SELKIRKS - PEND OREILLE TRANSIT

Dear Applicant:

Selkirks-Pend Oreille Transit (SPOT), in accordance with the Americans with Disabilities Act of 1990 (ADA), provides para Bus service or “origin-to-destination” service to clients with an ADA eligible, functional limitation, that prevents them from utilizing public transportation. The purpose of this application form is to determine if, or under what circumstances, the applicant can use SPOT’s fixed route buses.

Eligibility is determined by three factors:

1. Individual’s ability to get to/from the bus stop in different weather conditions. (Example because of, ice and snow winter time.)
2. Individual’s ability to board/exit the bus all fixed route buses are lift equipped.
3. Individual’s cognitive ability to navigate the regular bus system

Operational issues are **not used** to determine eligibility, including: SPOT’s fixed route buses.

- Age
- Distance to bus stop
- Lack of bus service to an area
- Vulnerability
- Lack of transportation

In addition, SPOTS regular bus service is accessible for all disabilities; therefore, having a disability does not by itself qualify you for Para Bus service eligibility. Eligibility is not a medical decision; the decision is based only on your functional ability to use the regular bus, and shall be reevaluated on an annual basis.

After you submit your application, you may be asked to provide additional information or to come into the office for an in-person assessment.

Your application will not be considered complete until all requested information is provided to Selkirks-Pend Oreille Transit service. Once your application is complete, we will process it within 21 days.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against people with disabilities. Upon request, alternative formats of the information will be produced for people with disabilities, if required. Please call (208) 263-3774.

Part 1: Please Fill Out All Information to the Best of Your Ability

❒ the enclosed application form has 9 pages for the applicant to fill out. Please be sure that **ALL applicable sections have been completed.** You may have someone fill it out for you if needed.

❒ Read PART 2 completely. Sign your name on page 10. A signature is required before an application can be processed. Legal guardians must sign the application, if applicable. Send your completed application to your healthcare professional and keep a copy for your records.

❒ Have PART 3, –Licensed Medical or Mental Health Professional Verification - completed and signed by a licensed medical or mental health professional. (See list of approved professionals at the top of page 13.)
❒ Return the completed application to the address on the form. (See the bottom of page 16.)

<u>Your application will not be considered complete</u> until all requested information is provided to Selkirk-Pend Oreille Transit service for evaluation.

GENERAL INFORMATION
Last Name: _____

First Name: MI: _____

Address: Apt#: _____

City: State: Zip: _____

Daytime Phone: _____

Evening Phone: _____

Birth Date: _____

Are you: Male ❒ Female ❒
Are you a veteran? ❒ Yes ❒ No

Do you need future written information provided to you in an accessible format?
❒Yes ❒No
Emergency Contact Person:

Name: _____ Relationship: _____
Day Phone: _____
Eve. Phone: _____

Section A. General Information about Your Disability
1A. what type, or types, of disabilities prevent you from using SPOT's buses?

Please check any that may apply:

❒ Physical disability❒ Visual impairment/Blindness

❒ Developmental disability ❒ Brain injury

❒ Mental illness ❒ other

2A. please describe under which types of conditions your disability, or disabilities, prevent you from riding our lift equipped SPOT buses.

_____

_____

Section B. Information for applications due to vision related disabilities/deficits. (If you have no vision deficit, you may skip this section)

1B. Cause of vision loss/ Diagnosis: _____

2B. Are you totally blind? ❒ Yes ❒ No If yes, skip to question #7.

3B. my vision is worst during these conditions. Check all that apply:

❒Bright sunlight
❒Dimly lit or shaded places
❒Nighttime
❒I see the same in different lighting conditions

4B. my eye condition is considered to be:

❒Stable
❒Degenerative
❒Other (please explain)

5B. I am unable to use my vision to consistently identify the following signs and environmental features as they relate to traveling to the bus stop and using the SPOT bus service.

