



NEOtransit – Baker County Paratransit Application Form



PLEASE READ BEFORE COMPLETING THE APPLICATION

About this application - The Americans with Disabilities Act (ADA) ensures that people with disabilities receive public transportation equivalent to the public transportation available to people without disabilities. NEOtransit provides destination to destination service to people who are unable to use a regular lift-equipped bus because of a disability. The Paratransit service is intended only for those trips that an individual cannot make on the fixed-route bus system. This application form is intended to determine when and under what circumstances the applicant can use fixed-route bus service and when Paratransit service is required.

Who should apply? Anyone with a disabling condition which **prevents** them from getting to or from a regular bus route, or from independently (without the assistance of another person besides the driver) boarding, riding or getting off a fixed-route lift-equipped bus. Even if you don't live within the service area, you may apply to use the service. (for the times when you are in the service area and need transportation)

By definition, staff may not consider:

- Age alone
- Any specific disability or diagnosis by itself
- Your affiliation with any particular agency or status as a Veteran
- Inability to drive
- Personal finances

The sole basis of eligibility is your ability to use NEOtransit's fixed-route relative to the most limiting conditions presented by your disability and the environment.

Eligibility may be granted on the following basis:

- ✓ Unconditional – the passenger may use Paratransit for all trips
- ✓ Conditional - the passenger may use Paratransit under some conditions for some trips
- ✓ Temporary - the passenger may have conditional or unconditional eligibility for a defined period of time because limitations are expected to change

Notice of Determination:

You will be notified of the eligibility determination by letter within 21 days after completion of the evaluation process. If you are eligible, you will also receive a Paratransit Rider's Guide, an identification card and information on how to use the service.

Appeals Process:

If you have any questions about your eligibility determination, you may contact the NEOtransit office as indicated in the letter to review our decision.

Applicants who are determined not eligible or who do not agree with the conditions established for their use of Paratransit may request an appeal which must be filed within 65 days from the date of the initial determination. Information on how to request an appeal will be included with the eligibility determination letter.

INSTRUCTIONS

Step 1	If you feel you qualify for Paratransit services after reviewing the introductory information, you or your representative should complete the application. Answer all questions completely and to the best of your ability.
Step 2	Be sure to sign the application! Incomplete or unsigned applications will be returned to you.
Step 3	Return the completed application and any attachments or mail to: Paratransit Determination, NEOtransit-Baker, 2810 Cedar St., Baker City OR 97814
Step 4	After your application has been reviewed, you will receive a notice of determination within 21 days, or you will be contacted by phone if further information is needed.

Questions? Please call the NEOtransit-Baker office at 541-523-7433 from 8am to 12:30pm and 1pm to 5pm Monday through Friday. Materials are available in large print and other alternative formats. TTY: 711 (Relay)

Office use only:
DATE RECEIVED:

Baker City Trolley Paratransit Service Application

PART 1. PERSONAL INFORMATION

Please print clearly

Name _____
Last Name First Name Middle Name

Address _____
Street Address & Apt. No. Complex/Building Name (if any)

City _____ State _____ Zip Code _____

Mailing Address if different: _____

Home Phone _____ Other Phone _____

E-Mail Address: _____

Date of Birth _____ Male Female

Have you been found eligible for paratransit services by a provider in another district? Yes No

a. If yes, where and when? _____

PART 2. CONTACT PERSON

Provide the name of a person we can contact about your rides or in an emergency.

Name of Contact(s) _____

Relationship to Applicant _____

Phone Number(s) _____

Do you require someone to receive you at your destinations?

Yes No Sometimes Don't Know

If yes or sometimes, the contact person you listed above will be called if no one is available to receive you at your destination.

PART 3. MOBILITY AIDS and PERSONAL CARE ATTENDANTS

1) Which of the following mobility aids (supplied by you) do you use when travelling? (Check all that apply)

- None
Wheelchair: Manual Power Power Scooter
 Cane, White Cane, Walker, or Crutches
 Portable Oxygen
 Communication Aid (Picture Board, Alphabet Board)
 Service Animal, Type of Animal: _____
 Other _____

2) If you use a scooter or wheelchair,:

- a.) are you able to transfer to a seat in a vehicle? Yes No
b.) Is it more than 30 inches wide Yes No and/or
more than 48 inches long?
c.) Is total combined weight of you and your Yes No
Mobility Device more than 600 pounds?

3) Drivers are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a (PCA) when riding?
(Someone designated by you to assist you with one or more daily life functions, carrying items, mobility such as pushing a wheelchair)

- Always Never Sometimes
If Always or Sometimes: How does a PCA assist you? _____

PART 4. INFORMATION ABOUT YOUR DISABILITY OR CONDITION

4) What is the disability or health condition that prevents you from using a NEOtransit fixed route bus? Please be specific (for example: stroke, emphysema, etc)

- Visual Impairment _____
 Mobility Impairment _____
 Cognitive/Psychological _____
 Other _____

5) Is your disability or condition:

- Temporary? (provide your best estimate in months): _____
- Seasonal? (please explain): _____
- Other (please explain): _____

6) Do the effects of your disability vary from day to day? Yes No

If yes, please explain: _____

PART 5. APPLICANT'S TRAVEL NEEDS and ABILITIES

7) Please check a box for each question:

	Always	Never	*Sometimes
a) I can ride the fixed-route bus by myself (without assistance from someone other than driver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I need a lift to board the bus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I can walk (or travel with my mobility device) to my bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I could probably ride the fixed-route bus with some training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please explain any boxes checked 'Sometimes'. _____

8) Have you ever ridden the fixed-route bus?

