



Dear Applicant:

Please read the following information before completing this Kitsap Transit *ACCESS* eligibility application. The information requested here is required to establish your eligibility for service. Kitsap Transit certifies individuals for *ACCESS* service in compliance with the American's with Disabilities ACT (ADA) of 1990 that defined the standards used to determine eligibility for paratransit service.

Kitsap Transit's ADA Paratransit Program serves persons age 6 and up within Kitsap County in Washington State. Eligibility is based on whether your disability **prevents** you from performing the tasks needed to ride regular bus service some or all of the time. **It is not the presence of a condition or disability, but how a person functions with the condition or disability that determines eligibility.**

Please complete all 5 pages of the application. Incomplete applications cannot be processed.

- In order to evaluate your application, it maybe necessary to contact a physician or other medical professional for medical verification.
- Kitsap Transit will process your completed application. We will contact you with an eligibility determination within 21 days after we receive all the information necessary to evaluate your need for specialized transportation. Transportation services will not begin until your eligibility has been established.

Please mail or bring your completed application to: Kitsap Transit *ACCESS*, Attn: Eligibility Department, 200 S. Charleston Blvd, Bremerton, WA 98312. Or fax to (360) 377-9871.
You may also bring your application to Kitsap Transit's other office located at: 60 Washington Ave., Suite 200, Bremerton, WA 98337.

If you have any questions or need assistance in completing the application, please call (360) 478-6914, (360) 479-7272, 1-800-422-2877, or TDD (360) 377-9874 and ask for the Kitsap Transit *ACCESS* Eligibility Department.

Notice of Privacy Practices

Kitsap Transit respects your privacy. We understand that your personal health and eligibility information is very sensitive. We will not disclose your information to others unless you tell us in writing, to do so, or unless the law authorizes or requires us to do so. Nor will we process any eligibility application that does not have your signature or your legal guardian's signature on any page where a signature is required. Our privacy practices cover all authorized information contained in your ADA eligibility file.

Use and Disclosure of ADA Eligibility Information

The information contained in your file includes all application submitted and any health information received that aids in determining your eligibility. It may also include any letters received on your behalf, documented conversations, trip plans and other information pertinent to your ADA eligibility and service position.

Kitsap Transit uses this information to determine eligibility and for assessing or providing transportation service needs. Staff access to this information is limited to those employees who must review it for the purpose stated above.

- ❖ You have the right to review your file. Your request must be made in writing or the review may occur in person with valid identification.
- ❖ You may also request that a copy of your file be mailed to you. You may be required to pay a fee for this service.

Please note: If you are over 60 years of age and in need of transportation services prior to eligibility being established, please call Senior Information & Assistance at (360) 337-5700 for possible alternative options. Please understand that Senior Information & Assistance does not provide direct transportation services.

Who is eligible under the ADA?

The following categories describe ADA mandated eligibility criteria for persons using specialized transportation.

- ❖ **Any person whose disability prevents them from using the fixed route bus whether it is accessible (ramp or lift equipped) or not, would be eligible for specialized paratransit service.**

There are some people who have disabilities that prevent them from using a fixed bus regardless of how accessible it is. This may include people who have severe cognitive limitations that prevent them from understanding schedules or people whose physical condition precludes them from waiting at bus stops.

A simplified explanation is that it isn't the presence of a disability or a medical diagnosis that qualifies a person for *ACCESS* service, but it is **how that person functions with the disability.** Eligibility cannot be based solely on lack of familiarity with the bus system, a language barrier, safety, vulnerability or age.

- ❖ **Any person who could use an accessible fixed route bus, but one is not available.**

At this time, all of Kitsap Transit's fixed route buses are equipped with lifts or ramps and are accessible and usable by persons with disabilities.'

- ❖ **Any person whose disability prevents them from getting to or from an accessible fixed route bus or bus stop, would qualify for transportation to the nearest fixed route transfer center.**

An example of conditional eligibility would be when someone lived three blocks from the nearest bus stop and their condition only allowed them to walk two blocks. That person would be "conditionally" eligible for transportation to the nearest fixed route transfer center.

Another example of conditional eligibility would be if someone using a wheelchair lived ½ block from a bus stop, but the path to the bus stop is up a steep hill that they couldn't negotiate. That person would then be eligible for transportation to the nearest fixed route transfer center.

With Conditional eligibility, *ACCESS* will transport clients to the nearest fixed route transfer center. Conditional eligibility can take many forms and additional destinations must be decided on a trip-by-trip basis.

- ❖ **Visitors from out-of-county and new residents are eligible for *ACCESS* service if they have ADA certification elsewhere.**

Upon verification, individuals who are ADA certified from any another county are automatically eligible for *ACCESS* service under the same eligibility conditions for a period of 21 days per calendar year. If a permanent move to Kitsap County or a longer stay is planned, a Kitsap Transit *ACCESS* application must be completed to continue service past the twenty-one days.