Please check any that may apply:

❒The color of traffic lights
❒Pedestrian Walk/ Don't Walk signals
❒Crosswalk markings
❒Curbs or curb ramps
❒Level changes along the walking path
❒Bus/Bus service stop signs that indicate the location of the stop

6B. is there anything else you wish to tell us about your vision in regard to mobility within the community? _____

_____

7B. most often, I use the following mobility aids when I walk outside: Please check any that may apply:

❒Sighted (person) guide
❒Guide dog
❒White cane
❒Optical devices (telescope, light, special glasses, etc.)
❒None of the above
❒Other, please list: _____

8B. when I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

❒ Yes ❒ No ❒ Sometimes

9B. my hearing is normal: ❒ Yes ❒ No

If No, please describe your functional hearing problems.

C. **Information for applications due to physical related disabilities/ deficits.**

1C. 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: no aids - 10%, support cane - 90%).

❒No aids ___%
❒Motorized Wheelchair ___%
❒Manual Wheelchair ___%
❒Support Cane ___%
❒Walker ___%
❒Motorized Scooter ___%
❒White Cane ___%
❒Crutches ___%

If you checked more than one box, explain when/how you use the aids:

2C. Do you use a motorized wheelchair or scooter? Yes ❒ No ❒

3C. If yes, what make and model? _____

4C. if you use a motorized chair, identify the impediments keeping you from using the SPOT buses? _____

5C. if you use a manual wheel chair, can you self-propel? How far?
_____

6C. please tell us under what conditions you believe you are limited from utilizing the SPOT buses? _____

_____

7C. Do you travel with portable oxygen? Yes ❒ No ❒

8C. Do you travel with a personal care assistant (PCA)? Yes ❒ No ❒

9C. how do you get to your destinations now? (Check all that apply)

❒By bus
❒Walk or Use scooter
❒Drive myself
❒Taxi
❒Social Service Agency
❒Someone drives me
❒Other: _____

10C. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable?

_____

D. Weather and Environment

1D. Are there ways you are limited from using the bus system?

Please check any that apply:

❒ I cannot get places if there are no curb-cuts
❒ I cannot cross busy streets and intersections
❒ I cannot travel outside when it is too hot or too cold due to my disability

❒ I cannot find my way at night because of a vision disability

❒ I get confused and cannot find my way
❒ I probably could with travel training
Other: _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to utilize the regular bus system._____

_____

_____

E. **Information about Your Current Use of SPOT Bus Services**

1E. Do you currently use SPOT Bus service by yourself?

❒ Yes ❒ No

2E. If yes, how often? (Check the choice that best applies to you)
❒Daily ❒Several times per week
❒ Once per month ❒Rarely

3E. when was the last time you independently used SPOT Bus services?
_____

4E. If you need the assistance of another person to travel while using the bus, what assistance does this person provide?

_____
_____

5E. if you indicated that you do not use SPOT Bus service. Why not? Please check any that may apply:

❒ the closest stop is too far from my house

❒ I do not know how to ride SPOT Bus service
❒ I cannot travel by myself between the bus stop and my destination
❒ I'm afraid to use SPOT Bus service
❒ I do not want to use SPOT Bus service
❒ Other (explain) _____

6E. Please list destinations, for which you use, or need Para Bus service, and the reasons why you are unable to use the SPOT bus for those trips.

a. Destination and address:_____

How often do you go?

_____

How do you get there currently?

_____

Reason unable to use SPOT bus service:

_____

b. Destination and address: _____

How often do you go?

_____

How do you get there currently?

_____

Reason unable to use SPOT bus service:

_____

c. Destination and address: _____

How often do you go?

_____

How do you get there currently?

_____

Reason unable to use SPOT bus service:

_____

7E. Please read the following statements and check any, or all, of those that best describe what you believe about your ability to use SPOT Bus by yourself.

❒ I use SPOT buses for some trips, but sometimes there are barriers that prevent me from using these services
❒ I use SPOT buses on routes to familiar destinations
❒ I use SPOT buses to go to new places
❒ I believe I could use SPOT buses if someone taught me
❒ I am not able to use SPOT buses by myself
❒The severity of my disability changes from day to day, I ride SPOT buses when I am feeling well
❒ Some weather conditions prevent me from getting to and from the bus stop
❒ I can get to and from the bus stop if the distance is not too great
❒ The bus does not always go where I want to go
8E. Do you use a Service Dog? ❒ No ❒ Yes – What is it trained to do?

