

## ADA Paratransit Eligibility Application



Kootenai County provides two forms of public bus transportation available to residents and visitors:

1. Citylink's 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 destination announcements that are both auditory and visual. **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.** These buses travel to each stop at a pre-designated time each hour during hours of operation.
2. Americans with Disabilities (ADA) Paratransit bus service, which provides "origin-to-destination" curb-to-curb service for people with an ADA eligible, functional limitation that prevents them from using the regular route buses part, or all of the time. Per the ADA, complementary Paratransit is not intended to be a comprehensive system of transportation for individuals with disabilities. Like the regular route bus, this is a shared ride service, but unlike the regular route bus, rides must be scheduled in advance.

The purpose of this application form is to determine if, or under what circumstances, you can use Kootenai County's Citylink public transportation regular route bus system. If your disability prevents you from taking the regular route bus service, you may be eligible for paratransit bus service some or all of the time:

- a. Having a disability does not by itself qualify you for Paratransit eligibility.
- b. Eligibility is not a medical decision; the decision is based only on your functional ability to use the regular bus.
- c. Distance to bus stop, lack of bus service to an area, or lack of transportation are not qualifiers, nor used to determine eligibility.

**The application process:** After you submit your application, you will be asked to call to schedule an in-person interview assessment. Your application will not be considered complete until all requested information is provided to Kootenai County Paratransit and the interview assessment has been conducted. Once your application and interview assessment have been completed, we will make a determination within 21 days.

Travel Training: Citylink offers free training to teach people with 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. Upon request, alternative formats of the information will be produced for people with disabilities, if required. Please call (208) 446-1616. Call 711 for TTY services.

**Please fill out all information:**

The enclosed application must be complete to be eligible for consideration, and will not be considered complete until all requested information is provided to Kootenai County Paratransit. You may have someone fill it out for you if needed. **Any application containing falsified information will be denied.**

- Complete Parts 1 and 2 and sign your name in the box at the end of Part 2. A signature is required before an application can be processed. Legal guardians must sign the application, if applicable. Send your completed application to your healthcare professional and keep a copy for your records.
- Part 3, "Licensed Medical or Mental Health Professional Verification" must be completed and signed by a licensed medical or mental health professional. (See list of approved professionals.) Incomplete information, or information filled out by the applicant will delay the process and/or invalidate the application. You do not have to incur a cost in obtaining this medical verification; health care providers that you currently utilize may complete the application.
- Return the fully completed application to the address on the bottom of the application.

**General Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Mailing (if different): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ TTY/TDD: Yes No

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ TTY/TDD: Yes No

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Veteran?  Yes  No

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

**Emergency Contact Person:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Part 1 - Section A. General Information about Your Disability**

**A1.** What type, or types, of disabilities prevent or limit you from using Kootenai County’s Citylink regular route buses? Please check any that may apply:

- Physical disability
- Developmental disability
- Mental/cognitive disability
- Respiratory (COPD, Asthma)
- Visual impairment/Blindness
- Neurological disability (MS, Epilepsy)
- Fatigue (Chemo/Radiation, Dialysis)
- Other: \_\_\_\_\_

**A2.** 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:

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**A3.** Is your disability or condition temporary?

- No     Yes - If Yes, what is the expected duration? \_\_\_\_\_

**A4.** Do you travel with a Personal Care Attendant (PCA), or other person to assist you when travelling?  No     Yes - If Yes, what assistance does this person provide:

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**A5.** Do you travel with a Service Animal to assist you when travelling?  No     Yes - If Yes, what assistance does this animal provide:

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**Part 1 – Section B. Public Transportation Experience and Ability**

**B1.** How do you get to your destinations now? (Check all that apply)

- By bus
- Drive myself
- Someone drives me
- Taxi
- Walk or Use scooter
- Other: \_\_\_\_\_

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**B2. Have you ever used a regular route bus?**

No  Yes - If Yes, please answer the questions below:

Did you use the regular bus by yourself?  Yes  No

Did you require assistance?  Yes  No

Do you still use the regular bus?  Yes  No

If yes, how often? \_\_\_\_\_

When was the last time you independently used a public bus? \_\_\_\_\_

**B4. Please read the following statements and check any, or all, of those that best describe what you believe about your ability to use Citylink regular route bus by yourself.**

- I use Citylink regular buses for some trips, but sometimes there are barriers that prevent me from using the bus (no curbs-cuts, busy streets and intersections, etc.)
- I use Citylink regular buses on routes to familiar destinations
- I use Citylink regular buses to go to new places
- I believe I could use Citylink regular buses if someone taught me
- The severity of my disability changes from day to day, I ride Citylink regular route buses when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great

**Part 1 - Section C. Physical Related Disabilities**

**C1. Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid:**

No aids \_\_\_%

Walker \_\_\_%

White Cane \_\_\_%

Motorized Wheelchair \_\_\_%

Support Cane \_\_\_%

Motorized Scooter \_\_\_%

Crutches \_\_\_%

Manual Wheelchair \_\_\_%

If you checked more than one box, explain when/how you use the aids:

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**C2.** Do you use a motorized wheelchair or scooter?

