

Okanogan County Transit Authority (TranGO)

Dear Applicant:

The Americans with Disabilities Act (ADA) of 1990 is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have access to public transportation. As required by the ADA, all TranGO vehicles and facilities are fully accessible and usable by persons with disabilities.

The regular, TranGO bus service is meant to be everyone's first choice for public transportation. Buses have one low entry step and are equipped with ramps for wheelchair access and for those who cannot step up or down. Other accommodations, such as wheelchair securement areas and bus stop announcements, make using TranGO's regular bus service the first choice for many people with disabilities.

Having a disability does not automatically qualify you for Paratransit eligibility. Additionally, 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 the regular bus, lack of regular 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 TranGO's regular 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 and to your destination, you may be eligible for TranGO Paratransit services. Eligibility determinations are made based upon the bus-riding limitations caused by your disability(ies) and are tailored to your individual abilities. You may qualify for partial (conditional) or full (unconditional) service.

TranGO needs specific information about the effects of your disability. After you submit your application, you may be asked to provide additional information and/or asked to come to TranGO for an in-person assessment. There is no cost to participate in the assessment, and, if needed, transportation will be provided.

(over)

Your application will not be considered complete until you have participated in required assessments and provided all requested information to TranGO.

Sincerely,



Kelly Scalf
General Manager
TranGO Paratransit

Upon request, alternative formats of the information will be produced for people with disabilities. Please call (509) 557-6177 or TTY WA Relay 711.

Paratransit Service Application

If the effects of your disability **prevent** you from riding the regular TranGO bus, you may be eligible for TranGO Paratransit Service. The eligibility determination will be based on the limitations caused by your disability and will be individually tailored to your abilities. You may qualify for partial (conditional) or full (unconditional) service.

To apply:

- The enclosed application form has 8 pages. Please be sure that ALL sections have been completed.
- Fill out the enclosed application form or have someone fill it out for you. Add extra pages if necessary.
- Read **PART 2** completely. Sign in the box on page 6. A signature is required before an application can be processed. Parents of minors and legal guardians must sign the application.
- Have **PART 3**, pages 7 & 8 - Professional Verification - **completed and signed by a licensed medical or mental health professional**. (See list of approved professionals at top of page 7.)
- Return the completed application to the address on the form. (See the bottom of page 8.)
- TranGO may need specific information about the effects of your disability. You may be asked to provide additional information and/or participate in a physical or cognitive functional assessment.

Your application will not be considered complete until all requested information is provided to TranGO and you have completed an in-person or cognitive assessment if one is required. There is no cost for the assessment and transportation will be provided if needed.

TranGO will process your application and notify you within 21 calendar days of receipt of your completed application. A completed application may include an in-person or cognitive assessment if required and any additional information requested.

If you have any questions or need assistance in completing this application, call (509) 557-6177 or TTY WA Relay 711.

Upon request, alternative formats of this information will be produced for people with disabilities. Please call (509) 557-6177 or TTY WA Relay 711.



PARATRANSIT SERVICE APPLICATION

Drafted 06/2015

<input type="checkbox"/>	New
<input type="checkbox"/>	Recertification
ID # _____	

PLEASE PRINT CLEARLY

Last Name _____ First _____ Middle Initial _____

Mailing Address _____ Apt./Sp. # _____

City _____ State _____ Zip _____

Pick-Up Address _____ Apt./Sp. # _____
(If different from mailing address)

City _____ State _____ Zip _____

Complete only if Paratransit Certificate of Eligibility card is to be sent to a different mailing address.

Name _____

Address _____

City/State/Zip _____

Date of Birth (month/day/year) _____ / _____ / _____ Male Female

Home Phone _____ Cell Phone _____

Email Address _____

Language Ability: Do you speak and understand English?

Yes No (specify spoken language):

Emergency Contact _____

Relationship _____ Home Phone _____

1 Cell Phone _____

It is important that all parts of this application are completed. An incomplete application will be returned to you.

Part 1 (Please complete all questions thoroughly.)

1. Can you ride the regular bus without someone's help?

Yes No Sometimes

2. What is your physical, cognitive (thinking, reasoning, memory), mental health disability, or other health condition(s) that would prevent you from riding the regular bus?

3. Explain how your disability prevents you from:

- a. Getting on or off a ramp-equipped regular bus; and/or
- b. Getting to or from a bus stop; and/or
- c. Successfully completing a bus trip.

Explain as completely as possible. Use an extra page if needed.

