

ADA Paratransit Eligibility Application



Kootenai County Citylink North provides two forms of public bus transportation:

1. **Regular route bus service travels along three routes in Kootenai County.** All regular route buses are accessible for people with disabilities and are equipped with lifts, as well as auditory and visual destination announcements. Under the Americans with Disabilities Act (ADA), the regular route service is to be the primary means of public transportation for everyone, including people with disabilities.
2. **ADA Paratransit bus service complements the regular route service by providing comparable transportation** to individuals who cannot use the regular route buses some or all of the time due to an ADA eligible functional limitation.

Paratransit is an “origin-to-destination” curb-to-curb service that operates within the same service area as the regular route bus. Per the ADA, Paratransit is not intended to be a comprehensive system of transportation for individuals with disabilities.

If it is unsafe for the applicant to travel alone on a regular route bus, the applicant should not travel alone on a Citylink Paratransit bus. Paratransit bus operators do not act as caregivers or aides, nor ensure that riders reach destinations inside buildings or businesses. Paratransit drivers primarily assist riders in getting on and off the bus, securing riders with mobility devices, and driving safely. Personal care aides are encouraged to ride with passengers who might otherwise be unsafe on their own.

Please note:

- **Having a disability does not by itself qualify you for Paratransit eligibility.**
- **Eligibility is based on functional abilities,** (and is not a medical determination).
- **Distance to bus stop, lack of bus service to an area, or lack of transportation are not qualifiers, nor used to determine eligibility.**

Travel Training: Citylink offers free training to teach people with or without disabilities how to ride the regular route buses. If you are interested, please call: 208.446.1616.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against people with disabilities. Alternative formats of this application and associated information will be produced for people with disabilities upon request. Please call 208.446.1616. Call 711 for TTY services.

Things to Know before Applying:

Service Area

- Paratransit is limited to a ¼ mile radius around the regular route bus system. If you live out of this area you can still apply for paratransit services, but you will need to transport into the service area to meet the paratransit bus. If you wish to check to see if a residence is in the service area, please call 208.446.1616.

Scheduled Rides

- Rides need to be scheduled in advance, we do not provide same day ride service.
- You may either schedule to be at a location by a certain time, **or** schedule to be picked up at a requested time, but not both. Examples:
 - Be at a location: If you have an appointment at 2:00 p.m., your ride may be scheduled as early as an hour in advance of your appointment (1:00 p.m.).
 - Picked up at a specific time: If you are going shopping and would like to be picked up at 11:00 a.m., we have an hour before/after your requested time to arrange for your ride (10:00 a.m. – 12:00 p.m.).
 - Pick up times are not set until the evening before your ride. You will receive an automated call the evening before your ride with your specific pick up time. We have 30 minutes from the specific time to arrive without being considered late.

Shared Ride Service

- Paratransit is a shared ride service; please expect that other riders will be picked up and dropped off during your ride.

Citylink Responsibilities

- Assist passengers in boarding and disembarking from the bus.
- Ensure that mobility aids are secured.
- Safely operate the bus.
- Get you to your destination safely and on time.
- Treat passengers with respect.

Paratransit Customer Responsibilities

- Book rides in advance.
- Be ready for departure within five (5) minutes of the bus's arrival.
- Understand that bus drivers are not caregivers and provide only limited assistance.
- Refrain from abusive language toward drivers, riders, and dispatchers.
- Follow the Citylink North and Riverstone Transit Center Property and User Policy.

Please initial that you (or representative) have read the first two pages:

Initials _____

The Application Process:

Please fill out all information. The enclosed application must be complete to be eligible for consideration. After we receive the completed application, *including the medical verification portion*, you will be asked to call to schedule an in-person interview assessment. Your application process is complete when all requested information is provided and you have had an in-person interview assessment; in some cases, a functional assessment will also be completed. Once your assessment(s) has been completed, we will make a determination within 21 days. You may have someone fill out the paper portion of the application for you if needed. Incomplete information may delay and/or invalidate the application. *Applications containing falsified information will be denied.*

1. Complete Parts 1 and 2 and sign your name; a signature is required before an application can be processed.
2. Present your completed application to your healthcare professional and request they complete Part 3, "Licensed Medical or Mental Health Professional Verification." This section must be filled out and signed by a licensed medical or mental health professional. Information filled out by the applicant on this section of the application will invalidate the application. You do not have to incur a cost in obtaining this medical verification; health care providers that you currently receive services from can complete the application.
3. You or your healthcare provider should return the fully completed application to the Paratransit office in one of the following ways: by fax to 208.446.1039; by mail in the provided return postage prepaid envelope; by mail to: Kootenai County Paratransit, PO Box 9000, Coeur d'Alene, ID 83816-9000; or dropped off at the Riverstone Transit Center - 2400 Riverstone Drive, Coeur d'Alene, Monday through Friday, 7:00 a.m. to 6:00 p.m.

