

ID# _____

BASIN TRANSIT SERVICE
Transportation District



Dear Dial-A-Ride Customer:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

If you have a disability which prevents you from using a lift-equipped BTS bus some or all of the time, you may be eligible for ADA Paratransit van service some or all of the time.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. Determination will be made within 21 calendar days of the submission of this completed form. **If the application is not complete, it will be returned to you and that will delay having your application processed.**

Please return to: Basin Transit Service
1130 Adams Street
Klamath Falls, OR 97601

If you have questions, please call 883-2877.

PLEASE PRINT

Last Name _____ First _____ Initial _____

Address _____ City _____ Zip _____

Date of Birth (month/day/year) ___/___/___ Male Female

Daytime Phone _____ Evening Phone _____

Emergency Contact Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

A. MOBILITY INFORMATION

1. Which of these mobility aids or equipment do you use to help you get where you need to go? (please check all that apply to you.)

- None
- Manual wheelchair
- Service dog
- Service Animal
- Cane
- Power wheelchair
- White Cane
- Portable Oxygen
- Walker
- Powered Scooter/cart
- Other (please explain) _____

2. Using a mobility aid or on your own, how many blocks can you go on level ground?

- less than 2
- 2 to 4
- more than 4

3. If you were to ride the regular Basin Transit bus would you need someone with you?

- Always →
 - Sometimes →
 - No
- To help me get to or from the bus stop
 - To help me get on or off the bus
 - To help me when I get where I'm going

4. Have you ever had any training to learn how to use a regular bus?

- Yes →
 - No
- General bus travel
 - How to ride one or two specific routes
 - I finished the training
 - I did not complete the training

5. If you are found eligible for paratransit services, will you be able to meet the van at the curb?

- Yes
 - No →
- Please Describe: _____

B. DISABILITY OR HEALTH CONDITION INFORMATION

(Please read pages 3 and 4 before completing this section, and indicate all conditions which affect your ability to use the bus.)

1. General Medical Conditions

- None
- Kidney Failure
- Diabetes
- Cancer
- Organ Transplant
- Other (please explain) _____

2. Bone and Joint Conditions

- None
- Rheumatoid Arthritis
- Ankylosing Spondylitis
- Scleroderma
- Arthritis
- Broken Bone: (please specify) _____
- Osteo-arthritis
- Amputation of: (please specify) _____
- Osteoporosis
- Other _____

3. Brain/Nerves/Muscle Conditions

- None
- Alzheimer's Disease
- Brain Injury
- Cerebral Palsy
- Dementia
- Epilepsy
- Other _____
- Guillian-Barre
- Hemiplegia
- Huntington's Chorea
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Post-polio
- Quadriplegia
- Spina Bifida
- Stroke
- Vertigo/Dizziness

4. Heart and Circulatory Conditions

- None
- Angina
- Congestive Heart Failure
- Heart Surgery
- High Blood Pressure
- Peripheral Vascular Disease
- Edema
- Heart Attack
- Other _____

5. Lung and Breathing Conditions

- None
- Allergies
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Lung Cancer
- Emphysema
- Other _____

6. Vision/Hearing/Speech Conditions

- None
- Aphasia
- Cataracts
- Deaf-Blind
- Visual Field Deficit
- Deaf
- Night Blindness
- Hard of Hearing
- Partially Sighted
- Glaucoma
- Legally Blind
- Diabetic Retinopathy
- Other _____

7. Developmental/Mental Conditions

- None
- Autism
- Developmental Disability:
 - Mild
 - Moderate
 - Severe
- Other _____
- Psychosis
- Thought Disorder
- Mental Retardation:
 - Mild
 - Moderate
 - Severe

8. Is your health condition or disability temporary?

Yes →

How long do you expect it to last? # years _____

No →

How long have you had this condition or disability?

Since birth # years _____

I don't Know

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

Yes →

Please describe _____

No

C. REGULAR BUS USE INFORMATION

(Please answer all questions even if you do not ride the regular BTS bus.)

1. Do you ride the regular BTS bus?

Yes →

How many days per week? _____
How many days per month? _____

No

No, but I used to ride the bus

2. Can you communicate with a bus driver yourself or with the help of an aid (such as a letter board or bus route ID cards)?

Yes

No →

Please check all that apply.

- I cannot understand the driver
- I need a communication aid and don't have one
- Other people cannot understand me
- Other _____

3. How many blocks do you need to go to get to a BTS bus?

Less than 2

2 to 4

More than 4

Don't know

4. Using a mobility aid or on your own, can you make your way to the BTS bus stop?

Yes

No →

Please check all that apply.