The following eligibility categories are not required by law. These categories have been implemented to enhance transportation service in Kitsap County and are at our discretion. These categories include:

- ❖ **Women who are in their last trimester of pregnancy and determined to be “high risk” by their physician.**

A temporary six-month eligibility would be allowed for women determined to be at “high risk” by a physician and entering their last trimester of pregnancy. Eligibility would continue through the first three months following delivery. Women who live on a fixed service bus route would be eligible for trip-by-trip service on *ACCESS* for destinations that are not on a route.

- ❖ **People who are age 80 years of age and older with no disabilities.**

Individuals who qualify for this category are considered automatically eligible for *ACCESS* service within Kitsap County. **An application is still required.** This category **does not** authorize a person for ADA service in other counties.

- ❖ **People who are between the ages of 60 and 79 and are considered to be “transportation disadvantaged” would be eligible for Conditional *ACCESS* services until such time as an effective feeder or fixed route service is established.**

Individuals who qualify under this category have no disabilities but are between the ages of 60 and 79, live more than $\frac{3}{4}$ of a mile from the nearest fixed route bus stop, and have no means of getting to the fixed route service. In this instance, Conditional eligibility would include transportation on *ACCESS* to **the closest fixed route transfer center from the client’s home, and from the closest fixed route transfer center back to the client’s home only.**

KITSAP TRANSIT ACCESS APPLICATION

(Confidential)

The information contained in this application will only be used by Kitsap Transit ACCESS for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services may be shared with other transit providers or with a functional assessment agency. Please complete all questions. This application form must be signed and dated (**pages 5-9**). **Incomplete applications cannot be processed.**

Note: information windows will expand as you type.

Name: (First) (Mi) (Last)		
Current Residence:		Apt/Room/Unit #:
City:	State:	Zip Code:
Name of apartment complex or residence (if applicable):		
Mailing Address: (if different)		
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Number (home)		(work)
List two other people and their relation to you (caregiver, relative, friend) to notify in case of an emergency:		
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Please provide information regarding your legal guardian and/or durable power of attorney (if applicable)		
Name:	Relation:	Phone:
Name:	Relation:	Phone:
How were you referred to Kitsap Transit ACCESS?		
<div style="border: 1px solid black; border-radius: 20px; padding: 20px; margin: 10px auto; width: 80%;"> <p>Please fax your completed applications (pages 5-9) to (360) 377-9871 or mail to: Kitsap Transit ACCESS, Attn: Eligibility Department 200 S. Charleston Blvd., Bremerton, WA 98312</p> <p>Do you have additional Questions? Call: (360) 478-6914 or TDD (360) 377-9874</p> </div>		

Section A: Current Transportation Options

1. Where do you need transportation to?
2. How far is the closest fixed-route bus stop from your house?
(For bus stop information call (360) 377-2877)
3. Do you have a disability that prevents you from traveling to the above bus stop?
 No Yes **If yes, please explain**
4. If *ACCESS* took you to the closest fixed-route transfer center and back from your residence, could you use a fixed-route bus independently? (Note: Riders can use the lift even if not using a mobility aid)
 Yes **If yes, you may skip question #5**
 No **If no, please explain**
5. With **travel training** instruction, **would you be able to use the fixed-routed bus** system for some or all of your transportation needs?
 Yes
 Possible, please send me more information!
 No If no, why not?
6. How do you travel now? Please check all that apply to you.
 walk drive a car Fixed route bus Private Paratransit provider
 taxi ride in a car *ACCESS* vehicle Other
7. Do you receive medical coupons through DSHS?
 Yes No Pending

Section B: Qualifying Disability or Health Condition

8. How would you best describe your overall health condition or disability?
 Permanent Deteriorating Temporary (until when?)
 Changeable (**Please explain.**)
9. Using a mobility aid, or on you own, how far can you travel without assistance?
 Less than one block (<100 yards) 3 to 6 blocks (300 to 600 yards)
 1 to 3 blocks (100 to 300 yards) More than 6 blocks (>1/2 mile)
10. Once at a bus stop, does your disability or condition **prevent you from boarding, riding or exiting** a fixed-route bus that is lift or ramp equipped?
 No **Yes If yes, please explain**
11. Do you require a Personal Care Attendant (PCA) to travel with you? (PCAs are designated or employed to meet your personal needs, and must be provided by you. *ACCESS* cannot be considered as your PCA)
 No Sometimes Always
12. Are you able to ask for, understand and follow written or spoken directions independently?
 Yes **No If no, please explain**

Section C: Mobility

13. Please indicate if you would use any of the following mobility aids **while using any Kitsap Transit vehicle**. Check whether you are able to use the stairs or will need the lift with any of the following. Please select all that apply.

(For your safety, we strongly encourage you to use the lift when using any mobility aid.)

