

Dear Applicant:

The Americans with Disabilities Act (ADA) of 1990 is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have access to public transportation. As required by the ADA, all SPOT vehicles and facilities are fully accessible and usable by persons with disabilities.

The regular bus service is meant to be everyone's first choice for public transportation. For ease of entry all buses are equipped with ramps for wheelchair access and for those who cannot step up or down. In addition, other accommodations such as wheelchair securement areas, stop announcements made by drivers, make using the regular bus service possible and enjoyable for many people with disabilities.

SPOT Para transit is provided within the urban areas of Dover, Sandpoint, Ponderay, and Kootenai only and is provided within  $\frac{3}{4}$  mile of a fixed route service.

Because the regular bus service is accessible, having a disability does not by itself qualify you for Paratransit eligibility. Eligibility is not medical decision. The decision is based on your functional ability to use the regular bus. 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 SPOT Paratransit services. Eligibility determinations are made based upon the individual abilities. You may qualify for partial or full service.

SPOT may need specific information about the effects of you disability. After you submit your application, you may be asked to provide additional information. Your application will not be considered complete until all requested information is provided to SPOT.

You should know that your age, being new to area, never having ridden the bus, the unavailability of regular bus services, your inability to carry groceries or packages and /or your inability to drive are not disabilities. These factors will not be used to determine your eligibility for Paratransit.

If you feel that, due to the effects of your disability, you are unable to successfully travel using the regular bus some or all of the time, please complete the application form.

(Continued on next page)

- You or someone who is helping you must complete the first part. If someone helps you, please have him/her include their name and contact information in the spaces provided.
- The second part needs to be read and signed by you, the applicant, or your power of attorney or legal guardian. If you are under 18, your parent must sign the form. If you have a legal guardian, your legal guardian must sign the form. If a legal guardian or power of attorney signs the form for you they must include a copy of the legal documentation appointing him or her as legal guardian or power of attorney when returning the application form.
- The third part must be completed by one of the professional listed at the top of page 7. Disability verification, on pages 7 & 8, is limited to those professionals listed on page 7. You may include additional information and documentation if you believe it would be helpful in determining your eligibility.

It is very important to complete all parts of the application before you return it to SPOT. Unsigned or incomplete applications will be returned to you. The ADA allows up to 21 days processing your application. We will begin processing your eligibility determination when the completed form is in our office along with any additional information or assessments that have been requested for your. You will be notified by mail of the eligibility decision.

SPOT Para transit will determine your eligibility within 21 days after receiving your completed application. You will be notified of the results of your application. If eligible, you will receive a letter and ID card notifying you of the decision. If you are not satisfied with the decision, you may appeal within 60 days of the date of the letter.

# PARATRANSIT SERVICE APPLICATION

Revised 07/12/12

New

Re-certification

ID # \_\_\_\_\_

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 SPOT Paratransit Services. 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 the bottom of page 8.)
- SPOT may need specific information about the effects of your disability. You may be asked to provide additional information.
- Return the completed application to the address on the form.

Your application will not be considered complete until all requested information is provided to SPOT and you have provided all required information.

SPOT will process your application and notify you within 21 calendar days of receipt of your completed application. Additional information may be requested.

If you have any questions or need assistance in completing this application, call (208) 597-7606.

**PLEASE PRINT CLEARLY**

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 Paratransit Certificate of Eligibility card is to be sent to a different mailing address. Name _____ Address _____ City/State/Zip _____
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Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

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?

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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.

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4. Is your need for Paratransit van services **long term** or **temporary**?

Long Term     Temporary –How long? \_\_\_\_\_

5. Do your **limitations** change from time to time because of medical treatments, medication, 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? \_\_\_\_\_

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 (208) 597-7606

Number of blocks \_\_\_\_\_  less than a block

How many steps can you go up for down without someone's help?

None  1 step  2 or more steps

11. Please answer the following questions

<b>Yes</b>	<b>No</b>	<b>Sometimes</b>	
_____	_____	_____	Can you stand for 10 minutes while you wait for your ride?
_____	_____	_____	Can you sit for 10 minutes while you wait for a 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?
			<input type="checkbox"/> Always <input type="checkbox"/> Daylight only – Please explain:
<hr/>			
_____	_____	_____	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 Paratransit, will you need To bring a helper (Personal Care Attendant –PCA) with you?
_____	_____	_____	If you are determined to be eligible for Paratransit, will you need To use the lift to board the van?

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

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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 aid, 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                | ____% |
| <input type="checkbox"/> Walker       | ____% |   |       |

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

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13. If you use a **wheelchair** or **scooter**, is it more than 30inches wide, 48 inches long?

- Yes                       No                      Specify dimension: \_\_\_\_\_

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? \_\_\_\_\_

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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: \_\_\_\_\_

**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: Paratransit Service Applicant Agreement & Authorization for Release of Information

By signing below, you authorize the release of verification information and any other information to SPOT or its representative needed to evaluate your eligibility to receive Paratransit Service.

Please be advised that SPOT will use your statement to determine your eligibility for Paratransit services as provided by law. The statements contained herein are material to SPOT's determination and SPOT may act in reliance thereon.

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

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

Documents used by SPOT regarding your Paratransit 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 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 the 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 Idaho that the information provided on this application is true and correct.**

**A licensed medical or mental health professional that is familiar with you and your disability must complete the remaining questions on page 7 and 8 of this application. If you have been told there is a charge for obtaining medical or mental health verification, Call (208) 579-7606. SPOT may be able to identify an alternative service that dose not charge for the required verification. See the top of the next page for a list of approved professionals**

Applicant's Name \_\_\_\_\_

**Part 3: Licensed Medical or Mental Health Professional Verification**

For the purpose of this application, licensed medical or mental health professional 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 question. All health care information will be kept confidential.

Please note that Paratransit is a costly 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 services, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for Paratransit services. Please call (208) 597-7606 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 IO scores, if applicable.

DIAGNOSES/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 Paratransit 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 services: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, that because of their disabilities, this person is unable to take the regular fixed route bus.

Yes                      No

In your opinion, is this disability: \_\_\_\_\_ Temporary How long? \_\_\_\_\_ Permanent  
\_\_\_\_\_ Conditional

Under what Condition: \_\_\_\_\_

**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.

\_\_\_\_\_  
**Licensed Professional's Signature**                      Specialty                      Date

Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Would you like additional information regarding Paratransit Services and Eligibility criteria?

Yes       No

**Return application to:**                      **Selkirk-Pend Oreille Transit (SPOT)**  
**P O Box 13**  
**Dover, ID 83825**  
**Phone: (208) 597-7606**  
**Fax: (208) 597-7023**

----- *Please fold in half* -----

**Return address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Class  
Postage  
Required

**Selkirk-Pend Oreille Transit (SPOT)  
P O Box 13  
Dover, ID 83825**