



Who is Eligible for ADA SHUTTLE Service?

Under the ADA transit providers have the responsibility to make their services accessible for, and usable by individuals with disabilities. The expectation of the ADA is that most transit services provided for individuals with disabilities will be provided by regularly accessible bus service. ADA SHUTTLE (paratransit) service is defined as a “safety net” for those individuals with functional limitations that prevent bus system use, not just make more it difficult.

Specific ADA eligibility guidelines define eligibility as appropriate for individuals with disabilities when one or more of the following are prevented;

- Boarding, disembarking, or riding (including system navigation) on any regularly accessible bus is prevented even with the assistance of the lift and other commonly available help,
- Travel on a route is prevented because the system lacks required accommodations, or
- A disabling condition (physical or cognitive disability) prevents getting to or from bus boarding locations when traveling within the service area.

The ADA also recognized that many individuals with disabilities can use the bus system in some instances, but not all. Therefore ADA regulations address this type of need as appropriate for conditional eligibility. An example might be a person who uses a wheelchair and can use the bus system when the terrain is accessible, but needs SHUTTLE assistance for travel when the destination is up a hill from the bus stop.

The following issues do not establish eligibility:

- Personal convenience, such as the bus system does not meet your personal schedule, takes too long, or does not serve destinations you travel to.
- Lack of familiarity or experience with the bus system.
- Having a disability, even when certified by SSI, SSA, or the VA.
- Having dialysis treatment.
- There is no automatic eligibility for seniors.
- The fact that using the bus system may be more difficult or less comfortable.
- Having a note from your doctor.
- Fear of crime.
- Illiteracy or Inability to understand directions due to limited English comprehension.
- Living in an area not served by the regular bus system.

What is the Eligibility Process?

- Applicants must submit a complete application.
- The Eligibility Department may fax questions to the applicant's treatment provider to further clarify the functional capabilities (the application includes a release of information) if needed, and/or-
- The applicant may be required to come in person, at no cost, for a functional assessment.
- Assessments can be physical or cognitive, or both, depending upon the identified limitations.
- Once Pierce Transit has all the information needed, decisions will be made within 21 days.
- Once the eligibility is decided, a decision letter is mailed to the applicant.
- The decision letter will provide the reasons for ineligible decisions and conditions of eligibility will be identified, when applicable.
- Individuals found ineligible, conditionally eligible, or temporarily eligible have a 60 day time frame to request an appeal, if they feel their decision is incorrect.
- Individuals may re-apply at any time if their condition has changed.

How to Apply:

- Answer all questions and explain thoroughly how your disabilities prevent you from using the regular bus system.
- Identify your most limiting condition(s) and if related to a recent injury or surgery or upcoming surgery. Include type of injury/surgery, what area(s) are impacted and when. For persons with developmental disabilities in or recently transitioned from school, please attach a full copy of the most recent IEP.
- List your medical treatment providers for each stated condition. Depending on your disability, this may include medical specialists, vision providers, mental health prescribers and providers, Special Education Instructors, and DDA Case Managers.
- Sign where required on pages 5 and 6.
- Return your application in the envelope provided or fax to 253.984.8227.

Applications are considered complete when all questions, signatures and contact information of professional sources are provided. Incomplete applications will be returned.

For questions or assistance in completing your application, please call Pierce Transit at 253.581.8000 or TDD 711 and follow the prompts to the ADA Eligibility Department.



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

For questions or help completing this application, please call 253.581.8000, TTY: 711, 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) _____

<i>FOR AGENCY USE ONLY – DO NOT COMPLETE</i>			
1		Functional Assessment Physical Combo MMSE	CA
2		Device Assessment	KA
3A		FACTS / CATS	W1
3B		3B Conditions:	W2-3
D			PCA
Temp.		Recommend Training /Travel Club TT Outreach	OOA

PLEASE COMPLETE ALL QUESTIONS THOROUGHLY

1. What is your physical disability, mental disability, or other qualifying condition? (Please be specific)

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)?**

Please read carefully before answering:

- 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.
- Pierce Transit operators cannot serve as a PCA. Be aware that 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.**

No – you may still have someone travel with you whenever you wish.

Sometimes – you travel with a PCA at your own discretion.

Yes –you cannot travel alone or cannot be left alone at a drop off point.

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

Please complete the Release of Information on the next page.

Last Name

First Name

Middle

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, vision provider, special education instructor, DDA Case Manager, or mental health treatment provider information. Please identify the general practice type or area of specialty for each source.

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 Senior Legal Assistant at 253.983.3477 or rfrisk@piercetransit.org.

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.