4. Is your need for Paratransit van service **long term** or **temporary**?

Long term Temporary - How long? _____

5. Do your **limitations** change from time to time because of medical treatments, medications, or for other reasons?

No Yes - How? _____

6. Because of your disability, do **weather conditions** (such as heat, cold, rain, snow, or ice) prevent you from using a regular bus without someone's help?

No Yes - Which ones? _____

How? _____

7. Because of your disability, do **terrain conditions** (such as hills, uneven surfaces, or curbs) prevent you from using the regular bus without someone's help?

No Yes - Which ones? _____

How? _____

8. When you walk outside your home, how far can you walk on your own or with the use of a mobility aid such as a cane or walker? If you use a scooter or wheelchair skip this question.

Number of blocks _____ Less than a block Not able to walk any distance

9. Does your walking distance change because of health conditions? If so, how?

10. How far is your residence from the nearest bus stop? (For bus stop information, call 557-6177.)

Number of blocks _____ Less than a block

How many steps can you go up or down without someone's help?

none 1 step 2 or more steps

11. Please answer the following questions:

Yes No Sometimes

Can you stand for 10 minutes while you wait for your ride?

Can you sit for 10 minutes while you wait for your ride?

Can you ask for, understand, and follow directions?

Can you cope with unexpected problems or changes in your routine?

Can you recognize landmarks (i.e. bank, grocery store)?

Can you tell time?

Can you cross a busy street at a crosswalk?

Can you use a telephone to make and receive calls?

Can you see well enough to walk or travel to a bus stop?

Always Daylight only - Please explain:

Do you use a service animal to assist you? If yes, what type of animal? _____

Do you travel with portable oxygen?

If you are eligible for Paratransit, will you need to bring a helper (Personal Care Attendant - PCA) with you?

If you are eligible for Paratransit, will you need to use the lift to board the van?

If you checked "sometimes" on any item, please explain (use an extra page if needed.)

12. Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid (example: support cane, 90%, no aids, 10%).

- | | |
|--|--|
| <input type="checkbox"/> No aids _____% | <input type="checkbox"/> Motorized wheelchair _____% |
| <input type="checkbox"/> White cane _____% | <input type="checkbox"/> Motorized scooter _____% |
| <input type="checkbox"/> Support cane _____% | <input type="checkbox"/> Manual wheelchair _____% |
| <input type="checkbox"/> Crutches _____% | <input type="checkbox"/> Other (please specify) _____% |
| <input type="checkbox"/> Walker _____% | |

If you checked more than one box, explain when/how you use the aids:

13. If you use a **wheelchair** or **scooter**, is it more than 30 inches wide, 48 inches long?

- Yes No Specify dimensions _____

14. Is the combined weight of you and the wheelchair or scooter over 600 pounds?

- Yes No Specify combined weight: _____

15. If you use a **manual wheelchair**, are you able to self-propel?

- Yes How far _____ Comments _____
- No Please explain _____

16. Does the distance you can travel in a **manual wheelchair** change because of health conditions?

- Yes No If yes, please explain _____

17. If you use a **wheelchair** or **scooter** how far are you able to travel outside without someone's assistance?

- _____ # blocks _____ Less than 1 block _____ Not able to travel any distance

18. Is there any additional information regarding your condition or travel restrictions that has not been addressed? _____

19. Have you **ever** ridden the regular bus without someone's assistance?
 Yes (If yes, how long ago did you ride _____) No

20. Do you **currently** ride the regular bus?
 Yes No (If no, check all that apply)
 I have difficulty getting on or off the bus
 I have difficulty riding specific bus routes
 I have difficulty traveling to and from the bus stops
 I have difficulty recognizing bus stops

21. Could you ride the **regular bus** if there was a bus stop or bus route near your home?
 Yes, always Yes, sometimes No, explain _____

22. Can you find your way to and from the regular bus stop without someone's help?
 Yes No (If no, check all that apply)
 I get confused
 I can't remember where I'm going
 I need someone with me to make sure I get to the stop
 I need someone to help me transfer to another bus
 Other _____

23. Which training would help you learn to ride the regular bus? Check all that apply.
 Getting on or off the bus
 Riding specific bus routes
 Traveling to and from the bus stops
 Using wheelchair ramps and other accessibility features
 Recognizing bus stops
 Other _____

Representative

If a person other than the applicant filled out this application, please complete the following (please print).

