

# UNION GAP DIAL A RIDE APPLICATION



**PLEASE TYPE OR PRINT NEATLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Home Address: \_\_\_\_\_  
Apt/Rm#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone:  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:  
\_\_\_\_\_

How would you like us to notify you? (please choose one)

\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

FOR QUESTIONS REGARDING UNION GAP DIAL A RIDE SERVICES  
CALL US AT (509) 574-8000  
SUBMIT APPLICATION VIA FAX OR BY MAIL

FAX: **1-877-992-8339**

MAIL TO: **MEDSTAR TRANSPORTATION**  
**1101 N 16TH AVE #120**  
**YAKIMA, WA 98902**

**APPLICANT STATEMENT**  
**COMPLETE QUESTIONS THOROUGHLY AND NEATLY**

1. What is your physical disability, mental disability or other qualifying condition(s)?

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2. Is this condition temporary? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, for how long? \_\_\_\_\_

3. Which of the following mobility aids or equipment do you use when you travel outside your home? Check all that apply

Powered Scooter	Service Animal
White Cane	Scooter
Manual Wheelchair	Lowered Wheelchair
Walker	Support / Quad Cane

Other (Please Specify) \_\_\_\_\_

4. How far can you travel on your own or with the use of mobility aids? \_\_\_\_\_ Blocks

5. What is the factor that limits your ability to travel? \_\_\_\_\_

6. Can you stand for 10 minutes while you wait for your ride? Yes  No

7. Can you sit for 10 minutes while you wait for your ride? Yes  No

8. Do you currently use the regular bus service?

Yes  No  If no state the reason: \_\_\_\_\_

9. Could you ride the regular bus if there was a bus stop or bus route near your home?

Yes, always  Yes, sometimes  No

10. Do you need to travel with a personal care attendant (PCA)?

( A personal care attendant is someone who travels with you to provide any assistance you need, Your PCA rides for free and must board and deboard at the same location as you.)

Yes- You are stating that you cannot travel alone or cannot be left alone at drop off point. This means you will be traveling with your own PCA since Union Gap Transit operators cannot serve as a PCA, and since you will be left alone in the vehicles while operators are assisting other clients, and you will be dropped off at your destination whether or not someone is available to meet you. You must arrange your own PCA.

No- You may still have someone travel with you when you travel

Sometimes- You travel with a PCA at your own discretion.

11. Please explain as completely as possible how your disability prevents you from getting on (boarding, riding, or getting off (deboarding) a regular bus or how it prevents you from getting to the bus stop.

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12. Does your residence have a wheelchair ramp? Yes  No  If no please explain how you get out of your home \_\_\_\_\_

13. Can your driveway or the street in front of your home safely accommodate a 24' vehicle with sufficient area to turn around? (Example of a comparable size and weight would be a large garbage truck?

Yes  No  I don't know

14. The lift requires at least 8' of clearance from the vehicle. Is there enough room at your residence to deploy this lift onto a flat level surface?

Yes  No  I don't know

15. If there is 1 or more step or stairs to get into or out of your residence, can you use them without assistance?

No  Yes  Yes, with assistance

16. Describe the pathway from your residence to the area where you would board the transit vehicle. (inclined slope, level, flat, rocks, grass, asphalt, dirt, or other)

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17. Are the numbers on your residence readily visible from the road during the day or night?

Yes  No, if no

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is there any additional information or are there any landmarks we would need in order to locate your residence? \_\_\_\_\_

19. Stairs on an ADA vehicle can be up to 12' in height, and include a hand rail to aid in climbing.  
How many bus stairs could you go up or down without someone's help?

**PERMISSION STATEMENT**

I hereby authorize Union Gap Transit or its representative to obtain, from the physician(s) listed below, medical information related to my health or treatment, for the purpose of evaluation my ADA eligibility for specialized transportation.

**I certify that the information provided on this application is true and correct. I understand giving false information is against the law, and could result in losing specialized transportation services, as false information is against the law as well as a penalty under the law.**

**I understand any other mobility wheelchair other than a WC-19 wheelchair is not meant as a safe transportation device and I will not hold the City of Union Gap or Medstar Transportation Services liable in any way by requesting them to transport me in my own wheelchair or mobility device in lieu of a WC-19 wheelchair.**

Primary Care Physician

Dr's Full Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Mailing

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Secondary Physician (if applicable)

Dr's Full Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Mailing

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

**Applicant Printed Name**

**Applicant Signature**

**Date**

If you are not the applicant but have completed this form please fill in the information below:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **MEDICAL PROFESSIONAL STATEMENT**

The following section of this application must be completed by a medical professional who is familiar with you and your disability, For the purpose of this application, licensed medical mental health professionals are limited to:

Medical Doctor	Osteopath	Occupational Therapist
Physician Assistant	Rehabilitation Professional	Physical Therapist
Nurse Practitioner	Registered Nurse (LTC Facility only)	Chiropractor
Medical Social Worker	Orientation & Mobility Specialist	Osteopath

### **Instructions:**

This person is applying for Union Gap Transits Para-transit Services, in accordance with the American with Disabilities Act of 1990. This service is only for persons who, because of a temporary or permanent disability, are unable, without special facilities or special planning or design, to utilize facilities and services effectively.

Union Gap Transit will use the information provided on the application to determine eligibility.

People may be eligible to use Para-Transit Services if because of a disability they:

1. Are unable to independently get to and from a bus stop or on or off the bus.
2. Are unable to comprehend how to complete a bus trip.

For the benefit of the applicant and Union Gap Transit, please answer the following questions as completely and accurately as possible. Incomplete answers will result in the application being returned to the applicant. All information provided will be kept confidential and will only be used in the determination of eligibility.

1. Please review the medical information contained in the application provided by the applicant.

Based on your knowledge of the applicant's condition, is this information correct

Yes  No  Somewhat

If "No" or "Somewhat" please

explain: \_\_\_\_\_  
\_\_\_\_\_

2. What specific disabilities cause the applicant's mobility limitations: Include measures of visual or hearing acuity if applicable. If applicant has a cognitive impairment, please define the degree of impairment. (Age or inability to drive are not considered qualifying factors)
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3. Are any of these conditions episodic or variable in their severity? Yes  No

If "yes" please give

details: \_\_\_\_\_  
\_\_\_\_\_

What was the date of onset of the limiting disability or disabilities? \_\_\_\_\_

4. Is the disability that precludes the applicant from accessing the regular bus system?

Permanent  Temporary-until \_\_\_\_\_

Printed

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip

Code: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Licensed Medical or Mental Health Professional's Signature

Specialty

Date