



63 Four Corners Road, Port Townsend, WA 98368

Dear Dial-A-Ride Applicant,

Please find attached Jefferson Transit's Dial-A-Ride application packet.

Eligibility for Dial- A-Ride is based on the Americans with Disabilities Act, plus the information that you and your health care professional provide in your application.

There are two sections to this application:

- ✓ The first section is to be filled out by the applicant.
- ✓ The Professional Verification Form must be completed and signed by a health care professional who is familiar with your disabilities and abilities.
- ✓ Please ensure that both sections are completed.
- ✓ Remember to sign and date your application.

Once the completed application is received by our office, applications are typically processed within five business days. If you have not received confirmation of your eligibility within twenty-one days please contact Miranda Nash, Mobility & Outreach Coordinator at 360-385-3020 x 121.

Thank you for time and effort in completing this application process.

Sincerely,

*Miranda Nash*

Miranda Nash  
Mobility Coordinator  
(360) 385-3020 x 121

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# Jefferson Transit Authority Americans with Disabilities Act (ADA) (Dial-A-Ride) Application

If you have a disability that prevents you from using JTA fixed route bus services, please complete and return this form to Jefferson Transit, 63 Four Corners Road, Port Townsend, WA 98368 (Fax 360-385-2321). Based on the information received, JTA may ask you to attend a personal interview for further clarification. Should eligibility questions remain after this interview, you will be asked to demonstrate your abilities to a medical professional.

If you have questions about JTA's services, eligibility, or the application process please call (360) 385-4777. After receiving the completed application packet, Jefferson Transit will take no more than 21 days to make an eligibility determination.

## I. General Information (Please print)

<input type="checkbox"/> New Application <input type="checkbox"/> Recertification	
First Name _____	Middle Initial _____
Last Name _____	Sex: M___ F___
Birth date _____	
Street Address _____	
City _____	State _____ Zip Code _____
Phone (daytime) _____ (evening) _____	
Mailing Address (if different) _____	
City _____	State _____ Zip Code _____
Please provide the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number.	
Name _____	Relationship _____
Phone (daytime) _____ (evening) _____	

Official Use Only		
CID: _____	MT: _____	MA: _____
Recert. Date: _____	PCA: _____	Status: _____
Other: _____		

## II. Disability and Mobility Equipment Information

Please describe the disability or health condition that prevents you from using the fixed route system. (Please list all disabilities or health conditions that apply). \_\_\_\_\_

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Is this a temporary disability or health condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If this is temporary, how long do you expect this to prevent you from using the regular fixed route system? \_\_\_\_\_ months.

Do you use any of the following mobility aids or equipment?  
(Check all boxes that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Crutches                       | <input type="checkbox"/> Powered Scooter    |
| <input type="checkbox"/> Walker                         | <input type="checkbox"/> Manual Wheelchair  |
| <input type="checkbox"/> Leg Brace                      | <input type="checkbox"/> Long White Cane    |
| <input type="checkbox"/> Prosthesis                     | <input type="checkbox"/> Service Animal     |
| <input type="checkbox"/> Portable Oxygen                | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> I do not use any mobility aids |   |

Do you ever need to bring someone with you to help you when you travel (a "Personal Care Assistant" or other "assistant")?

- Yes, always       Yes, sometimes       No



### III. Ability To Use The Fixed Route Bus System

Please read the following statements and check those which best describe your abilities to use the regular fixed route system. *(Check all that apply.)*

- I can get to and from bus stops if the distance is not too great.
- I can only get to the bus stop if there are curb cuts and level sidewalks.
- I can ride the buses when I am feeling well. There are other times, however, when my disability or health condition worsens and at these times I cannot ride the bus.
- I have a disability or health condition that prevents me from riding the bus if the weather is very hot or very cold.
- My disability or health condition prevents me from riding the bus if there is snow or ice on the ground.
- I cannot climb stairs to get on and off the bus.
- I have difficulty understanding or remembering all the things I would have to do to use the bus.
- I can use the bus if it's someplace I go all the time.
- I can never use the fixed route bus by myself.
- I am not sure if I can use the fixed route bus.
- I am not able to use the fixed route bus for other reasons.

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

Without the help of someone else, can you:

1. Ask for and understand written or spoken instructions?  
 Always       Sometimes       Never       Not Sure
  
2. Cross the street?  
 Always       Sometimes       Never       Not Sure
  
3. Stand for 10 minutes if there is no place to sit?  
 Always       Sometimes       Never       Not Sure
  
4. Step on and off a sidewalk from the curb?  
 Always       Sometimes       Never       Not Sure
  
5. Find your own way to the bus stop if someone shows you once or twice?  
 Always       Sometimes       Never       Not Sure
  
6. Walk up and down three (3) steps if there is a handrail?  
 Always       Sometimes       Never       Not Sure
  
7. Stand on a moving bus holding onto a handrail?  
 Always       Sometimes       Never       Not Sure
  
8. Walk up and down a flight of stairs if there is a handrail?  
 Always       Sometimes       Never       Not Sure
  
9. Transfer from one fixed route bus to another bus?  
 Always       Sometimes       Never       Not Sure





#### IV. Where You Currently Travel and How You Get There

List the three places you go most often and how you get there now.

Where	Address	How often you go	How you get there

Do you currently use fixed route buses at all?

- Yes
- No, because:
- I have never tried.
- 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.
- I don't live near a bus route
- Other specify) \_\_\_\_\_

Which routes? \_\_\_\_\_

When was the last time you used a fixed route bus? \_\_\_\_\_

If you used fixed route buses in the past and have stopped using them, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which training would help you to learn to ride the regular bus?

- Getting on or off the bus.
- Riding specific bus routes.
- Traveling to and from the bus stops.
- Using the wheelchair lift, ramp, and kneeling features.
- Recognizing bus stops.
- Other (specify) \_\_\_\_\_

**V. Applicant Signature: Please sign and date below.**

- **If you can sign for yourself, complete Box A.**
- **If you are a minor or have a legal guardian, complete Box B.**

A. I understand that the purpose of this application is to determine if I am eligible to use Dial-A-Ride as defined by the Americans with Disabilities Act Regulations. I certify that the information provided in this application is true and correct. Jefferson Transit may contact my health care/treatment provider for additional information about my condition and ability to use regular bus service. I understand that falsification of information could result in a loss of Dial-A-Ride privileges as well as a penalty under the law. I agree to notify Jefferson Transit Authority if I no longer need to use Dial-A-Ride.



\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

B. I understand that the purpose of this application is to determine if the applicant is eligible to use Dial-A-Ride as defined by the Americans with Disabilities Act Regulations. Jefferson Transit may contact the applicant's health care/treatment provider for additional information about their condition and ability to use regular bus service. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of Dial-A-Ride privileges as well as a penalty under the law. I agree to notify Jefferson Transit Authority if the applicant no longer needs to use Dial-A-Ride. I consent to the applicant's interview and the functional assessment of his/her travel abilities and limitations to determine Dial-A-Ride Service Eligibility. I understand that the Applicant must be present for the interview and any recommended functional assessment. I acknowledge that I may be present with the applicant during the interview and any functional assessment, and state that:

*(Check one of the following)*

- I will be present at the interview.
- I designate \_\_\_\_\_ to be present on my behalf.
- I waive my right to be present and do not designate another person to be present on my behalf.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Legal Guardian)

**If someone assisted you in completing this application**, please provide the following information:

Name (Please print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

# Jefferson Transit Authority Americans with Disabilities Act (ADA) Professional Verification Form

**To the Applicant:** Please have this portion of the application packet **completed by one of the health care professionals listed below.** If this portion is not completed and signed, the application will be returned to you and delay the processing of your application.

## **To the Health Care Professional:**

The Americans with Disabilities Act Regulations state that people are eligible for Dial-A-Ride van service if, because of a medical condition or disability, they are physically or cognitively *prevented* from:

- Independently using fixed route bus service, or
- Traveling to or from a bus stop

Note that if the disability makes the applicant uncomfortable or makes it difficult to use the fixed routed bus system, this does not constitute eligibility under the Americans with Disabilities Act; the disability must prevent the applicant from using the fixed route bus system. Please note that all fixed route buses in Jefferson Transit Authority's system are wheelchair accessible with lifts. Any passenger who has difficulty boarding a bus may use the lift, not just those using a wheelchair.

Under certain circumstances, a person with a disability or medical condition may be able to use a regular fixed route system bus. Under other circumstances, the person would need the assistance of Dial-A-Ride. The information you provide will help us determine this applicant's abilities and barriers to using the fixed route bus system.