No  Yes  - If yes, what make and model? \_\_\_\_\_

**C3.** If you use a motorized chair, identify the impediments keeping you from using the Citylink regular route buses?

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**C4.** If you use a manual wheel chair, can you self-propel? How far?

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**C5.** If the weather is good and there are no environmental barriers, how far (how many blocks or how many feet) can you travel outdoors using your mobility device, if applicable:

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**C5.** Do you travel with portable oxygen? Yes  No

**C6.** 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:

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**Part 1 – Section D: Vision Related Disabilities.** (Skip section if you have no vision deficit).

**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

I see the same in different lighting 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
- Pedestrian 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?

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**D7.** Most often, I use the following mobility aids outside: Please check any that may apply:

- Sighted (person) guide
- Guide dog
- White cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other, please list: \_\_\_\_\_

**D8.** 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

**Part 1 – Section E: Hearing/Auditory Related Disabilities.**

My hearing is normal:  Yes     No - If No, please describe your functional hearing problem and how it impacts your ability to utilize the Citylink regular route bus:

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**Part 1 – Section F: Destinations & Abilities.**

**F1.** If you indicated that you do not use Citylink regular route bus, or that you no longer use it. Why not? Please check any that may apply:

- The closest stop is too far from my house
- I do not know how to ride Citylink Transit regular route bus
- I cannot travel by myself between the bus stop and my destination
- I am afraid to use Citylink Transit regular bus
- I do not want to use Citylink Transit regular bus
- I get confused and cannot find my way using the Citylink Transit regular bus
- I am not able to use Citylink regular buses by myself
- The regular route bus does not always go where I want to go
- Other (explain) \_\_\_\_\_

Please list 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 and address: \_\_\_\_\_

\_\_\_\_\_

How often do you go? \_\_\_\_\_ How do you get there? \_\_\_\_\_

Reason unable to use Citylink bus service: \_\_\_\_\_

\_\_\_\_\_

**b.** Destination and 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: \_\_\_\_\_

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

Name \_\_\_\_\_ Daytime 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.

<p><b>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 under 18 years of age, a parent or legal guardian must sign this form. <u><i>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></u></b></p> <p>“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.”</p> <p>Signature: _____ Date: _____ <input type="checkbox"/> Applicant    <input type="checkbox"/> Designated Power of Attorney    <input type="checkbox"/> Legal Guardian</p> <p>Printed Name: _____ Phone: _____</p>
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**APPLICANT, PLEASE STOP HERE!**



Applicant's Name: \_\_\_\_\_

**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 may 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 or client, please answer the following questions. All health care information will be kept confidential. Please write legibly and fill the form out completely so a determination can be made based on this information.

Eligibility is determined by an individual's ability to navigate the regular route bus system. The applicant is asking you to review the information on this application and to verify that they have a disability that prevents them from using the regular route bus system. 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:

- Age
- Distance to bus stop
- Lack of bus service to an area
- Vulnerability
- 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 carry items, walk people in and out of buildings, or provide personal care services. 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

**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? Some examples would include fatigue from dialysis or relapsing and remitting symptoms as in MS?

No  Yes – If Yes, please provide details below:

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**3E.** A majority of our applicants can use regular route bus service for some of their trips, and all buses are lift equipped for ease of entrance, under what circumstances do you believe that your client use the regular route bus?

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**3F.** 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	
	Mild	Moderate	Severe	

**3G.** In what ways do the client's physical or cognitive diagnoses make travel on a Citylink regular route bus:

a. More difficult \_\_\_\_\_

b. Impossible \_\_\_\_\_

**3I.** What form(s) of transportation is your client currently using?

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**3J.** How does your patient get from the parking lot to your office?

\_\_\_\_\_

a. What aids do they use, if any? \_\_\_\_\_

b. What is the distance your patient can ambulate in regard to your office visit?  
\_\_\_\_\_

**3K.** If your client has a motorized wheelchair or scooter:

a. What is your client's weight without the device? \_\_\_\_\_/lbs

b. What is the combined weight of your client and the mobility aid? \_\_\_\_\_/lbs

"I HEREBY CERTIFY under penalty of perjury under the laws of the State of Idaho that the information provided on the Professional Verification portion of this application is true and correct." Please write legibly.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Specialty

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

Medical Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

Return Application to:

**Citylink Paratransit Service**  
**P.O. Box 9000**  
**Coeur d'Alene, ID 83816-9000**  
**Phone: 208.446.1616      Fax: 208.446.1039**