Name _____ Daytime Phone # _____

Relationship to Applicant _____ Agency _____

Signature _____ Date _____

Part 2: Paratransit Service Applicant Agreement & Authorization for Release of Information

By signing below, you authorize the release of verification information and any other information to TranGO or its representatives needed to evaluate your eligibility to receive Paratransit service.

Please be advised that TranGO will use your statements to determine your eligibility for Paratransit service as provided by law. The statements contained herein are material to TranGO’s determination and TranGO may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (RCW 9A-72.085 and RCW 40.16.030).

TranGO may share your eligibility determination with other transportation providers, on request, to facilitate travel in Okanogan County and other transit districts.

Documents used by TranGO regarding your Paratransit eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. TranGO will attempt to notify you should there be a public records request for your eligibility documents.

This form must be signed by the Applicant or by the individual who has designated power of attorney, or is a legal guardian for the Applicant. If the Applicant is under 18 years of age, a parent or legal guardian must sign this form. If the Applicant is over 18 years old and you are signing as a power of attorney or legal guardian, you must include a copy of the authorizing document.

SIGNATURE _____ DATE _____

Applicant

Designated Power of Attorney

Legal Guardian

Printed name _____ Contact number _____

I hereby certify under the penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct.

A licensed medical or mental health professional who is familiar with you and your disability must complete the remaining questions on pages 7 and 8 of this application. If you have been told there is a charge for obtaining medical or mental health verification, call (509) 557-6177 or TTY Wa Relay 711. TranGO may be able to identify an alternative service that does not charge for the required verification. See the top of the next page for a list of approved professionals.

Applicant's Name _____

Part 3: Licensed Medical or Mental Health Professional Verification

For the purpose of this application, licensed medical or mental health professionals are limited to
(Please check one)

- | | |
|---|--|
| <input type="checkbox"/> Medical Doctor (MD or DO) | <input type="checkbox"/> Optometrist or Ophthalmologist |
| <input type="checkbox"/> Psychologist (Ph.D.) | <input type="checkbox"/> Physician Assistant or ARNP |
| <input type="checkbox"/> Licensed Mental Health Professional | <input type="checkbox"/> Physical or Occupational Therapist |
| <input type="checkbox"/> MDS Nurse (From Skilled Nursing Facilities Only) | <input type="checkbox"/> Certified Orientation & Mobility Specialist |

INSTRUCTIONS If the Applicant is your current patient or client, please answer the following questions. All health care information will be kept confidential.

Please note that Paratransit is a costly, tax-supported service. We need your assistance to assure that eligibility is limited to people who, because of the effects of their disabilities, are not able to ride the substantially less expensive regular bus. Age, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for Paratransit service. Please call (509) 557-6177 or TTY WA Relay 711 if you have any questions.

In completing the required information, please **list only the disability diagnoses that would prevent the Applicant from independently getting to or from or successfully riding a regular, ramp-equipped TranGO bus.** Please define the degree of impairment and include measure(s) of visual or hearing acuity, GAF or IQ scores, if applicable.

DIAGNOSIS/DISABILITY (not symptoms)	DEGREE OF IMPAIRMENT (circle one)			DATE OF ONSET (if known)
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____

Is the Applicant's need for Paratransit service temporary? No Yes - Until _____

Are any of these conditions episodic or variable in their severity? No Yes - Provide details below

Please provide any additional information that you deem relevant as to why this Applicant cannot use the regular bus service _____

Please review the information contained in Part 1, as provided by the Applicant or Applicant's Representative. Based on your knowledge of the Applicant's condition, is the information provided accurate?

Yes No Somewhat

If you checked No or Somewhat, please explain _____

I HEREBY CERTIFY under penalty of perjury under the laws of the State of Washington that the information provided on the Professional Verification portion of this application is true and correct.

Licensed Professional's Signature	Specialty	Date
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Printed Name _____

Organization _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Would you like additional information regarding Paratransit Services and eligibility criteria?

Yes No

Thank you for your assistance in completing this form. TranGO, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.

Return application to: Okanogan County Transit Authority (TranGO)
Attn: Paratransit Services
P.O. Box 507
Okanogan, WA 98840
Fax: (509) 315-2548

— — — — — Please Fold in Half — — — — —

Return Address:

┌ — — ┐
| 1st Class |
| Postage |
| Required |
└ — — ┘

Okanogan County Transit Authority (TranGO)
Attn: Paratransit Services
P.O. Box 507
Okanogan, WA 98840