



## Paratransit Application

**Greetings! Please take a moment to read this letter before filling out your application. It contains information that will be helpful to you and your Qualified Professional.**

### **Purpose**

The Americans with Disabilities Act (ADA) requires that we provide our LIFT service as a “safety net” for people who cannot use our Fixed Route service (big blue buses) by themselves because of a disability. We work hard to make Fixed Route accessible. We intend it to be the main mode of public transportation for everyone in Longview and Kelso, including people with disabilities. All Fixed Route buses are wheelchair accessible with ramps or lifts, securement areas, and both visible and audible stop announcements.

### **Service Provided**

LIFT is a shared-ride service, meaning Riders may travel with others who are going in the same direction. Drivers may stop to pick up or drop off other Riders along the way. Drivers cannot go inside a building to pick up or drop off Riders.

### **Operating Hours and Area**

LIFT operates Monday – Friday 6:30 a.m. -7 p.m. and Saturday 8 a.m. - 6 p.m. We provide service within  $\frac{3}{4}$  of a mile of our Fixed Routes. If you live outside the service area you may still ride LIFT if eligible, but you will need to get into the service area before we can transport you.

### **Eligibility**

ADA rules require people apply and be found eligible in order to receive these tax-supported services. We base eligibility on your ability to use our Fixed Routes. We do not base it on a diagnosis of a disability or the type of mobility aid that you use. For example, using a wheelchair does not imply automatic eligibility since many people who use wheelchairs are able to use Fixed Route for many or all of their trips.

### **These are not factors for eligibility:**

- Age
- Income
- Convenience
- Inability to drive, carry packages, or transfer from a wheelchair

### **The three categories of eligibility that may result in your approval are:**

**Category 1:** Being unable to use Fixed Route by yourself.

**Category 2:** Lack of accessible vehicles, stations, or bus stops.

**Category 3:** Being unable to reach a boarding point or final destination.

We look forward to helping you use our services. We provide Travel Training if you need a little extra help to ride either Fixed Route or LIFT.

Contact us at (360) 442-5663 if you need help filling out this form or have any questions about our services.

# Application Instructions

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## 1 Eligibility Questionnaire

You or someone on your behalf must complete this part. You must sign the Release of Information included on page 4.

## 2 Professional Verification

A Qualified Professional (right) who is familiar with your abilities must complete this part.

## 3 Submit Both Parts Together

## 4 Phone or In-Person Assessment

The eligibility of most applicants can be determined by reviewing the paper application, but there may be cases when we need to assess your abilities. This may include, but is not limited to:

- Talking about your mobility.
- Reading a bus schedule.
- Taking a short walk or roll.
- Practicing how to get on a bus.

If we need to conduct an assessment, your eligibility will be determined within 21 days of the assessment. We'll call to schedule it and we'll provide transportation to and from the assessment.

If an assessment is not required, we'll determine your eligibility within 21 days after we receive your complete application. Then we'll notify you of our determination in writing.

## Qualified Professionals:

- Physician or Psychiatrist
- Physical Therapist
- Physician Assistant
- Licensed Independent Social Worker (LISW, LICSW)
- Occupational Therapist
- Registered Nurse or Nurse Practitioner
- Psychologist
- Certified Orientation and Mobility Specialist
- Speech/Language Pathologist
- Licensed Case Manager

We know that many professionals work with people with disabilities. This list isn't meant to exclude those professionals. In general, this means they completed a multi-year degree, are licensed by a public agency such as the WA State Department of Health, or both.

A primary care physician is often able to complete this section. You do not need to visit a specialist.

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## Avoid Delays

- Make sure all questions in both sections are answered.
- Make sure all signatures are present.
- Work with us to schedule assessments as soon as possible.

An incomplete application will be returned with a notice of what is missing.

Temporary  
 Denial  
 Unconditional  
 Conditional

# 1 PART 1 Eligibility Questionnaire

Complete the entire application. Incomplete applications will be returned.

Is this a new application, or a recertification?  New  Recertification

## Applicant Information

First Name	M.I.	Last Name	
Home Address			Apt#
City		State	ZIP
Is this an apartment complex, mobile home park, or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of complex or facility	
Home Phone	Mobile Phone		Gender <input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Birth ( mm/dd/yyyy )</b>	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____		
Mailing Address (If different)			
City		State	ZIP

OFFICE USE ONLY

EXPIRES:

REVIEWED BY:

FIRST:

LAST:

1. What mobility device(s) do you travel with? Larger, heavier, wheelchairs may exceed equipment safety specifications.

- Cane     White Cane     Manual Wheelchair  
 Crutches     Prosthesis     Powered Wheelchair/scooter  
 Walker     Portable Oxygen     No aid required

2. If you qualify for LIFT, would you require a helper (Personal Care Attendant or PCA) to travel with you?

- Yes     No     Sometimes, **specify:** \_\_\_\_\_  
 \_\_\_\_\_

3. Do you travel with a service animal?

- No     Yes, **type:** \_\_\_\_\_

4. In case of emergency, who should we contact?	Who is authorized to contact RCT on your behalf?
Emergency Contact Name	Contact Name 1 (Individual or Organization)
Phone	Phone
Work Phone	Contact Name 2 (Individual or Organization)
Relationship	Phone

5. Please list three trips you frequently take:

Starting Address

Ending Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

6. How do you currently travel to complete your frequent trips? Check all that apply.

- Fixed Route (big) bus   
 Walk   
 LIFT   
 Other, specify: \_\_\_\_\_  
 Drive myself   
 Bicycle  
 Ride with somebody   
 Taxi

7. What best describes your ability to use RCT's Fixed Route (big) bus?

- I can use the bus for most trips.  
 I can use the bus but it is difficult.  
 I can use the bus only for specific trips or destinations.  
 I have never tried to use the bus.  
 I cannot use the bus.

