



Dear Applicant:

A SHUTTLE application is enclosed.

Please answer all questions. Incomplete applications may be returned. **Please note the application requires signatures on pages 5 and 6.**

Either mail the application in the enveloped provided, with proper postage attached. Or fax it to 253.984.8227.

Pierce Transit certifies individuals for SHUTTLE eligibility in accordance with the Americans with Disabilities Act (ADA) of 1990. Your disability must prevent you from one or more of the following:

- Boarding a regular fixed-route bus, even with the use of a lift or ramp.
- Getting to a bus stop or destination.
- Traveling by bus, including the lack of ability to recognize destinations or use directions, for reasons other than inability to speak English or limited comprehension of English.

For questions or assistance in completing your application, please call Pierce Transit at 253.984.8216 or TDD 253.582.7951.

Sincerely,

Tim Renfro
ADA Certification and Travel Training Manager



Regular Fixed Route Bus

All buses equipped with lifts or ramps;
all have kneeling capabilities



SHUTTLE Van

Reserved for individuals with disabilities
that prevent use of the regular bus

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 equal access to public transportation. In order to ensure this access, public transit vehicles and facilities are required to be fully accessible and usable by persons with disabilities. All Pierce Transit buses are equipped with lifts or ramps and our transit centers are fully accessible.

If you have a disability that prevents you from using a lift- or ramp-equipped regular fixed-route bus some or all of the time, you may be eligible for Pierce Transit SHUTTLE service some or all of the time.

To apply:

- The enclosed application form has 6 pages. Please be sure that **ALL** sections have been completed. Incomplete applications may delay processing or be returned.
- Fill out the enclosed application form or have someone fill it out for you.
- Please read page 5 carefully. Sign the application.
- Complete and sign the Release of Information form on page 6. Include all proper sources of professional verification for all disabilities on the Release.
- Return the completed application form to the address on the form or use the envelope provided. Place proper postage on the envelope before mailing.

We will process your application and notify you of our decision within 21 days after receipt of the completed application.

Alternate formats of this document will be produced upon request.



Regular Fixed Route Bus

All buses equipped with lifts or ramps;
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What does the ADA have to do with SHUTTLE and bus service?

The Americans with Disabilities Act (ADA) is civil rights legislation that supports the rights of people with disabilities to participate more fully in community life. The ADA requires transit agencies to make regular bus service and facilities accessible for people with disabilities. The ADA expects that most transportation for people with disabilities will be provided by accessible regular bus service.

The ADA and Pierce Transit policy defines the standards and the process used to make decisions about eligibility for SHUTTLE service. Under the ADA, SHUTTLE service is not a substitute for bus service, but is rather a complementary service reserved for those individuals who are unable to use the regular bus system. The service offered must be similar to the regular bus in fare structure, days, hours, and service area. Pierce Transit offers SHUTTLE service within 3/4 mile of our regular bus service, on the same days and during the same hours that bus service is offered.

What is SHUTTLE?

SHUTTLE is publicly funded transportation for people who are unable to use regular buses due to their disabilities. SHUTTLE is a shared ride service scheduled one to five days in advance.

Who is eligible to ride SHUTTLE?

Any individual with a physical or mental disability that prevents one or more of the following:

- Boarding or exiting a regular fixed route bus, even with the use of a lift or ramp.
- Getting to a bus stop or destination.
- Traveling by bus, including the lack of ability to recognize destinations or use directions for reasons other than English as a second language.

Eligibility is NOT based solely on:

- The presence of a disability or use of a mobility aid.
- Lack of familiarity with the bus system.
- Safety, vulnerability, age, or language barriers.
- The fact that using the bus may be more difficult or less comfortable.

What is the eligibility process?

Pierce Transit determines eligibility based on the information provided in the SHUTTLE application and any information gathered through the eligibility process. We often seek information from treatment providers to help define functional abilities of applicants.

By law, Pierce Transit must:

- Make a determination within 21 days of receipt of a complete application.
- Provide presumptive service when a determination cannot be made within 21 days.
- Provide written notification with reasons for any not eligible decision and limitations for any conditional eligibility decision
- Provide the applicant with the ability to appeal denial or conditions of service.
- Provide materials in accessible formats upon request.

ADA/Pierce Transit Eligibility Categories

ADA 1 – Full Eligibility

For people with disabilities that prevent use of accessible buses under any circumstances; includes conditions that prevent boarding, deboarding, riding the bus, and navigating the system.

ADA 2 – Transitional Eligibility

For people who could use accessible regular bus service, but the type of accommodation needed is not commonly available. SHUTTLE service is provided when an accessible bus, bus stop, or bus route is not available. As we add accommodations to the regular bus system, eligibility for service will be re-evaluated.