- No, I have never used it
- No, I used to ride but stopped
- Yes, for all trips
- Yes, for some trips or some of the time

9) What are the major factors in your decision to apply for Paratransit Service?

10) Are you able to complete the following tasks **without assistance from another person**? Check a box for each question.

	Always	Never	Sometimes
a) Can you get on or off a bus using three 10-inch steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Can you maintain your balance while entering, exiting, and riding a bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Can you get to and/or from the bus route location nearest your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Can you wait up to 15 minutes at a bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Can you understand and follow verbal directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Recognize correct stops and landmarks to complete a trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Can you navigate streets without sidewalks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Can you adjust to deal with unexpected circumstances that happen in route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i) Are there other conditions which limit your ability to use a fixed route transit bus?

Yes No Sometimes Don't Know

Explain: _____

12) How far can you walk by yourself **without assistance, within 15 minutes**?

- I can go _____ city blocks on my worst day.
- I can get to the curb in front of my home or apartment
- I am severely restricted and can travel only at home
- I am not able to travel at all without help from another person

13) Please check the environmental conditions that affect your ability to get to and from a fixed route bus stop, or to and from a destination using a fixed route bus.

Due to the nature of my disability, in order to travel, I must:

- Avoid Inclines Avoid steep hills
- Avoid hours of darkness Be on a sidewalk or path with even surface

Please explain: _____

(cont'd)

Due to the nature of my disability, all intersections in my path:

Must have curb cuts

Must have a clearly marked pedestrian crosswalk

Must have both a pedestrian crosswalk and a traffic signal

Please explain: _____

Additional potential barriers (please explain) _____

14) Please check the specific weather conditions that prevent you from using a fixed route service:

The weather does not affect my disability /condition

Snow

Ice

Heat: Above _____ degrees F

Cold: Below _____ degrees F

Please explain how the conditions you check would affect your ability to get to or from a bus stop or your destination:

PART 5. PROFESSIONAL CONTACT

It may be helpful for us to contact a professional who is familiar with your disability or health condition and your abilities or limitations. Please list a professional we can contact. (Examples: Physician, Case Manager, Physical Therapist, Social Worker)

Name of Professional(s) _____

Phone Number(s) _____

I release and authorize the professional listed above to communicate with Community Connection and to share information about my disability or health condition in relationship its effect on my ability to use a bus. I understand that I may revoke this authorization at any time. I understand that I am not legally obligated to sign this authorization, and that NEOtransit will not refuse to accept my application based on my refusal to sign this authorization.

Applicants Signature: _____

(Signature of Applicant or Responsible Party)

_____ (Date)

PART 6. PLEASE READ BEFORE SIGNING

For the applicant:

Applications must be signed. **Unsigned applications will be returned.**

I understand that the purpose of this application is to determine whether I am eligible to use Baker NEOtransit’s Paratransit services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service. I understand that information I provide will be disclosed only as needed to evaluation eligibility, unless I give other specific authorization.

I understand that it may be necessary for me to participate in an in-person evaluation, a functional assessment, or both, at NEOtransit’s expense and discretion, in order to determine my eligibility for Paratransit services.

If I am found eligible or conditionally eligible, I understand that NEOtransit - Baker will periodically audit, update, reevaluate and purge its Paratransit caseload. I understand that my eligibility may be pulled for redetermination at any time. I understand that redetermination may result in a finding that I am no longer eligible to receive Paratransit services.

If a legal representative signs this application:

I acknowledge that I may be present with the applicant during evaluations or assessments, or I may designate someone to be present on my behalf.

x _____
Applicant or Legal Representative (circle one) _____ Date

If this application is completed by someone other than the applicant:

If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to applicant: _____

Name: _____

Address: _____

Home Phone: ____ - ____ - ____ Mobil/Work/Other: ____ - ____ - ____

Organization or agency affiliation: _____

I have knowledge of the applicant’s disability or health condition: Yes No

I am aware of how the applicant’s health condition or disability prevents use of a regular fixed route transit system: Yes No

x _____

Representative Signature

Date

PART 7. ASSESSMENT (FOR OFFICE USE ONLY)

Initial Assessment conducted by: _____

Assessment Date: _____ Eligibility Assessment: _____

Assessment Notes: _____

Reviewed by: _____ Review Date: _____

Review Type: Casual Assessor Requested Client Requested

Reviewer: Agrees Disagrees with initial
Assessment.

PART 8. FUNCTIONAL ASSESSMENT (OFFICE USE ONLY)

Functional Assessment by:			Assessment Date	
Activity	Functional Level			
	Prevented	Difficult	Inconvenient	Able
INDIVIDUAL				
Board a F/R Bus (step or lift)				
Maintain balance while standing				
Communicate with Driver				
Initiate actions without prompt				
Navigate 5 way stops				
Navigate streets w/o sidewalks				
Adjust to the unexpected				
Travel 4 blocks in 15 minutes				
ENVIRONMENTAL				
Nearest route accessibility				
Total route accessibility				
Sidewalks / Paving				
Residential access				
SEASONAL (WINTER)				
Board a F/R Bus (step or lift)				
Maintain balance while standing				
Communicate with Driver				
Initiate actions without prompt				
Navigate 5 way stops				
Navigate streets w/o sidewalks				
Adjust to the unexpected				
Travel 4 blocks in 15 minutes				
Nearest route accessibility				
Total route accessibility				
Sidewalks / Paving				
Residential access				

NOTES:

NOTES (cont'd) _____

FINDING: _____