General Information

Last Name: _____ First: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Mailing: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Date of Birth: ____/____/____ Veteran? Yes No

Do you need information provided to you in an accessible format? Yes No

If yes, what format is required? _____

Emergency Contact

Name: _____

Relationship: _____ Phone: (_____) _____

Part 1 - Section A. General Information about Your Disability

A1. What type, or types, of disabilities might limit or prevent you from using Kootenai County's Citylink regular route buses some or all of the time? Please check any that may apply:

- | | |
|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/Blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Neurological disability (MS, Epilepsy) |
| <input type="checkbox"/> Mental/cognitive disability | <input type="checkbox"/> Fatigue (Chemo/Radiation, Dialysis) |
| <input type="checkbox"/> Respiratory (COPD, Asthma) | <input type="checkbox"/> Other: _____ |

A2. Please describe the factors, if any, which make it difficult for you to get to the bus stop closest to your residence some or all of the time:

- I am able to get to the nearest bus stop some or all of the time.

A3. Describe your disability and how you believe it prevents or limits your use of the Citylink regular route bus (all Citylink buses are lift equipped). Please be specific:

A4. Is your disability or condition temporary?

- No Yes - If Yes, what is the expected duration? _____

A5. Do you travel with a Personal Care Attendant (PCA), or other person to assist you when travelling? No Yes Sometimes

A6. Do you travel with a Service Animal to assist you when travelling? No Yes
If yes, what service has the animal been trained to provide for you?

C5. Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to utilize the regular bus system:

Part 1 – Section D: Vision Related Disabilities. (Skip section if N/A)

D1. Cause of vision loss/ Diagnosis: _____

D2. Are you totally blind? No Yes - If yes, skip to question #D7.

D3. My vision is worst during these conditions. Check all that apply:

- Bright sunlight Dimly lit or shaded places
 Nighttime conditions

D4. My eye condition is considered to be:

- Stable Degenerative
 Other (please explain) _____

D5. I am unable to use my vision to consistently identify the following signs and environmental features as they relate to traveling to the bus stop and using Citylink regular route bus service. Please check any that may apply:

- The color of traffic lights Walk/ Don't Walk signals
 Crosswalk markings Curbs or curb ramps
 Level changes along the walking path
 Bus/transit stop signs that indicate the location of the stop

D6. Is there anything else you wish to tell us about your vision in regard to mobility within the community?

D7. Most often, I use the following mobility aids outside - please check all that apply:

- Sighted (person) guide Guide dog
 White cane Optical devices
 None of the above
 Other, please list: _____

Part 1 – Section E: Destinations & Abilities.

E1. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

- Yes No Sometimes

E2. If you indicated that you do not use Citylink regular route bus, or that you no longer use it, please explain why you do not use the service. Please check any that apply:

- I do not know how to ride the Citylink regular route bus
- I cannot travel by myself between the bus stop and my destination
- I am not able to use Citylink regular buses by myself
- I get confused and cannot find my way using the Citylink regular bus
- Other (explain)

E3. Please list some of the destinations for which you use, or need Paratransit services, and the reasons why you are unable to use Citylink bus services for those trips:

a. Destination/address: _____

How often do you go? _____ How do you get there? _____

Reason unable to use Citylink bus service: _____

b. Destination/address: _____

How often do you go? _____ How do you get there? _____

Reason unable to use Citylink bus service: _____

c. Destination and address: _____

How often do you go? _____ How do you get there? _____

Reason unable to use Citylink bus service: _____

E4. Are you able to tell time? Yes No

E5. Are you able to recognize your destination or a landmark near your destination?

Yes No Sometimes

Part 2 – Representative Information. If a person other than the applicant filled out this application, please complete the following (please print):

Name _____ Phone# _____

Relationship to Applicant _____ Agency _____

Signature _____ Date _____

Part 2 – Paratransit Service Applicant Agreement & Authorization for Release of Information.

By signing below, you authorize the release of verification information and any other information to Citylink Paratransit or its representatives needed to evaluate your eligibility to receive Paratransit service.