What is your professional verification qualification? (Please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Physician                           | <input type="checkbox"/> Physical Therapist                    |
| <input type="checkbox"/> Physician Assistant                 | <input type="checkbox"/> Occupational Therapist                |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner | <input type="checkbox"/> Vocational Rehabilitation Counselor   |
| <input type="checkbox"/> Psychiatrist                        | <input type="checkbox"/> Special Education Teacher             |
| <input type="checkbox"/> Psychologist                        | <input type="checkbox"/> Recreation Therapist Medical Facility |
| <input type="checkbox"/> Chiropractor                        | <input type="checkbox"/> Optometrist                           |
| <input type="checkbox"/> Licensed Medical Social Worker      |  |



Is there any other medically relevant information that would help Jefferson Transit determine ADA Paratransit eligibility for this applicant?

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\_\_\_\_\_  
Printed Name of Professional

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

**Jefferson Transit fax number: 360-385-2321**

**Mailing address**  
**Jefferson Transit**  
**63 Four Corners Road**  
**Port Townsend, WA 98368**

## **Jefferson Transit Customer Comment/Complaint Procedure**

Jefferson Transit's mission is committed to providing reliable, safe, comfortable public transportation service in Jefferson County which is cost effective, reduces energy consumption and contributes to the cultural and economic betterment of the residents of Jefferson County. Customers of Jefferson Transit are a fundamental aspect of our business and as such, their feedback is crucial to the growth and development of the agency.

The Jefferson Transit Customer Comment/Complaint Procedure has been established to ensure that riders of the system have an easy and accessible way to provide feedback to the agency. Jefferson Transit is open to hearing any customer feedback including complaints, comments, suggestions or concerns.

**Contacting** Jefferson Transit: Riders can contact Jefferson Transit in the following ways:

1. **US Mail:** Riders can mail their feedback to the Jefferson Transit office at 63 Four Corners Road, Port Townsend, WA 98368.
2. **Voicemail:** Riders can contact Jefferson Transit at 360-385-4777 (or toll free at 800-371-0497.) This line is available 24 hours a day, seven days a week.
3. **E-mail:** Riders can contact Jefferson Transit by e-mail at [info@jeffersontransit.com](mailto:info@jeffersontransit.com).
4. **Fax:** Riders can send written feedback by fax to 360-385-2321.
5. **Language Line:** For riders who speak a language other than English, Jefferson Transit will utilize the services of Language Line to facilitate the call.
6. **Website:** Fill our *Customer Comment* form on Jefferson Transit's website at [www.jeffersontransit.com](http://www.jeffersontransit.com)

**Feedback Review Process:** All feedback from customers is valued and will be reviewed and distributed to the appropriate agency representative(s).

1. Customer concerns, complaints or employee commendations will be forwarded to the appropriate supervisor.
2. Recommendations for service or system modification will be sent to the Operations Department.
3. Questions regarding discrimination or bias will be sent to the agency Grants & Procurement Administrator.

**Feedback Acknowledgement:** Anyone who submits a comment, complaint or service suggestion to Jefferson Transit shall receive a response, provided they give legible contact information.

- Feedback sent via mail or fax will receive with a response within seven business days.
- E-mail, phone or web originated messages will be returned within 72 hours

**Reporting:** The Clerk of the Board shall compile a summary of rider responses for the board, staff, and employees for use in reviewing and evaluating service.

**Tracking:** Jefferson Transit shall maintain a tracking system for all feedback from customers that provides a unique identification of each customer communication and allows ready access to information on the status of the comment at any time.

**Protection from Retribution:** Customers of Jefferson Transit should be able to submit feedback without fear of retribution from the agency. If a rider feels like they are being treated unfairly in response to the feedback that they provided, they should contact the Jefferson Transit General Manager. Jefferson Transit will appropriately discipline any employee that retaliates against a customer.

### **Additional Information for ADA Dial-A-Ride Applicants**

**Customer Appeals Process:** Any person who is dissatisfied with the response they receive from Jefferson Transit is welcome to appeal the decision.

Jefferson Transit's ADA appeal process follows the guidelines established by the Department of Transportation ADA regulation 49 CFR 37.125(g). Appeals must be filed in writing within 60 days of the denial of an individual's application. A review team consisting of the General Manager and one other staff member will review customer appeals.

**Information about Procedure:** Information about the Customer Complaint Procedure, including how to submit a complaint will be made available to riders:

1. When customers apply for ADA paratransit service
2. When customers are re-evaluated for ADA paratransit service
3. On comment cards available on all transportation vehicles
4. On Jefferson Transit's website at [www.jeffersontransit.com](http://www.jeffersontransit.com)