



1615 W. Sims Way, Port Townsend, WA 98368

Dear Dial-A-Ride Applicant,

This is your application packet for paratransit eligibility under the Americans with Disabilities Act (ADA). Please take time to ensure you fill out all entries in the packet completely and properly. Although you can complete most of the packet, a portion (the Professional Verification Form) must be completed and signed by a health care professional who is familiar with your disabilities and abilities. Be sure to sign and date your application to certify all information you provide us is true and accurate.

Once Jefferson Transit receives your complete application packet, we will assess your eligibility within a 21-day period. The purpose of this assessment is to determine your ability to use Jefferson Transit's fixed route bus system. During this period, transit staff may ask you to come to an interview to answer additional questions about your abilities. If your eligibility remains in question after the interview, transit staff may ask you also to demonstrate your abilities to a member of Jefferson HealthCare's Rehabilitation Department (at no cost to you).

This application and assessment process reserves Dial-A-Ride system capacity for only those individuals with disabilities who cannot use our regular fixed route bus system. If this process determines you are eligible, you may begin using the Dial-A-Ride service within established policies.

Thank you for time and effort in completing this application process.

Sincerely,

Patty Perry

Patty Perry
Mobility Coordinator

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Jefferson Transit Authority
Americans with Disabilities Act (ADA)
Paratransit Services (Dial-A-Ride) Application

If you have a disability that prevents you from using JTA fixed route bus services, please complete and return this form to Jefferson Transit, 1615 W. Sims Way, Port Townsend, WA 98368. Based on the information received, JTA may ask you to attend a personal interview for further clarification. Should eligibility questions remain after this interview, you will be asked to demonstrate your abilities to the Jefferson General Hospital's Rehabilitation Department. There will be no cost to you for the Rehabilitation Department's assessment.

If you have questions about JTA's services, eligibility, or need assistance completing this form, please call the ADA Paratransit (Dial-A-Ride) Certification Program at (360) 385-4777.

After receiving the completed application packet, Jefferson Transit will take no more than 21 days to make an eligibility determination.

I. General Information (Please print)

First Name _____	Middle Initial _____
Last Name _____	Sex: M ___ F ___
Birth date _____	
Street Address _____	
City _____	State _____ Zip Code _____
Phone (daytime) _____ (evening) _____	
Mailing Address (if different) _____	
City _____	State _____ Zip Code _____
Please provide the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number.	
Name _____	Relationship _____
Phone (daytime) _____ (evening) _____	

II. Disability and Mobility Equipment Information

Please describe the disability or health condition that prevents you from using the fixed route system. (Please list all disabilities or health conditions that apply). _____

Is this a temporary disability or health condition? Yes _____ No _____

If this is temporary, how long do you expect this to prevent you from using the regular fixed route system? _____ months.

Do you use any of the following mobility aids or equipment? (Check all boxes that apply)

Cane

Powered Wheelchair

Crutches

Powered Scooter

Walker

Manual Wheelchair

Leg Brace

Long White Cane

Prosthesis

Service Animal

Portable Oxygen

Other _____

I do not use any mobility aids

Do you ever need to bring someone with you to help you when you travel (a "Personal Care Assistant" or other "assistant")?

Yes, always

Yes, sometimes

No

III. Ability To Use The Fixed Route Bus System

Please read the following statements and check those which best describe your abilities to use the regular fixed route system. *(Check all that apply.)*

I can get to and from bus stops if the distance is not too great.

I can only get to the bus stop if there are curb cuts and level sidewalks.

I can ride the buses when I am feeling well. There are other times, however, when my disability or health condition worsens and at these times I cannot ride the bus.

I have a disability or health condition that prevents me from riding the bus if the weather is very hot or very cold.

My disability or health condition prevents me from riding the bus if there is snow or ice on the ground.

I cannot climb stairs to get on and off the bus.

I have difficulty understanding or remembering all the things I would have to do to use the bus.

I can use the bus if it's someplace I go all the time.

I can never use the fixed route bus by myself.

I am not sure if I can use the fixed route bus.

I am not able to use the fixed route bus for other reasons.

Please explain: _____

Without the help of someone else, can you:

- | | | | | | |
|----|---|--------|-----------|-------|----------|
| 1. | Ask for and understand written or spoken instructions? | Always | Sometimes | Never | Not Sure |
| 2. | Cross the street? | Always | Sometimes | Never | Not Sure |
| 3. | Stand for 10 minutes if there is no place to sit? | Always | Sometimes | Never | Not Sure |
| 4. | Step on and off a sidewalk from the curb? | Always | Sometimes | Never | Not Sure |
| 5. | Find your own way to the bus stop if someone shows you once or twice? | Always | Sometimes | Never | Not Sure |
| 6. | Walk up and down three (3) steps if there is a handrail? | Always | Sometimes | Never | Not Sure |
| 7. | Stand on a moving bus holding onto handrail? | Always | Sometimes | Never | Not Sure |
| 8. | Walk up and down a flight of stairs if there is a handrail? | Always | Sometimes | Never | Not Sure |
| 9. | Transfer from one fixed route bus to another bus? | Always | Sometimes | Never | Not Sure |

V. Where You Currently Travel and How You Get There

List the three places you go most often and how you get there now.

- 1. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

- 2. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

- 3. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

Do you currently use fixed route buses at all?

No _____ Yes _____ Which routes? _____

When was the last time you used a fixed route bus? _____

If you used fixed route buses in the past and have stopped using them, please explain why:

VI. Applicant Signature: Please sign and date below.

- **If you can sign for yourself, complete Box A.**
- **If you are a minor or have a legal guardian, complete Box B.**

A. I understand that the purpose of this application is to determine if I am eligible to use ADA Dial-A-Ride. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of ADA Dial-A-Ride as well as a penalty under the law. I agree to notify Jefferson Transit Authority if I no longer need to use ADA Dial-A-Ride.

