

Dial-A-Ride Application

Revised 01/2011

If the effects of your disability **prevent** you from getting to a bus stop, riding a ramp-equipped bus, and/or getting off the bus and to your destination, you may be eligible for Yakima Transit Dial-A-Ride Service. Eligibility determinations are made based upon the limitations caused by your disability and will be individually tailored to your abilities. You may qualify for partial or full 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.)
- Yakima Transit 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 Yakima Transit and you have completed an in-person or cognitive assessment if one is required.

Yakima Transit 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 575-6054 or for Telecommunications Relay Service dial 711.

Upon request, alternative formats of this information will be produced for people with disabilities. Please call (509) 575-6054.

Dial-A-Ride SERVICE APPLICATION

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

PLEASE PRINT CLEARLY

Revised 01/2011

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 Dial-A-Ride Certification card is to be sent to a different mailing address.

Name _____

Address _____

City/State/Zip _____

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

Daytime Phone _____ Evening Phone _____

Language Ability: Do you speak and understand English?

Yes No (specify spoken language): _____

Emergency Contact _____

Relationship _____ Phone _____

Cell _____

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 else'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 Dial-A-Ride 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 else'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 else'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 575-6175.)

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 determined to be eligible for Dial-A-Ride, will you need to bring a helper (Personal Care Attendant - PCA) with you?

If you are determined to be eligible for Dial-A-Ride, will you need to use the lift to board the vehicle?

If you checked "sometimes" on any item, please explain (use additional sheet if necessary.)

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 on your own?

- _____ # 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?

- Yes 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

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. Would you be interested in having someone contact you about learning how to ride the regular bus?

- Yes No If yes, please explain: _____
- _____
- _____

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: Dial-A-Ride Service Applicant Agreement & Authorization for Release of Information

By signing below, you authorize the release of verification information and any other information to Yakima Transit or its representatives needed to evaluate your eligibility to receive Dial-A-Ride service.

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

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

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

Documents used by Yakima Transit regarding your Dial-A-Ride 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. Yakima Transit 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, please 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 of pages 7 & 8 of this application.

APPLICANT, PLEASE STOP HERE:

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 Dial-A-Ride 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 Dial-A-Ride service. Please call (509) 575-6054 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 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 Dial-A-Ride 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 Dial-A-Ride Services and eligibility criteria?

Yes No

Thank you for your assistance in completing this form. Yakima Transit, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Dial-A-Ride Services.

Return application to: **Yakima Transit Dial-A-Ride**
2301 Fruitvale Blvd.
Yakima, WA 98902
Phone: (509) 575-6054 Fax: (509) 576-6414

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

Return Address:

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

Yakima Transit - Dial-A-Ride
2301 Fruitvale Blvd.
Yakima, WA 98902