ADA 3A – Conditional Eligibility (Individual)

For people with disabilities which sometimes prevent them from boarding, deboarding, or riding a bus. SHUTTLE service is provided when use of local bus service is not possible. Individuals determine when to use the bus or when to use SHUTTLE.

ADA 3B – Conditional Eligibility (Transit)

For people with disabilities that prevent them from traveling to or from some bus stops. Pierce Transit provides SHUTTLE service to and from the nearest transit center or major bus stop when conditions prevent travel. Pierce Transit staff determine what combination of SHUTTLE and regular bus service is required on a trip-by-trip basis and provide trip planning for each trip.

**PIERCE TRANSIT
SHUTTLE ELIGIBILITY APPLICATION**
PO Box 99070, Lakewood WA 98496-0070

For questions or help completing this application, please call 253.984.8216, TDD 253.582.7951, or fax 253.984.8227.
Please answer all questions thoroughly.
Sign pages 5 and 6 as required.

New Recertification

Please type or print neatly.

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt # _____

Name of Complex _____

City _____ State _____ Zip Code _____ Home Phone # _____

Date of Birth / / _____

Male Female

Emergency Contact _____ Phone # _____

How would you like us to notify you of your eligibility? (Please choose one.)

- Send information to me at my home address above.
- Send information to me at my mailing address listed below.
- Send information to the person and address listed below.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Would you like your eligibility letter sent to you in an alternate format?

- No Yes, in the following format:
- Large print Audio tape Other (specify) _____

FOR AGENCY USE ONLY – DO NOT COMPLETE

1	Functional Assessment	WC	
2	Device Assessment	CN	
3A		PCA	
3B	3B Conditions	OOA	
D	Training		
Temp	Pending		

PLEASE COMPLETE ALL QUESTIONS THOROUGHLY

1. What is your physical disability, mental disability, or other qualifying condition?

2. Is this condition temporary? No Yes If yes, for how long? _____

3. Which of the following mobility aids or equipment do you use when you travel outside your home? Check all that apply.

- I do not use any.
- Manual wheelchair.
- Powered wheelchair.
- Powered scooter.
- Walker.
- Support/quad cane.
- White cane.
- Service animal.
- Other (please specify).

If you use a wheelchair or scooter, what size is it?

_____ Length in inches _____ width in inches



Do the combined weight of your wheelchair/scooter and your own weight exceed 600 pounds? No Yes

4. How far can you travel on your own or with the use of required mobility aids?

_____ Blocks

5. What is the factor that limits your ability to travel?

6. Can you stand for 10 minutes while you wait for your ride? Yes No

7. Can you sit for 10 minutes while you wait for your ride? Yes No

8. Do you currently use the regular bus service?

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.

Other (specify) _____



9. Could you ride the regular bus if there was a bus stop or bus route near your home?

Yes, always.

Yes, sometimes.

No.

10. 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) _____

11. Do you need to travel with a Personal Care Attendant (PCA)?

A PCA is someone who travels with you to provide any assistance you need. Your PCA rides free and must board and de-board at the same location as you.

No – you may still have someone travel with you whenever you wish. You must arrange for your own PCA.

Sometimes – you travel with a PCA at your own discretion. You must arrange for your own PCA.

Yes – if you check this box, you are telling us that you cannot travel alone or cannot be left alone at a drop off point. Checking this box means that you will travel with your own PCA since Pierce Transit operators cannot serve as a PCA, and since you will be left alone on the SHUTTLE van while operators are assisting other customers, and you will be dropped at your destination whether or not someone is available to meet you. You must arrange for your own PCA.

Last Name _____ First Name _____ Middle _____

13. Optional: Please list the 3 trips you travel most frequently. This information will help us better serve your travel needs by providing travel planning in advance.

Starting Point Address	Ending Point Address	Times per Month
Example: 5400 North 10 th St, Tacoma	4301 S Pine, Tacoma	4

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that the purpose of this form is to determine if I am eligible to use SHUTTLE (paratransit) services. I understand that Pierce Transit or its contracted agents may need to contact me or see me later to get more information. I further understand that I must be truthful in answering the questions on this form. Giving false or misleading information is against the law and could result in denial of SHUTTLE eligibility and services. I agree to immediately notify Pierce Transit if I no longer need SHUTTLE services.

Applicant Signature _____ Date _____

Signature _____ Date _____

Signature of individual completing form if not applicant.

Please type or print:

If someone other than the person applying for SHUTTLE eligibility completed this application, that person must provide the following information:

Last Name _____ First Name _____

Relationship to Applicant _____

Daytime Phone # _____

Company Name _____

Last Name

First Name

Middle

Please complete the Release of Information on the next page.

