



Selkirks - Pend Oreille Transit Authority

31656 HWY 200, Box 8 Ponderay, ID 83852 (mailing address)

31656 HWY 200, Suite 102 Ponderay, ID 83852 (physical address)

208-263-3774

Dear Applicant:

Selkirks-Pend Oreille Transit (SPOT), in accordance with the Americans with Disabilities Act of 1990(ADA), provides para bus service or “curb to curb” service, origin to destination, to clients with ADA eligibility. These eligibility requirements must prevent the client from utilizing the fixed route public transportation that is provided in the area.

This application form assists in the determination of the applicant’s ability to use the fixed route public transportation and whether the applicant requires use of the paratransit bus service. Per the ADA, complementary Paratransit is not intended to be a comprehensive system of transportation for individuals with disabilities. Like the regular route bus, this is a shared ride service, but unlike the regular route bus, rides must be scheduled at least 24 hours in advance.

Eligibility is determined by several factors:

1. Individuals’ ability to access bus stops in different weather conditions (ie. ice and snow).
2. Individuals’ ability to board and exit the bus. All fixed route buses are lift equipped.
3. Individuals’ cognitive ability to navigate the fixed route bus system.

If your disability prevents you from taking the regular fixed route bus service, you may be eligible for paratransit bus service some or all the time.

- Having a disability does not by itself qualify you for paratransit eligibility,
- Eligibility is not a medical decision. It is based only on your functional ability to use the fixed route bus.
- Distance to bus stop, lack of bus service to an area, or lack of transportation are not used to determine eligibility.

Specific conditions may affect the driver’s ability to pick up in certain locations, in these cases rides may be cancelled or an alternate pick-up point established.

Selkirks-Pend Oreille Transit (SPOT), will determine your eligibility within 21 days after receiving your completed application and conducting a phone interview. If service is determined not to be granted, and you are not satisfied with the decision, you may appeal within 60 days of the contact for the phone interview. At that time, you may be asked for more information or to come into the office for an in-person assessment.

Service Area

As required by the FTA, ADA paratransit service will be provided to persons who qualify under FTA regulations and who travel to or from locations within three-quarters (3/4) mile of any regular fixed route.

Application Steps

- 1) Please complete ALL applicable sections of this application. You may have someone fill it out for you if needed.
- 2) Please sign and date the application. Legal guardians must sign the application, if applicable.
- 3) Send or hand carry your completed application to your health care professional.
 - a. Alert them of the fact that you are requesting Paratransit transportation services.
 - b. Ask them to fill out applicable sections then fax or email the entire application to SPOT.
 - c. For the Licensed Medical or Mental Health Professional Verification section, a licensed medical or mental health professional must complete the applicable sections, sign it, then return it to SPOT.

Your application will not be considered complete until all requested information is provided to Selkirks - Pend Oreille Transit for evaluation. Thank you for your attention to this matter.

GENERAL INFORMATION

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Date of Birth: _____

Do you need future information provided to you in an accessible format? _____

Emergency Contact Person:

Name: _____ **Relationship:** _____

Phone: _____

SECTION A- GENERAL INFORMATION ABOUT YOUR DISABILITY

1. What type or types of disabilities prevent you from using SPOT's fixed route bus service? Please check any that may apply:

- ☐ Physical disability
- ☐ Visual Impairment/Blindness
- ☐ Developmental Disability
- ☐ Brain injury
- ☐ Mental Illness
- ☐ Other

Please describe under which types of conditions your disability, or disabilities, prevent you from riding our lift equipped SPOT fixed route bus.

SECTION B- INFORMATION FOR APPLICATIONS DUE TO VISION RELATED DISABILITIES OR DEFICITS. (If you have no vision deficit, you may skip this section)

Cause of vision loss/ Diagnosis: _____

Are you totally Blind? ____Yes ____ No

My vision is worse during the following conditions

- ☐ Bright light
- ☐ Dimly lit or shaded areas
- ☐ Nighttime
- ☐ I see the same in different lighting conditions

My eye condition is considered to be: ____Stable ____Degenerative

☐ Other (Please explain) _____

SECTION C- MOBILITY AIDS

Most often I use the following mobility aids when I walk outside: Please check any that apply.

____Sighted person to guide ____Guide dog ____White cane ____ Optical Devices

____None of the above ____ Other (Please explain) _____

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

SECTION D- HEARING-

My hearing is normal: ___Yes

___No

Please describe what, if any, hearing aids are used at this time.

SECTION E- INFORMATION FOR APPLICATIONS DUE TO PHYSICAL RELATED DISABILITIES/DEFICITS.

Which of the following mobility aids or equipment do you use when you travel outside of 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 where/how you use the aids.

Do you use a Motorized wheelchair or scooter? ___Yes ___No

If Yes, what make and model? _____

If you use a motorized wheelchair, Identify the impediments keeping you from using the SPOT fixed route bus _____

If you use a manual wheelchair, can you self-propel?

___Yes

How far? _____

___No

Do up travel with portable oxygen? ____ Yes ____ No

Do you travel with a personal care assistant (PCA)? ____Yes ____No

How do you get to your destination now? (Check all that apply)

- ☐ Bus
- ☐ Walk or use scooter
- ☐ Drive myself
- ☐ Taxi
- ☐ Social Service Agency
- ☐ Someone drives me
- ☐ Other: _____

SECTION F- WEATHER AND ENVIRONMENT

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

Are there ways you are limited to use the bus system? (Check all that apply)

- ☐ I cannot get places if there are no curb cut outs.
- ☐ 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 vision disability
- ☐ I get confused and cannot find my way
- ☐ I probably could with bus travel training

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 fixed route bus system.

SECTION G- INFORMATION ABOUT YOUR CURRENT USE OF SPOT BUS SERVICES

Do you currently use SPOT Bus service by yourself? ____ Yes ____No

If yes, how often? _____

When was the last time you independently used SPOT fixed route service?

**SECTION H- PLEASE LIST DESTINATIONS FOR WHICH YOU USE, OR NEED PARATRANSIT
BUS SERVICE AND HOW OFTEN YOU GO.**

1) Destination and address _____

How often do you go? _____

Reason unable to use the regular fixed route service _____

2) Destination and address _____

How often do you go? _____

Reason unable to use the regular fixed route service _____

3) Destination and address _____

How often do you go? _____

Reason unable to use the regular fixed route service _____

PARATRANSIT SERVICE APPLICANT AGREEMENT & AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, you authorize the release of verification information and any other information to Selkirks-Pend Oreille Transit Paratransit or its representatives needed to evaluate your eligibility to receive paratransit services.

Please be advised that SPOT Paratransit will only use your statements to determine your eligibility for Paratransit services as provided by law. The statements contained herein are material to SPOT Paratransit's determination.

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

SPOT Paratransit services may share your eligibility determination with other transportation providers, on request, to facilitate travel in other bus services districts.

Documents used by SPOT Paratransit 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 Paratransit 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 law 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!

APPLICANTS NAME: _____

LICENSED MEDICAL OR MENTAL HEALTH PROFESSIONAL VERIFICATION

For the purposes of this application, licensed medical or mental professionals are limited to:

Please check one:

- ☐ **Medical Doctor (MD or DO)**
- ☐ **Psychologist (Ph,D.)**
- ☐ **Optometrist or Ophthalmologist**
- ☐ **Physician's Assistant or ARNP**
- ☐ **Licensed Mental Health Professional**
- ☐ **Physical or Occupational Therapist**
- ☐ **MDS Nurse (from Skilled Nursing Facility 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 Paratransit is a costly service and all of our SPOT public transit buses are free and equipped with wheelchair lifts. Please call (208) 263-3774 if you have any questions.

Please write legibly so a determination can be made based on this information.

Eligibility is determined by three factors.

1. Individual's ability to get to/from the bus stop in different weather conditions.
2. Individual's ability to board/exit the bus.
3. Individual's cognitive ability to navigate the regular bus system.

Operational issues are not used to determine eligibility, including:

- Age
- Distance to bus stop
- Lack of bus service
- 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?

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

1. _____

2. _____

3. _____

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

1. _____

2. _____

3. _____

DIAGNOSIS/DISABILITY	DEGREE OF IMPAIRMENT	DATE OF ONSET
(NOT SYMPTOMS OR MEDICAL CODES)	(CIRCLE ONE)	IF KNOWN
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	
	MILD MODERATE SEVERE	

4. Is the Applicant's need for Paratransit service temporary? For instance, until healed from a 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 please:

6. A majority of our applicants can use 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 could use the regular bus service?

7. What forms 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 regarding your office visit?

c. Does your patient require a PCA for assistance?

☐ Yes

☐ No

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 device? _____

I HERBY 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

Printed Name

Date _____ Specialty _____

Medical Organization: _____

Address: _____

City/State/Zip _____

Phone/Fax: _____

Return Application to: Selkirks Pend Oreille Transit (SPOT)

31656 Hwy 200 Box 8 Ponderay, ID 83852

Phone: (208) 263-3774 Fax: (208) 265-9390

SPOT Bus ADA Rider Guidelines

1. Ride requests need to be called in with a minimum of **1 day** in advance, by 3:00 p.m. Leave a message, but call back to confirm if you do not hear from SPOT Bus staff. We will group riders when possible to accommodate everyone who needs a ride each day. Provide your name, the location/destination and preferred pick up time. Also provide a return time. You may have to be picked up 30-45 minutes before or after your appointment time to accommodate other riders.

2. Hours of operation and service information:

Please call SPOT Bus to schedule your ride during our regular office hours - Monday through Friday between 7:30 a.m. and 3:30 p.m.

Demand/Paratransit Service Holidays: We do not operate Demand/Paratransit on Easter Sunday, Thanksgiving Day nor Christmas Day.

3. It is your responsibility to call the office at 208-263-3774 if you need to cancel a ride. If your appointment is longer than scheduled, it is your responsibility to call the office to inform us. If you fail to cancel a ride or show up for your return trip, you will be put on a no-show list. Passengers will be given a verbal warning after a first no-show. A second no-show will be followed with a written warning. A third no-show will constitute a three-month suspension. (You will be taken off the schedule for a period of 3 months). When the suspension is lifted, you are allowed only one no show, and thereafter you will be permanently removed from the schedule.
4. The Driver will only wait five (5) minutes past the scheduled pick up time.
5. Our policy does not permit our drivers to run any personal errands for passengers. Some examples of personal errands include mailing mail, going to the bank, filling prescriptions, etc.
6. Drivers are not allowed to deviate from their pre-arranged trips. If you need to change your ride, please call the office at 208-263-3774. Do not tell the driver upon picking up.
7. We highly encourage passengers to wear seat belts.
8. The driver will assist in securing mobility devices. Large mobility devices such as wheelchairs and scooters should be secured to prevent unsafe movement during bus travel. It is your choice to transfer to a seat or remain in your mobility device (if it is rated for this purpose).
9. If the Driver deems it unsafe to transport a passenger for any reason, or if it creates an unsafe environment for the Driver, he/she has the right to refuse transport.