Please be advised that Citylink Paratransit will use your statements to determine your eligibility for Paratransit service as provided by law. The statements contained herein are material to Citylink Paratransit’s determination and Citylink Paratransit may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (Idaho Code, Title 18, Sections 18-5401 and 18-5409).

Citylink Paratransit may share your eligibility determination with other transportation providers, on request, to facilitate travel in other transit districts.

Documents used by Citylink Paratransit regarding your Paratransit eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request. Citylink Paratransit will attempt to notify you should there be a public records request for your eligibility documents.

This form must be signed by the Applicant or by the individual who has designated power of attorney, or is a legal guardian for the Applicant. If the Applicant is over 18 years old and you are signing as a power of attorney or legal guardian, please include a copy of the authorizing document.

“I hereby certify under the penalty of perjury under the laws of the State of Idaho that the information provided on this application is true and correct.”

Signature: _____ Date: _____

Applicant Designated Power of Attorney Legal Guardian

Printed Name: _____ Phone: _____

APPLICANT: STOP HERE



Part 3 – Licensed Medical or Mental Health Professional Verification.

For the purpose of this application, licensed medical or mental health professionals are limited to the following list. ***The application will be considered invalid if this portion is filled out by the applicant.***

Please check one:

- | | |
|---|---|
| <input type="checkbox"/> Medical Doctor (MD or DO) | <input type="checkbox"/> Optometrist or Ophthalmologist |
| <input type="checkbox"/> Psychologist (Ph.D.) | <input type="checkbox"/> Physician Assistant or ARNP |
| <input type="checkbox"/> Licensed Mental Health Professional | <input type="checkbox"/> Physical or Occupational Therapist |
| <input type="checkbox"/> MDS Nurse (from Skilled Nursing Facilities Only) | |

INSTRUCTIONS: If the Applicant is your current patient/client, answer the following questions and fill out the form completely or the application may be considered invalid. All health care information will be kept confidential.

The applicant is asking you to review the information on this application and verify health conditions in regard to their mobility. The information you provide will help determine if they need paratransit service or are able to use the regular route bus for all or some of their travels. Paratransit is a costly service and **all of our Citylink regular route buses are free and equipped with wheelchair lifts.** Please call 208.446.1616 if you have any questions.

Operational issues are not used to determine eligibility, including:

Distance to bus stop	Vulnerability	Age
Lack of bus service to an area	Lack of transportation	

3A. Paratransit is a curb-to-curb shared ride public bus service that requires people to wait at their location and destination for up to 30 minutes until the bus arrives. We do not provide personal care services and are not medical transport. Drivers do not carry items or walk people in and out of buildings. Knowing this, can your client function on a shared ride service?

Yes No – If No, please explain:

3B. Does your patient require a Personal Care Attendant (PCA) for assistance?

No Yes

Is your patient safe to travel alone on a curb-to-curb shared ride paratransit service?

Yes No – If No, please explain:

3C. Is the Applicant's need for Paratransit service temporary? For instance, until healed from hip, back or knee surgery: No Yes – If Yes, for what period of time:

3D. Are any of the applicant's conditions episodic or variable in their severity? Examples would include fatigue from dialysis or relapsing and remitting symptoms as in MS?

No Yes – If Yes, please provide details below:

3E. If your patient/client is in a motorized wheelchair, what is the combined weight of your patient/client and the mobility device? Our lifts are certified for 800lbs.

Pounds: _____ Unknown, but under 800 pounds: _____

3F. Would the applicant know what to do if they became lost out in the community?

Yes No – If No, please explain:

3G. Diagnosis/Disability - Please provide as much information as possible:

Diagnosis/Disability	Degree of Impairment (circle one)			Date of Onset
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	
	Mild	Moderate	Severe	

3H. Do the patient/client’s physical/cognitive diagnoses make travel on a lift-equipped regular bus with visual-auditory stop information (please provide a brief rationale):

- a. Possible at all times: _____
- b. Possible some of the time: _____
- c. Somewhat difficult: _____
- d. Very difficult: _____
- e. Impossible: _____

3I. Does your patient use a mobility aid(s) to get from the parking lot to your office?

- No aids
- White Cane
- Support Cane
- Crutches
- Walker
- Motorized Wheelchair
- Motorized Scooter
- Manual Wheelchair

3J. In your estimation, what distance can your patient ambulate - with mobility device if used, or without if no mobility aids are needed - outside? For example: “4 Blocks,” “300 feet,” or “.5 mile,” etc.:
