



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 Sara Peck, Mobility Operations Manager at 360-385-3020 x 121.

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

Sincerely,

Sara Peck

Sara Peck
Mobility Operations Manager
(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). _____

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

Please explain as completely as possible how your disability prevents you from getting on (boarding), riding, or getting off (de-boarding) a regular bus or how it prevents you from getting to the bus line. If your condition is related to an injury or surgery, identify the type of injury or surgery, approximate date and time frame for improvement. If surgery is scheduled, identify date and type of procedure:

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

Under the best of conditions, what is the farthest you can walk outdoors (or travel **using your mobility aid**) without the help of another person?

- | | |
|--|--|
| <input type="checkbox"/> I cannot travel outdoors alone at all | <input type="checkbox"/> 4 blocks (1/2 mile) |
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks (3/4 mile) |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> more than 6 blocks |
| <input type="checkbox"/> 2 blocks (1/4 mile) | |

Have you ever had training to learn how to travel around the community or on how to use the fixed route bus system?

- Yes No

Would you like information about free training to use the fixed route bus system?

- Yes No

Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

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?

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

Dial-A-Ride Eligibility

Eligibility for comparable ADA paratransit service is directly related to the functional ability of individuals with disabilities to use fixed route transit services. Eligibility is **not** based on a diagnosis or type of disability, or on the convenience of fixed route service; qualifying for reduced fare; any language barrier; the inability to drive a car; income levels; safety or vulnerability.

Eligibility for ADA paratransit services shall be determined under three different categories as defined by § 37.123:

Type of Eligibility	Description
Unconditional	An individual is unable to use fixed route transit services under any circumstances and is thus eligible to make all trips using complementary paratransit
Conditional	An individual meets eligibility criteria with respect to some trips but not others, the individual shall be ADA paratransit eligible only for those trips for which he or she meets the criteria.
Temporary	Individuals who experience a temporary loss of functional ability that prevents them from using fixed route service.

JTA will determine an applicant's eligibility within 21 days of receiving a completed application or eligibility appeal. If the applicant/appellant does not receive an answer within 21 days, the applicant shall be treated as eligible and provided services until eligibility is determined (§ 37.125(c)).

Visitors: Visitors are eligible for 21 days of service in a 365-day period beginning on the first day the service is used by the visitor. For additional days of service, the individual is expected to register under JTA eligibility procedures. For individuals who reside outside the JTA service jurisdictions, JTA shall certify an individual with a disability as a visitor when providing documentation of residence and a statement that because of their disability they are unable to access the fixed route. (§ 37.121 of [Part 37])

Recertification of Eligibility: Factors of an individual's eligibility for ADA Paratransit may change over time that could affect their ability to use fixed route transit service. These factors may include changes in the physical environment, changes in the accessibility of the fixed route system, or changes in riders' functional abilities. Eligible riders will be required to recertify their eligibility every three years. Riders will be sent a notification of their recertification requirement 90 days before their recertification date.

Appeals Process: Dial-A-Ride applicants who are dissatisfied with the eligibility determination they receive from Jefferson Transit have the right to appeal the decision. Appeals must be filed in writing within 60 days of the denial of an individual's application. Written appeals may be submitted to the General Manager by Email at info@jeffersontransit.com or by U.S. Mail at Jefferson Transit 63 Four Corners Road, Port Townsend, WA 98368. A review team consisting of the General Manager and one other staff member will review customer appeals.

Customer Comment/Complaint Procedure

Jefferson Transit's Mobility Coordinator is the primary contact for all ADA related comments and complaints. Current contact information for the Mobility Coordinator will be advertised to the public via the Jefferson Transit website, and customer service office locations. All methods and forms of contact for submitting an ADA related comment, request for information, or complaint shall be accessible and usable by all individuals. Riders can contact Jefferson Transit with requests for information, comments, or complaints regarding ADA 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 the Mobility Coordinator by e-mail at 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

Individuals who submit an ADA related 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

Jefferson Transit shall maintain a tracking system for all ADA related comments, complaints, or service suggestions submitted that provides a unique identification of each record and allows ready access to information on the status of the comment at any time. The Clerk of the Board shall maintain a record of all ADA complaints of noncompliance and documented responses, to be kept on file for one year. A summary of all complaints of noncompliance and documented responses shall be kept on file for five years.

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.