

VALLEY TRANSIT

Application for Dial-A-Ride

Instructions and Supplemental Information

Please read all instructions before completing application

Checklist of steps to apply for Dial-A-Ride:

- ☐ Read Valley Transit's Dial-A-Ride Handbook
- ☐ Thoroughly read and complete all questions on pages 1-7 of the application
- ☐ Complete and sign the Medical Release Form
- ☐ Have Professional Verification completed by your medical provider
- ☐ Submit the original completed application, including Professional Verification, in person or by mail to:

**Valley Transit
1401 W Rose St
Walla Walla, WA 99362**

Eligibility

Valley Transit provides Complimentary Paratransit (Dial-A-Ride) services in the Walla Walla area to those who are prevented from independently using Fixed Route, due to a disability or health related condition some or all of the time. Eligibility for this mobility service is determined in accordance with the Americans with Disabilities Act (ADA), and is **NOT** based on:

- Age alone
- A disability or diagnosis itself
- Lack of Fixed Route services in a particular area
- The distance between your origin or destination from a Fixed Route bus line
- Your affiliation with any particular agency or status as a Veteran
- Inability to drive
- Personal finances

The basis for the determination of eligibility is your inability to use Valley Transit's regular Fixed Route and the most limiting conditions presented by your disability and the environment. Eligibility may be granted on the following basis:

- Unconditional – the passenger may use Dial-A-Ride for all trips
- Conditional – the passenger may use Dial-A-Ride under certain condition for some trips
- Temporary – the passenger may have conditional or unconditional eligibility for a defined period of time because limitations are expected to change

The Valley Transit evaluation process includes:

1. Submission of a completed application packet
2. Verification reviewed by Valley Transit staff – which may include follow-up paperwork
3. Optional, in-person evaluation by Valley Transit Eligibility Staff
4. Optional, functional assessment by a licensed health care professional.

Personal Care Attendants (PCA)

If you require a PCA in any daily life function it is recommended (but not required) that your PCA accompany you to any evaluations or assessments. **Valley Transit staff are unable to assist you with personal care needs.** Your PCA will always ride free of charge with you, and is not required to go through any eligibility process to do so. Should you need to meet in person for an evaluation or functional assessment, Valley Transit will provide transportation for you and your PCA at no charge.

Notice of Determination

You will be notified of your eligibility determination by letter (or another accessible format upon request) within 21 days of the submission of your application. If you are eligible you will also receive a Dial-a-Ride Handbook, and information on how to use the service.

Appeals Process

Applicants who are determined to be ineligible, or do not agree with the conditions established for their use of Dial-A-Ride, may request an appeal, in writing or in another format. The appeal must be filed within 60 days from the date of the initial determination. Further information on how to request an appeal will be included with the eligibility determination letter and can be found in Valley Transit's ADA Policy.

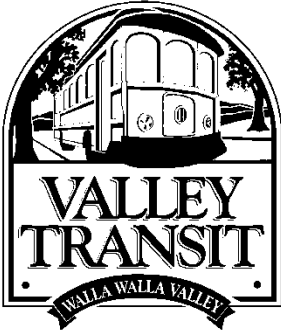
Returning the Application

Before returning your application, please be sure that you have answered all of the questions, you have signed the application and the Medical Release Authorization, the Professional Verification has been completed by your medical provider, and if someone other than the applicant has filled out the application they have filled out the appropriate section. To submit your application you may bring it in person or send it through the U.S. Postal Service to:

**Valley Transit
1401 West Rose Street
Walla Walla, WA 99362**

Questions?

Please call the Valley Transit dispatch office at (509) 527-3779 between 8:00 am and 5:00 pm Monday through Friday. Materials are available in alternative formats upon request. Assistance for non-English speaking applicants is also available upon request.



VALLEY TRANSIT

Application for Dial-A-Ride

**Please read all the instructions included with this application
before completing and submitting the application.**

If you have any questions, please call the Valley Transit dispatch office at (509) 527-3779 between 8:00 am and 5:00 pm Monday through Friday. Materials are available in alternative formats upon request. Assistance for non-English speaking applicants is also available upon request.

