

**SUNSET EMPIRE
TRANSPORTATION
DISTRICT**



ADA Paratransit Application

Sunset Empire Transportation District (SETD) offers Americans with Disabilities Act (ADA) Paratransit transportation to persons with disabilities or impairments who are unable to use the fixed route service. Those seeking Paratransit services are required to complete an application to determine eligibility. A person's eligibility is not based on age, personal finances, a disability or medical diagnosis by itself, inability to drive or availability or inconvenience of the fixed route service. Paratransit Services are curb to curb and vehicles are wheelchair accessible and comparable to the existing SETD fixed route bus services being operated within the designated service area.

Directions on filling out this application:

Step 1: Fill out the application. If you are unable to fill it out have someone assist you. Your application needs to be signed by a health care provider. An example of a health care provider is: A medical Doctor, Nurse Practitioner, Physician's Assistant, an Occupational Therapist, Mental Health Practitioner or other medical provider. If you need an alternate format please contact the Mobility Department at 503-861-5372.

Step 2: Return the application by mailing to 900 Marine Drive, fax to 503-861-4299 or bring to the Astoria Transit Center ticket counter at 900 Marine Drive in Astoria.

Step 3: Once your application is received you will be granted temporary eligibility while your application is being processed. This means you can begin scheduling your rides once the application is received. You will be notified of our determination within 21 days.

Step 4: To schedule a ride or check the status of your application call RIDEASSIST at 503-861-7433. Press Option 2#

Step 5: You will be contacted to complete an assessment and to review your application. You will be notified in writing the determination of your eligibility.

Part 1. Personal Information:

Date: _____

Name _____

Address _____

_____ Check if mailing address is the same and Please put complete address.

Mailing address _____

Date of Birth _____

Home Phone _____ Secondary Phone _____

Emergency Contact _____ Phone Number _____

Are you registered to vote? _____ YES _____ NO

If no would you like a voter registration application? YES _____ NO _____

Part 2. Mobility Status and Needs:

Please Circle your answer

Which of these Mobility aids will you be using during transport?

Manual Wheelchair Motorized Wheelchair Scooter Seated Walker

Standard Walker Cane White Cane Portable Oxygen Service Animal

Communication aid PCA (Personal Care Attendant)

Other: _____

Part 3. Applicants Abilities and Needs:

A. What is your Disability or Health Condition?

B. What is your need for ADA Paratransit Services? Please circle.

Permanent (Life-long) Temporary (how long) Conditional (Sometimes)

C. In the last 6 months what type of SETD services have you used?

Fixed Route Bus Service

Dial-A-Ride

D. Have you participated in travel training with any transit system including SETD?

Yes

No

E. Indicate your ability to do each of the following without assistance:

I can get to the nearest bus stop without assistance.

- Yes
- No
- Sometimes

I can wait at a bus stop for up to 15 minutes independently.

- Yes
- No
- Sometimes

I can maintain my balance while standing independently or with mobility device.

- Yes
- No
- Sometimes

I can get on and off the bus using the steps independently.

- Yes
- No
- Sometimes

I can communicate to the driver by myself **or** with the help of an aid
what my needs are

- Yes
- No
- Sometimes

I can travel _____ city blocks on my best day.

I can travel _____ city blocks on my worst day.

F. How do you currently travel to your most frequent destinations?

Fixed Route buses _____ Taxi _____ Someone drives me _____

I drive myself _____ RIDE CARE medical transportation _____

I walk _____ I use a Bicycle _____ Other _____

4. Professional Contact Health Care Provider:

My name is _____ and I am a Health Care Provider licensed under the laws of the State of Oregon or Washington. I have examined the person identified in this application and it is my opinion that he or she is within the meaning of the disability definition which follows:

“A person must have impairment due to illness. Injury, congenital malfunction or other incapacity or disability that substantially limits one or more of that person’s major life activity”. “Permanent impairment means an impairment which has lasted or is expected to last at least 12 months”.

The following statement describes the medical condition that “substantially limits one or more major life activities of my patient.

Printed Name and Signature of Health Care Provider

Contact information: address and phone number

5. Applicants Certification:

I certify that the information in this application is true and correct. I understand that all information in this application will be kept confidential and disclosed only as needed in order to provide ADA Paratransit Services. I understand that SETD reserves the right to perform a phone or in person assessment in order to determine my eligibility for ADA Paratransit. If SETD requires an in person assessment transportation will be provided to me for that assessment. If someone other than you has assisted with filling out this application please provide the following information.

Name_____

Relationship to Applicant_____

Contact information_____

**Please deliver application to: SETD, Attention: RIDEASSIST
900 Marine Drive Astoria, Oregon 97103; or faxed to 503-861-4299**

Updated 7/2015