_____

PART 2: PARABUS SERVICE APPLICANT AGREEMENT & AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, you authorize the release of verification information and any other information to SPOT Para Bus service or its representatives needed to evaluate your eligibility to receive Para Bus service.
Please be advised that SPOT Para Bus service will use your statements to determine your eligibility for service as provided by law. The statements contained herein are material to service's determination and SPOT Para Bus service may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (Idaho Code, Title 18, Sections 18-5401 and 18-5409).

SPOT Para Bus service may share your eligibility determination with other transportation providers, on request, to facilitate travel in other Bus service districts.
Documents used by SPOT Para Bus service regarding your service eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request. SPOT Para Bus service 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 less than 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.*

"I hereby certify under the penalty of perjury under the laws of the State of Idaho that the information provided on this application is true and correct."
Signature: _____ Date:

Applicant ❒ Designated Power of Attorney ❒ Legal Guardian
Printed Name: _____ Phone: _____

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:

❒ Medical Doctor (MD or DO) ❒ Optometrist or Ophthalmologist

❒ Psychologist (Ph.D.) ❒ Physician Assistant or ARNP

❒ Licensed Mental Health Professional

❒ Physical or Occupational Therapist

❒ MDS Nurse (from Skilled Nursing Facilities Only)

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 Para Bus service is a costly service and all of our SPOT buses are free and equipped with wheel chair lifts. Please call (208) 263-3774 if you have any questions. **Please write legibly and fill the form out completely so a determination can be made based on this information. Any incomplete information will be returned to you for completion.**

Eligibility is determined by three factors:

1. Individual's ability to get to/from the bus stop in different weather conditions. (Example because of ice and snow winter time.)
2. Individual's ability to board/exit the bus all fixed route buses are lift equipped.
3. Individual's cognitive ability to navigate the regular bus system.

Operational issues are **not used** to determine eligibility, including: SPOT's fixed route buses.

- ➢ Age
- ➢ Distance to bus stop
- ➢ Lack of bus service to an area
- ➢ Vulnerability
- ➢ Lack of transportation

1. Does your client have a physical or mental impairment that substantially limits one or more of the major life activities?
❒ No ❒ Yes – Which one? In what ways?

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2. In what ways do the client's physical or cognitive diagnoses make travel on a SPOT bus more difficult?

_____
_____
_____

3. In what ways do the client's physical or cognitive diagnoses make travel on a SPOT bus impossible?

_____
_____
_____

DIAGNOSIS/DISABILITY	**DEGREE OF IMPAIRMENT**	**DATE OF ONSET if known**

3A. is this client applying for ParksRX? [ ] Yes or [ ] No. If yes client will be reevaluated every six (6) months.

4. Is the Applicant's need for Para Bus service temporary? For instance, until healed from hip, back or knee surgery: ❒ No ❒ Yes – until

_____

5. Are any of the applicant's conditions episodic or variable in their severity? Some examples would include fatigue from dialysis or relapsing and remitting symptoms as in MS? ❒No ❒ Yes - Provide details below:

_____

6. A majority of our applicants can use the regular bus service for some of their trips, and all buses are lift equipped for ease of entrance, under what circumstances do you believe that your client can use the regular bus?

_____
_____
_____

7. What form(s) of transportation is your client currently using?

_____
_____
_____
_____

8. How does your patient get from the parking lot to your office?

_____

a. What aids do they use, if any?

_____

b. What is the distance your patient can ambulate in regard to your office visit? _____

c. Does your patient require a PCA for assistance? ❒ No ❒ Yes

9. If your client has a motorized wheelchair or scooter, what is your client's weight without the device? _____

10. If your client has a motorized wheelchair or scooter, what is the combined weight of your client and the mobility aid? _____

"I HEREBY CERTIFY under penalty of perjury under the laws of the State of Idaho that the information provided on the Professional Verification portion of this application is true and correct." Please write legibly.

_____ _____ _____ __
Licensed Professional's Signature Date Specialty

_____
Printed Name

_____

Medical Organization:

_____

Address:

_____

City/State/Zip:

_____

Phone Fax:

Return Application to:
Selkirks-Pend Oreille Transit
31656 Hwy 200 box 8
Ponderay, ID 83852
Phone: (208) 263-3774 Fax: (208) 265-9390