Part 1: Personal Information

1. Name: _____
Last First Middle Initial
2. Address: _____ Apt. #: _____
3. City: _____ State: WA Zip Code: _____
4. Home Phone: _____ Secondary Phone: _____
5. Emergency Contact: _____ Phone #: _____
6. Would you like any future written information provided to you in an accessible format?
(circle one) **YES** **NO**
 - a. If yes, what format do you prefer? (circle one)
CD AUDIO TAPE BRAILLE LARGE PRINT DIGITAL FILE(S) OTHER

Part 2: Disability Information

1. What is the primary disability or health condition that prevents you from using VT's Fixed Route bus service: _____

2. How does this disability prevent you from using Fixed Route services?:

3. Are the conditions you described: *(circle one)*

PERMANENT

TEMPORARY

CONDITIONAL

DON'T KNOW

a. If temporary, how long do you expect this to continue?:

4. Do the conditions you described change from day-to-day and affect your ability to use Fixed Route: *(circle one)*

YES

DEPENDS ON THE DAY

NO, DOESN'T CHANGE

DON'T KNOW

b. If yes, please explain: _____

5. Do you have any other physical or cognitive conditions that limit your ability to use Fixed Route? *(circle one)*

YES

NO

c. If yes, please explain: _____

6. How do you currently travel to your most frequent destinations: *(circle all that apply)*

WALKING

BUSES

PARATRANSIT

TAXI

LYFT/UBER

SOMEONE DRIVES ME

OTHER: _____

d. If you circled Paratransit, what is the name of the program/provider you use:

Part 3: Mobility Equipment and Personal Care Attendants

The answers to the questions in this section will be used to ensure that the appropriate vehicle is utilized to provide your transportation needs and an accurate analysis of your trip requests can be made by Dial-A-Ride. These questions have no bearing on your eligibility determination.

1. Please circle any and all mobility aids that you expect to use when you travel:

None	Power Wheelchair	Walker	White Cane
Manual Wheelchair	Crutches	Power Scooter	Cane

2. If you use a scooter/wheelchair, is it more than 30 inches wide, and/or more than 48 inches long? (*circle one*) **YES** **NO**

3. If you use a scooter/wheelchair, can you transfer to a seat? (*circle one*) **YES** **NO**

4. Will you need to travel with a PCA (Personal Care Attendant?) (*circle one*) **YES** **NO**

5. How often do you anticipate needing a PCA? _____

6. Does someone always need to meet you when you arrive at a destination? (*circle one*)
YES **NO**

Part 4: Functional Abilities

1. For the following set of questions, please indicate whether you are independently able to perform the following functions by checking “YES”, “NO”, or “SOMETIMES.” Please explain all “NO” or “SOMETIMES” answers in the space provided after the questions.

Are you able to:

	YES	NO	SOMETIMES
a. understand directions well enough to complete a Fixed Route trip?	☐	☐	☐
b. identify the correct Fixed Route stops for your trip?	☐	☐	☐
c. identify the correct bus to board?	☐	☐	☐
d. follow written or oral instructions on how to use the bus?	☐	☐	☐
e. get to and from the Fixed Route stop nearest to your home?	☐	☐	☐
f. wait 15 minutes at a Public Transit stop?	☐	☐	☐
g. wait longer than 15 minutes?	☐	☐	☐
h. wait if there is a seat or a bus shelter?	☐	☐	☐
i. climb up and down three, 12” steps to get on and off a bus?	☐	☐	☐
j. get on or off a bus if it has a lift or ramp?	☐	☐	☐
k. grasp handles or railings while boarding or exiting a transit vehicle?	☐	☐	☐
l. maintain balance and tolerate the movement of a transit vehicle while seated?	☐	☐	☐

Explain all “NO” or “SOMETIMES” answers here:

Part 4: Functional Abilities (continued)

2. Please circle any and all scenarios your disability would require you to avoid in order to travel:

Avoid inclines

Avoid uneven surfaces

Avoid hours of darkness

Avoid steep hills

Other _____

3. How many city blocks can you walk, or travel with a mobility aid, without the help of another person? (a city block = 900ft) _____
4. Have you ever had any training or instruction (travel training) to learn how to use Public Transit? (*circle one*) **YES** **NO**
- a. If no, would you like to have training or instruction (travel training) to learn how to use Public Transit? (*circle one*) **YES** **NO**

Part 5: Medical Release Authorization Form

In order to allow Valley Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. **Please remember to have your Medical Professional also fill out the Professional Verification Form.**

Please identify the professional best able to verify your functional ability to use transit services. For example, if you use a mobility device and are physically unable to get to or from a bus stop or on a bus, identify, if possible, a rehabilitation counselor, independent living counselor, occupational therapist, physical therapist, or other such professional knowledgeable of your functional abilities. Or, if you have a cardiac condition, pulmonary condition, visual impairment, or temperature sensitivity that would prevent use of Fixed Route, identify a physician or health care professional with the appropriate specialty to provide information about your condition. Or, if you have a cognitive or developmental disability that would prevent use of Fixed Route, identify, if possible, an independent living counselor or a social service professional familiar with your capabilities.

Please select which professional is familiar with your disability and will be authorized to provide Valley Transit with the information required to process your application: (*circle one*)

Occupational Therapist

Physical Therapist

Social Service Professional

Physician

Health Care Professional

Independent Living Counselor

Rehabilitation Counselor

Other: _____

The name and contact information of the professional I authorize to speak with Valley Transit:

Name and Title: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Applicant name: (*print*) _____

Applicant Signature: _____ Date: _____

Part 6: Signature and Certification of Information

I hereby certify that the information given above is correct.

Applicant Signature: _____ Date: _____

Please complete below if this application was completed by someone other than the applicant:

Relationship to the applicant: _____

Name: _____ Phone #: _____

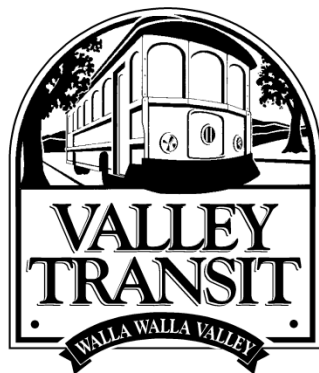
Organization/Agency: _____

Signature: _____ Date: _____

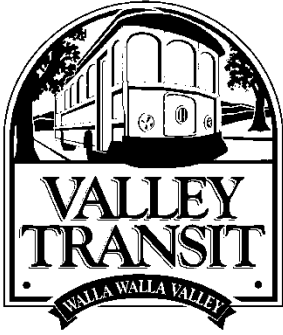
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**Valley Transit
1401 West Rose Street
Walla Walla, WA 99362**



1401 W ROSE ST
WALLA WALLA, WA 99362
(509) 525 - 9140



VALLEY TRANSIT

Request for Professional Verification

This request for professional verification has been submitted by _____
NAME OF DIAL-A-RIDE APPLICANT
who has indicated that you can provide information regarding their disability and its impact upon their ability to utilize our transit services. Federal law requires that Valley Transit provide paratransit services to persons who cannot utilize available fixed route services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Please answer all questions. Thank you for your cooperation in this matter.

1. Capacity in which you know the applicant:

2. Medical Diagnosis of condition causing disability:

3. Is this condition temporary? (circle one) YES NO

a. If YES, expected duration: _____

4. If the person has a disability affecting mobility:

a. How far can the individual travel without the assistance of another? _____ yards
(for reference: $\frac{1}{4}$ mile = 440 yards; $\frac{1}{2}$ mile = 880 yards; $\frac{3}{4}$ mile = 1320 yards)

b. Does the person's disability prevent them from travelling this distance when there is:
(circle all that apply) Ice Snow Steep Terrain Other _____

c. Is the individual able to climb up and down three, 12-inch steps without assistance?
(circle one) YES NO SOMETIMES

d. How long can the individual wait outside without support? _____ minutes

5. Does this person have an intolerance to extremes of heat and/or cold which creates a danger if this person must wait outside? (circle one) YES NO

a. If YES, please describe nature of thermal intolerance and the cause of this disability:

6. Does the person use mobility aids? (circle one) YES NO

a. If YES, what type? _____

7. If the person has a cognitive disability is the person able to: (circle YES or NO for each)

a. Give addresses and telephone numbers upon request?	YES	NO
b. Recognize a destination or landmark	YES	NO
c. Deal with unexpected situations or unexpected change in routine?	YES	NO
d. Ask for, understand and follow directions?	YES	NO
e. Safely and effectively travel through crowded and/or complex facilities?	YES	NO

8. Does the disability prevent usage of a passenger seat belt? (circle one) YES NO

a. If you answered YES, your signature is required: _____

9. Is there any other effect of the disability of which Valley Transit should be aware?

Information of Professional Providing Verification

Name: _____

Company: _____

Phone Number: _____ Fax Number: _____

Office Address: _____

Signature of

Medical Professional: _____ Date: _____