- I can't find the stop because I get confused
- I need someone to help me get there
- I could with training
- I don't want to ride the BTS bus
- The ground is too uneven or steep for me to get there
- I can't go that far
- Snow or heavy rain makes it impossible for me to get there
- Other _____

5. Can you wait 10 minutes at a BTS bus stop that does not have seats and a shelter?

Yes

No →

Please check all that apply.

- I get too confused and might get lost
- I don't like to wait that long
- Standing for 10 minutes makes me too tired to ride the bus
- Very cold weather is dangerous to my health
- Very hot weather is dangerous to my health
- Other _____

No, but I could wait for 10 minutes at a stop which does have seats and a shelter.

6. BTS buses have lifts to help you get on the bus if you have difficulty with steps. If you were to use the BTS bus lift, could you get on and off the lift by yourself (whether standing or with a mobility aid)?

- I don't know, I've never tried it
- Yes, I can get on and off by myself
- Sometimes
- No →

<p>Please check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> There isn't room at my bus stop<input type="checkbox"/> The ground at my bus stop is too uneven or steep<input type="checkbox"/> I feel unsafe on the lift<input type="checkbox"/> My mobility aid won't fit on the lift<input type="checkbox"/> I need someone to help me on and off<input type="checkbox"/> Other _____

7. Do you know where to get off the bus or can you find out?

- Yes
- No →

<p>Please check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> I get confused or can't remember where I'm going<input type="checkbox"/> I don't know where the bus stop is<input type="checkbox"/> I need a communication aid and don't have one<input type="checkbox"/> I could with training<input type="checkbox"/> Other _____
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8. From where the bus stops to let you get off, can you make your way to the place you need to go?

- Yes
- No →

<p>Please check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> I get confused or can't remember where I'm going<input type="checkbox"/> I need someone to help me there<input type="checkbox"/> I feel unsafe there<input type="checkbox"/> I don't want to ride the BTS bus<input type="checkbox"/> The ground is too uneven or steep for me to get there<input type="checkbox"/> I can't walk that far<input type="checkbox"/> I could with training<input type="checkbox"/> Other _____

9. Are there any other conditions which limit your ability to use the bus?

- Yes →
- No

<p>Please Describe: _____</p> <p>_____</p> <p>_____</p>

D. DIAL-A-RIDE INFORMATION

Dial-A-Ride is a specialized service providing only **curb-to-curb** transportation.
(Please answer questions as they apply to you.)

1. I will be able to meet the van without requiring special assistance.
Yes No

2. Upon arrival or departure from my destinations I will require special assistance getting to or from buildings.
Yes No

If you answered yes, please explain. _____

3. I will require special assistance when I make appointments.
Yes No

If you answered yes, please explain. _____

E. APPLICANT SIGNATURE

1. I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service.

Applicant Signature _____ Date _____

2. Person completing form if other than applicant (please check one):

I certify that the information provided in this application is true and correct based upon information given me by the applicant.

I certify that the information provided in this application is true and correct based upon by own knowledge of the applicant's health condition or disability.

Print Name _____

Signature _____ Date _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip Code _____

F. Professional Verification

NOTE: THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS:

Physician, Nurse Practitioner, Psychologist, Physician's Assistant.

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

The applicant may be found eligible for para-transit van services for all trips he/she requests, or eligible (based on functional ability) for some trip requests but not for others, or capable of using the regular bus.

THE INFORMATION YOU PROVIDE WILL ENABLE US TO MAKE AN APPROPRIATE DETERMINATION FOR EACH TRIP REQUEST. ALL INFORMATION WILL BE KEPT CONFIDENTIAL. THANK YOU FOR YOUR ASSISTANCE.

Capacity in which you know the applicant: _____

Physical and/or cognitive condition that functionally prevents use of lift-equipped bus:

Is this a condition temporary? Yes, for _____ months. No

If you answered yes, please note the **beginning date for disability** _____

Dial-A-Ride is a **curb-to-curb** service responsible for providing *only* transportation. If the applicant needs special assistance with picks ups, drop offs, navigating into or out of final destinations they may need a PERSONAL CARE ATTENDANT (PCA).

Do you feel this applicant needs a Personal Care Attendant (PCA) to assist them when they travel?
 Yes No

If you answered yes, please explain: _____

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability.

COMMENTS: _____

Print Name and Title _____ Date _____

Signature _____ Tax ID# _____

Clinic/Agency _____ Phone _____

Address _____ City _____ Zone _____

1130 Adams Street
Klamath Falls, Oregon 97601

