocks 3 blocks 6 blocks 9 blocks Other (please specify)

Is a Personal Care Attendant (PCA) necessary for safe travel? Yes No

Cognitive/Developmental/Mental Health

Does this disability affect cognitive functions? (Please explain)

Is this individual stable or in remission? Stable In remission Neither
If you have a copy of a psychological evaluation from the last three years please provide a copy.

Is this individual capable of recognizing destinations and comprehending what is happening around him/her? If not please explain .

Is this person capable of using memory aids? If not, please explain. Yes No

Is this individual capable of utilizing the bus system with accommodations such as route planning assistance, and announcements of stops when riding? If not, please explain.

Travel Training

Travel Training is a free, self-paced training program for individuals who have the ability to use the fixed-route buses. Do you feel this individual could benefit from this program? If no, please explain.

Yes No If no, please explain

I am a licensed medical provider or a qualified service provider with a state/county agency in the field indicated below and certify that the above-mentioned individual has the disability and limitations indicated above (RCW (A.72.085 & RCW 40.16.030).

Professional Care Provider's Signature

Date

Professional Care Provider's Name (Please print)

Area of Specialization

Mailing Address

Phone number

National Provider Identifier (NPI) or Tax ID Number*

* This form is incomplete without a valid NPI or Tax ID Number