RELEASE OF INFORMATION

Pierce Transit may need to contact your health care/treatment provider for additional information about your condition and your ability to use regular bus service. Please provide the information requested below for each treatment provider most familiar with you.

Your treatment provider does not need to sign this form.

Pierce Transit will not release this information to any other person or agency without your permission, except in those instances listed in our Notice of Privacy Practices (included with this application). This release is valid for 6 months, unless revoked in writing earlier.

I authorize the individuals listed below, as well as their office staff, to furnish any information regarding my health, diagnosis, functional capabilities, and treatments that may help Pierce Transit evaluate my application for SHUTTLE service.

Applicant Signature

Birthdate

Date

Applicant Social Security #

/ /

Legal Guardian Signature

Phone #

(if appropriate and must attach proof of legal guardianship or power of attorney)

Please provide current, relevant doctor, health care, rehabilitation, or treatment provider information.

Name

Profession

Address

Phone #

Fax #

Name

Profession

Address

Phone #

Fax #

Name

Profession

Address

Phone #

Fax #

This notice describes how medical and ADA eligibility information about you may be used and disclosed and how you can get access to this information.

Pierce Transit respects your privacy. We understand that your personal health and eligibility information is very sensitive. We will not disclose your information to others unless you tell us, in writing, to do so or unless the law authorizes or requires us to do so. We will not process any eligibility application that does not have your signature or your legal guardian's signature on all pages where a signature is required. For Pierce Transit's purposes, our privacy practices cover all information contained in your ADA eligibility file, including any research we've conducted regarding your case.

Use and Disclosure of ADA Eligibility Information

The information contained in your file includes all applications received and any health information provided to determine your eligibility. It may include any letters received on your behalf, documented conversations, trip plans, and other information pertinent to your ADA eligibility and service provision.

Pierce Transit uses this individual information in the eligibility decision-making process, appeals, functional assessments, determination of service provision, and for travel training. We may also use the information to review the qualifications and performance of contractors, to train our staff, and to review and improve our services. We will also provide this information to anyone you ask us to, in writing, through a Release of Information request. Access to the information is limited to those individuals stated above.

You have the right to review your file. This review may occur in person, with advance notice. Valid identification will be required. You may request that a copy of your file be mailed to you. This request must be made in writing and we will charge you a reasonable cost-based fee for expenses such as copies, postage, and staff time. **We will not disclose specific information to you or anyone else over the phone.**

You may ask us to restrict certain uses and disclosure of this information. The request must be presented in writing and we are not required to grant the request. You may also revoke any previous consent to disclose information by submitting a written request. The revocation will apply only to future disclosure requests.

We may use and disclose your information without your authorization as follows:

- **Required by law.** Disclosure of information is permitted when required by law, whether federal, tribal, state, or local.
- **Public health and safety.** Information may be disclosed to public health authorities and their authorized agents for public health purposes including, but not limited to, public health surveillance, investigations, and interventions.
- **Health research.** Information can be disclosed for research without authorization if the research has been approved and has policies to protect the privacy of your individual information.
- **Abuse, neglect, or domestic violence.** Information may be disclosed to report abuse, neglect, or domestic violence under specific circumstances.
- **Law enforcement.** Information may be disclosed to law enforcement officials pursuant to a court order, subpoena, or other legal order, to help identify and locate a suspect, fugitive, or missing person; to provide information related to a victim of a crime or a death that may have resulted from a crime, or to report a crime.
- **Judicial and administrative proceedings.** Information may be disclosed in the course of judicial or administrative proceedings, including appeals and functional assessments.
- **Workers' compensation.** Disclosure of work-related health information as authorized by, and to the extent necessary to comply with, workers' compensation programs.
- **Payment and transportation coordination.** We may use and disclose your health information to obtain reimbursement for expenses or to coordinate transportation with other providers.

All requests to release information must be in writing, dated, and must:

- Include the SHUTTLE applicant/customer's name, current address, and phone number.
- Identify the nature of the information to be disclosed.
- Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed (specifically, who the information may be released to, legal name, and relationship).
- Identify that Pierce Transit is to make the disclosure.
- Include an effective date and an expiration date or an expiration event that relates to the SHUTTLE applicant/customer or to the purpose of the use or disclosure.
- Include the manner of allowable release (verbal, viewing file, and/or copy of file). We will charge you a reasonable cost-based fee for expenses such as copies, postage, and staff time.

You or your legal guardian must sign the request.

(If a legal guardian signs, he/she must attach proof of legal guardianship or power of attorney)

Written requests must be submitted to:

Pierce Transit
ADA Eligibility
PO Box 99070
Lakewood WA 98496-0070

If you believe your privacy rights as described have been violated, you may discuss your concerns with the Pierce Transit ADA Certification and Travel Training Manager at 253.984.8164.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

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