I do not use any mobility aids

Cane Sometimes Always I can use the stairs I need a lift

Crutches Sometimes Always I can use the stairs I need a lift

Walker Sometimes Always I can use the stairs I need a lift

Can your walker fold up? Yes No

Oxygen Sometimes Always I can use the stairs I need a lift

Service Animal Sometimes Always I can use the stairs I need a lift

Manual Wheelchair* Sometimes Always

If using a manual wheelchair are you able to self propel?

Power Wheelchair* Sometimes Always **(*Please answer Question #14 if using a**

3 Wheeled Scooter* Sometimes Always **wheelchair or scooter.)**
4+ Wheeled Scooter* Sometimes Always **>Use of the lift is implied when using**
Large Power chair* Sometimes Always **wheelchairs or scooters.**

Other, please list:

Sometimes Always I can use the stairs I need a lift

14. If you use a wheelchair or scooter, please provide the following information
(Please note that footrests are required.)

(A common wheelchair is defined as having dimensions no larger than 30" wide by 48" long, and not to exceed 600lbs when occupied. If your mobility device exceeds these specifications, the ADA does not guarantee paratransit service.)

a.) Will your wheelchair or scooter fit on a lift 30" wide and 48" long?

No Yes **I don't know****

b.) Will your wheelchair or scooter clear 54" in height when occupied?

No Yes **I don't know****

c.) Does the total weight of your mobility aid plus yourself exceed 600lbs?

No Yes **I don't know****

d.) Are you able to transfer to a seat on the bus without assistance?

No Yes

e.) Some passengers need to have their feet elevated or their chair in a reclined position. Can your chair be positioned to an upright or sitting position with feet down for the duration of the bus ride?

Yes **No If no, please explain:**

f.) Does your residence have a wheelchair ramp?

Yes **No If no, please explain the situation:**

****Please note:** If you are unable to provide accurate information regarding the dimensions or overall weight of your wheelchair or scooter, Kitsap Transit has resources available to help you determine this information. Please call the eligibility department at **(360) 478-6914 or 800-422-2877** for more information.

Section D: Accessibility

15. a.) Can your residence address safely accommodate a 24' *ACCESS* vehicle (example of a comparable size and weight would be that of a large garbage truck) with sufficient area to turn around? No Yes **I don't know*****

b.) Each deployed lift on an *ACCESS* vehicle requires a minimum of **8 feet of clearance** from the vehicle. Is there enough room at your residence to deploy this lift from the vehicle onto a flat level surface? Don't need the lift Yes No **I don't know*****

16. If you use 1 or more steps or stairs to get into or out of your residence, can you use them **without** assistance?
 Yes **Yes with assistance** Does not apply

17. Describe the pathway from your residence to the bus (inclined slope, level, flat, rocks, grass, asphalt, dirt or other):

18. Are the numbers on your house or residence readily visible from the road?
 Yes **No If no, please explain how to clearly identify your residence.**

19. Is there any additional information or are there any landmarks we would need in order to locate your residence?

20. Stairs on an *ACCESS* bus can be up to 12" in height, and include a handrail to aid in climbing. How many bus stairs could you go up or down without someone's help?
 2 or more stairs 1 stair (then need help) **None, I need the lift**

21. If you are found eligible for *ACCESS* Services, will you:
> Be able to meet the bus at the curb? Yes **No If no, why not?**
> Need driver assistance from your door to the bus? No **Yes If yes, why?**
> Need driver assistance from the bus to the door of your destination? No **Yes If yes, why?**

*****Please note:** If you are unable to provide accurate information regarding the accessibility of your residence or pickup location. Kitsap Transit has resources available to help you determine this information. Please call the eligibility department at **(360) 478-6914 or 800-422-2877** for more information.

Section E: Medical Verification Release Form

Applicant: Please complete this page and return with prior 4 pages.

ACCESS will request the appropriate information from your physician(s). This authorization shall remain in effect for the entire period of service covered by this or any certification used.

NOTE: DO NOT GIVE FORM TO PHYSICIAN.

Applicant Statement

“I hereby authorize Kitsap Transit or its representatives to obtain, from the physician(s) listed below, medical information related to my health or treatment, for the purpose of evaluating my ADA eligibility for specialized transportation. I certify that the information provided on this application is true and correct. I understand that giving false information is against the law, and could result in losing Specialized Transportation services as well as a penalty under the law”. (RCW 9A.72.085 and RCW 40.16.030)

1. **Dr. Name:** **Profession:**
Mailing Address:
City/State/Zip:
Phone:
Fax:

2. **Dr. Name:** **Profession:**
Mailing Address:
City/State/Zip:
Phone:
Fax:

Applicant Signature: _____ **Date:** _____

Printed Name of Applicant: _____

If you are not the applicant, but have completed this form for someone else, please complete the following information about yourself:

Name: _____ Relationship to applicant: _____

Signature: _____ Date: _____

Mailing address: _____

Daytime Phone #: _____