

## 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 it more 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.





**Your complete SHUTTLE application can be mailed or faxed to Pierce Transit.**

**Mailing Address:** 3701 96<sup>th</sup> Street SW  
Lakewood, WA 98499-4431

**Fax number:** 253.984.8227

**ELIGIBILITY APPLICATION**

- Please answer all questions thoroughly.
- Incomplete applications will be returned.
- Sign pages 5 and 6 as required.
- For questions, please call 253.581.8000, TTY: 711

**Please type or print neatly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Name of Complex, if applicable: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  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.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*If you live outside of the Pierce Transit service area, you will need to make your own arrangements to access service. SHUTTLE staff will work with you to determine the best pick-up and drop-off points.**

*Eligibility documents are available in alternate formats as requested*

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

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle \_\_\_\_\_

**PLEASE COMPLETE ALL QUESTIONS THOROUGHLY**

1. What is your physical disability, mental disability, or other qualifying condition which limits your ability to travel? (Please identify most limiting conditions.)

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

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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I do not use any.   | <input type="checkbox"/> Walker.             | <input type="checkbox"/> Portable Oxygen.                                      |
| <input type="checkbox"/> Manual wheelchair.  | <input type="checkbox"/> Cane (support/quad) | <input type="checkbox"/> Transport Chair<br>*designed <i>only</i> to be pushed |
| <input type="checkbox"/> Powered wheelchair. | <input type="checkbox"/> White cane.         | <input type="checkbox"/> Service Animal.                                       |
| <input type="checkbox"/> Powered scooter.    | <input type="checkbox"/> Crutches.           | <input type="checkbox"/> Other (please specify).<br>_____                      |

\*If you have a power mobility device and are no longer using it, please explain.

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

\*Do you have plans of getting a power mobility device?  Yes  No

Estimated date of receipt: \_\_\_\_\_

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

5. How far can you travel on your own or with the use of required mobility aids?  
\_\_\_\_\_ Blocks

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.

**If you cannot be left alone, 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 \_\_\_\_\_

12. Please explain as completely as possible how your disability prevents you from getting on (boarding), riding, or getting off (de-boarding) a regular bus or how it prevents you from getting to the bus line. **If you have a cognitive disability, please attach most recent copy of medical documentation that supports your claims, such as an Individualized Education Plan (IEP) and/or cognitive/psychological assessment.**

Horizontal lines for writing the response to question 12.

13. Did you have a recent injury, surgery or have an upcoming procedure scheduled?

Yes  No

- Date of injury/surgery: \_\_\_\_\_
- Type of injury/surgery: \_\_\_\_\_
- Approx. recovery timeframe: \_\_\_\_\_ weeks/months

*\*Be sure to identify the Provider treating you for this condition on page 6.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

14. 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 <sup>th</sup> 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 Pierce Transit SHUTTLE 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:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Applicant Social Security #:** xxx / xx / \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
*(if appropriate and must attach proof of legal guardianship or power of attorney)*

<b>Please list and identify the profession of your <u>current</u> providers below, such as your:</b>			
• Primary Care Doctor / Internal Medicine Doctor	• Renal / Nephrologist	• Special Education Instructor	• Orthopedic Provider
• Eye Care Provider	• Neurologist	• DDA Case Manager	• Oncologist
• Mental Health Prescriber/Therapist	• Pulmonologist	• Cardiologist	• Rheumatologist

Provider Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
REQUIRED

Provider Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
REQUIRED

Provider Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
REQUIRED



## NOTICE OF PRIVACY PRACTICES

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

### Privacy and Release of 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 formally release that information in writing; in our interpretation, the law authorizes or requires us to do so; other reasons require or justify disclosure as set forth herein.

### Pierce Transit's Use of ADA Eligibility Information

The information contained in your file includes your application(s) and any health information provided to determine your eligibility. It may also 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 your individual information in the eligibility decision-making process, appeals, functional assessments, determination of service provision, and for your travel training.

### Disclosure of ADA Eligibility Information to You or to Others with a Release of Information

We will also provide this information to you as well as to anyone you ask us to release it to through a formal written Release of Information request which may be obtained by contacting the Eligibility department at 253.581.8000.

You have the right to review and to a copy of your file. This review may occur in person, with 7 days' advance notice to the Eligibility department or a copy of your file may be mailed to you upon request in writing to the address provided below. Valid identification will be required for in-person review. We will charge you a reasonable cost-based fee for any associated expenses such as copies and postage. **We will not disclose specific information to you or anyone else over the phone.**

In your Release of Information, you may ask us to restrict certain uses and disclosure of your information to others. The request must be presented in writing. You may also revoke any previous consent to disclose information by submitting a written request. The revocation will apply only to future disclosure requests.



## Additional Bases for Disclosure

In addition to the above provisions, we may use and disclose your information without your authorization as follows:

- **Required by law.** When disclosure of information, in whole or in part, is permitted when required by law, whether federal, tribal, state, or local, or pursuant to court order or subpoena. Please be aware that Pierce Transit is subject to and complies with the Washington State Public Records Act, which may require disclosure of certain information that is not otherwise subject to redaction or exemption.
- **Public health and safety.** Information may be disclosed to public health authorities and their authorized agents for public health purposes.
- **Abuse, neglect, or domestic violence.** Information may be disclosed to report abuse, neglect, or domestic violence under specific circumstances.
- **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.

Written requests must be submitted to:

Pierce Transit  
ADA Eligibility  
3701 96<sup>th</sup> St SW  
Lakewood WA 98499-4431

If you believe your privacy rights as described have been violated, you may discuss your concerns with the Pierce Transit General Counsel at 253.581.8000.

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.