_____ Date: _____
(Signature of Applicant)

B. I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Dial-A-Ride. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of ADA Dial-A-Ride as well as a penalty under the law. I agree to notify Jefferson Transit Authority if the applicant no longer needs to use ADA Dial-A-Ride.

I consent to the applicant's interview and the functional assessment of his/her travel abilities and limitations to determine ADA Paratransit Service Eligibility. I understand that the Applicant must be present for the interview and any recommended functional assessment. I acknowledge that I may be present with the applicant during the interview and any functional assessment, and state that:

(Check one of the following)

- I will be present at the interview.
- I designate _____ to be present on my behalf.
- I waive my right to be present and do not designate another person to be present on my behalf.

_____ Date: _____
(Signature of Applicant)

If someone assisted you in completing this application, please provide the following information:

Name (Please print): _____

Relationship to Applicant: _____

Address: _____

Agency: _____ Phone: _____

Jefferson Transit Authority Americans with Disabilities Act (ADA) Professional Verification Form

To the Applicant: Please have this portion of the application packet completed by one of the professionals listed below before returning your application to JTA. Any one of the professionals listed below may sign this application. Please submit this form with the rest of your packet. If this portion is not completed and signed by a health care professional, the application will be returned to you and delay the processing of your application.

To the Health Care Professional:

The ADA regulations state that people are eligible for Paratransit van services if, because of a medical condition or disability, they are physically or cognitively *prevented* from:

- Independently using fixed route bus service, or
- Traveling to or from a bus stop

Note that if the disability makes the applicant uncomfortable or makes it difficult to use the transit system, this does not constitute eligibility under the ADA; the disability must prevent the applicant from using the fixed route bus system. Please note that all fixed route buses in Jefferson Transit Authority's system are wheelchair accessible with lifts. Any passenger who has difficulty boarding a bus may use the lift, not just those using a wheelchair. On non-commuter routes, the bus may also make unscheduled drop-offs and pick-ups along the route, if the roadway is safe to do so.

Under certain circumstances, a person with a disability or medical condition may be able to use a regular fixed route system bus. Under other circumstances, the person would need the assistance of the Paratransit system (Dial-A-Ride). The information you provide will help us determine this applicant's abilities and barriers to using the fixed route bus system.

What is your professional verification qualification? (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner | <input type="checkbox"/> Vocational Rehabilitation Counselor |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Recreation Therapist at medical facility |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Certified Orientation & Mobility Specialist | <input type="checkbox"/> Hospice MSW |

Is there any other medically relevant Information that would help Jefferson Transit determine ADA Paratransit eligibility for this applicant?

Printed Name of Professional

Phone Number

Professional Signature

Date

Customer Complaint Procedure

Jefferson Transit is committed to providing reliable, safe, and satisfying transportation options for the community. Customers of Jefferson Transit are a fundamental aspect of our business and as such, their feedback is crucial to the growth and development of the agency.

The Jefferson Transit Customer Complaint Procedure has been established to ensure that riders of the system have an easy and accessible way to provide feedback to the agency. Jefferson Transit is open to hearing any customer feedback including complaints, comments, suggestions, or concerns.

Contacting Jefferson Transit: Riders can contact Jefferson Transit in the following ways:

1. **US Mail:** Riders can mail their feedback to the Jefferson Transit office at 1615 W. Sims Way, Port Townsend, WA 98368.
2. **Feedback Line:** Riders can contact Jefferson Transit at 360-385-4777 (or toll free at 800-371-0497.) This line is available 24 hour a day, seven days a week.
3. **E-mail:** Riders can contact Jefferson Transit by e-mail at info@jeffersontransit.com.
4. **Fax:** Riders can send written feedback by fax to 360-385-2321.
5. **Language Line:** For riders who speak a language other than English, Jefferson Transit will utilize the services of the AT&T Language Line to facilitate the call.

Feedback Review Process: All feedback from customers is valued and will be reviewed and distributed to the appropriate agency representative(s).

1. Customer concerns, complaints, or employee commendations will be forwarded to the appropriate supervisor.
2. Recommendations for service or system modification will be sent to the operations department.
3. Questions regarding discrimination or bias will be sent to the agency Equal Opportunity Officer.

Feedback Acknowledgement: Anyone who submits a comment, complaint, or service suggestion to Jefferson Transit shall receive a response provided they give legible contact information.

- Feedback sent via mail or fax will receive with a response within seven business days.
- E-mail, phone, or web originated messages will be returned with 72 hours

Customer Appeals Process: Any person who is dissatisfied with the response they receive from Jefferson Transit is welcome to appeal the decision. A review team consisting of the General Manager, Jefferson Transit Citizens Advisory Committee Chair person and one other staff member will review customer appeals.

Information about Policy: Information about the Customer Complaint Policy, including how to submit a complaint, will be made available to riders:

1. When customers are approved for ADA paratransit service
2. When customers are re-evaluated for ADA paratransit service or if customers are not re-evaluated, every three years
3. On comment cards available on all transportation vehicles

Reporting: The General Manager shall compile a summary of rider responses for the board, staff, and employees for use in reviewing and evaluating service.

Tracking: Jefferson Transit shall maintain a tracking system for all feedback from customers that provides a unique identification of each customer communication and allows ready access to information on the status of the comment at any time.

Protection from Retribution: Customers of Jefferson Transit should be able to submit feedback without fear of retribution from the agency. If a rider feels like they are being treated unfairly in response to the feedback that they provided, they should contact the Jefferson Transit General Manager. Jefferson Transit will appropriately discipline any employee that retaliates against a customer.