8. We provide free, in-person training to help you learn to ride our Fixed Route (big) buses. Are you interested in receiving this training?

- Yes     No

9. How far can you travel by yourself? With your mobility aid, if any.

- Less than one block  
 1 block (1/8 mile)  
 2 blocks (1/4 mile)  
 4 blocks or more (1/2 mile +)

10. Can you be left unattended at your destination?     Yes     No

11. Can you be left unattended at your home/residence?     Yes     No

12.

**Are you able to complete the following tasks by yourself?**  
Check a box for each question. If you answer **Sometimes** please explain.

	ALWAYS	SOMETIMES	NEVER
A. Travel to/from the bus stop closest to where you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. With help from the Driver, can you get on and off a ramp or lift-equipped bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. With any necessary mobility aid(s), can you wait 15 minutes at a bus stop without a bench/shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. With any necessary mobility aid(s), can you wait 15 minutes at a bus stop with a bench/shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Recognize stops and landmarks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ask for, understand, and follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Plan, understand, and follow through with the actions necessary to take a bus trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Clearly communicate information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any boxes checked "Sometimes": \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Is your disability:

Permanent    Stable    Progressive    Temporary, **how long?** Months \_\_\_\_\_ Years \_\_\_\_\_

14. Explain as completely as possible how your disability prevents you from getting on, riding, or getting off a Fixed Route (big) bus or how it prevents you from getting to or from a bus stop. Add another page if needed.

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

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that the falsification of information may result in the denial of service. I understand this application will be used to determine paratransit eligibility under the ADA and may include an in-person functional assessment. I also understand that periodic recertification and/or assessment may be required. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085).

\_\_\_\_\_  
 Applicant, or Legal Guardian's Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Check this box if someone other than the applicant is completing this form.

## Release of Information

### Medical Information Release / HIPAA Authorization

I authorize the Qualified Professional, and their office staff, completing this application to release to RiverCities LIFT any protected health information about my disability in order to verify my eligibility for paratransit service. I also authorize the release of further information should it be needed for this application for a period of 60 days from the date of my signature on this application unless revoked in writing.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Your Qualified Professional

The professional listed below should complete and copy the remainder of this application.

Name	Profession	
Address	Phone	Fax

**The following section must be filled out by your Qualified Professional.**

## **2** PART 2 Professional Verification

Complete the entire application.  
Incomplete applications will be  
returned.

Dear Qualified Professional,

RiverCities Transit will use the information to help determine the applicant's paratransit (LIFT) eligibility in accordance with the Americans with Disabilities Act (ADA). LIFT is a tax-supported service for individuals who, because of their disabilities/functional limitations, are unable to ride the regular ramp-equipped and fully accessible bus. Age, use of a mobility device, convenience of LIFT, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for LIFT service. Individuals are not ADA paratransit eligible if getting to or from fixed route stops and stations is only more difficult or inconvenient. Please call (360) 442-5663 if you have any questions.



**Is the applicant's disability:**

- Permanent
- Stable
- Progressive
- Temporary, How long?  
Month \_\_\_\_\_ Years \_\_\_\_\_

**Does the applicant's disability:**

- Affect mobility
- Affect judgement
- Require** them to have assistance when traveling outside their residence?

**How far can the applicant travel without help from another person?**

- Less than one block
- 1 block (1/8 mile)
- 2 blocks (1/4 mile)
- 4 blocks or more (1/2 mile +)

Is the applicant able to complete the following tasks by themselves?

	ALWAYS	SOMETIMES	NEVER
A. Travel to/from the bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. With help from the Driver, can they get on and off a ramp or lift-equipped bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. With any necessary mobility aid(s), can they wait 15 minutes at a bus stop without a bench/shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. With any necessary mobility aid(s), can they wait 15 minutes at a bus stop with a bench/shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Recognize stops and landmarks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ask for, understand, and follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Plan, understand, and follow through with the actions necessary to take a bus trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Clearly communicate information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the applicant's disability prevents them from getting on, riding, or getting off a Fixed Route (big) bus, or how it prevents them from getting to or from a bus stop.

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**National Provider Identifier (NPI) or Tax ID:** \_\_\_\_\_

**Provider Signature and Affirmation**

I am a licensed medical provider or qualified service provider with a state/county agency in the field indicated below and certify that the above mentioned individual has the disability and limitations indicated above. (RCW 9A.72.085 & RCW 40.16.030)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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



### 3 Submit Both Parts Together

**Make sure all questions have been answered and required signatures are in place.**

**Submit both the Eligibility Questionnaire and the Professional Verification parts to:**

RiverCities Transit  
ATTN: Mobility Supervisor  
PO Box 128  
Longview, WA 98632  
Fax : (360) 442-5979

**You may also submit this in person at the Transit Center**  
1135 12th Ave  
Longview, WA 98632

**Transit Center Hours:**  
Monday - Friday 8:00 a.m. – 5:00 p.m.

### 4 Phone or In-Person Assessment

If we need to conduct an assessment, your eligibility will be determined within 21 days of the assessment. We'll call to schedule it and we'll provide transportation to and from the assessment.

RiverCities Transit operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who would like more information on our Title VI Program or believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI and would like to make a complaint, may contact:

<b>RiverCities Transit</b>	
<b>Title VI Compliance Coordinator</b>	<b>(360) 442-5663</b>
<b>PO Box 128</b>	<b>TTY Relay: 711</b>
<b>Longview, WA 98632</b>	<b>customerservice@rctransit.org</b>

**Thank you for filling out the paratransit application, making sure all questions have been answered, signatures gathered, and both parts are complete before submitting. We look forward to serving you.**

**(360) 442-5663**

 **\*\*\*.rctransit.org/LIFT**