



RE: ADA Eligibility Applications

Dear Resident of Grays Harbor County

Thank you for your interest in the Grays Harbor Transit Authority's Specialized Van Service (SVS). This transit service is for persons with a disability that prevents or impairs them from using the Grays Harbor Transit (GHT) fixed-route buses. Please complete the enclosed application and send it to the address provided on the last page of the application. If you have any questions about the application, you can call 360-532-2770 Ext 2 to speak with our ADA coordinator for assistance.

Sincerely

Meadow Berkley
ADA Coordinator

Enclosures:

- About ADA
- ADA Specialized Van Service Information
- ADA Application



About ADA

The Americans with Disabilities Act (ADA) is a federal law that was passed in 1990. This law prohibits discrimination against an individual with a disability in connection with the provision of transportation service. Notwithstanding the provision of any special transportation service to individuals with disabilities, an entity shall not, on the basis of disability, deny to any individual with a disability the opportunity to use the entity's transportation service for the general public, if the individual is capable of using that service. An entity shall not require an individual with a disability to use designated priority seats, if the individual does not choose to use these seats.

GHT fixed route buses are equipped with lifts for easy access for those passengers that cannot utilize the step

You may be eligible under the established ADA criteria if you are unable to use the fixed-route bus service for one or more of the following reasons:

- You are unable to board, ride or disembark from an accessible transit vehicle
- Your disability or condition prevents you from traveling to or from a bus stop

To become eligible to use ADA transportation service in Grays Harbor County, please complete the application for ADA eligibility certification. The application requires you (or someone completing the form for you) to explain why you are unable to use the fixed-route bus service.

It is important to note that all parts of this application must be completed, including the section for Health Care Professionals. **You as an applicant are responsible for the completion of this entire application.**

GHT will review your application and follow-up as necessary to determine your eligibility. GHT will make every effort to notify you within 21 days of receiving your **completed application** regarding your eligibility for our SVS service.

If you have not heard about your eligibility status within 21 days of GHT receiving your completed application, please call 360-532-2770, Ext. 2. If a determination has not been made yet, you will be temporarily eligible for service until a determination can be made.

If you are denied eligibility, you have a right to appeal the decision. Please contact GHT on the appeals process.

The attached application can be mailed, emailed or faxed to Grays Harbor Transit ADA Certification Coordinator (contact information provided on last page of application).

For additional information on the ADA application process, please call 360-532-2770, Ext 2



ADA Specialized Van Service (SVS)

Grays Harbor Transit Specialized Van Service (SVS) works just like the Dial-A-Ride with some additional services. It is available to any person qualified with a disability regardless of age. The SVS provides transportation from origin to destination transportation within Grays Harbor County.

To qualify, a person must become “ADA Certified.” An eight-page application must be completed and approved in order to enroll in the program. Applications are available at the Grays Harbor Transit Office, by calling the ADA Coordinator at 360-532-2770, Ext. 2 or online at www.ghtransit.com, click on programs, to ADA Specialized Van Services (SVS). Once approved, the applicant is deemed “ADA Certified” in compliance with the Americans with Disabilities Act of 1990. Wheelchair accessible rides are available. There are three types of ADA eligibility:

- **Full** – If your disability prevents you from using the fixed route city bus system for any trips
- **Conditional** – If you can use the fixed route city bus system under certain circumstances but need the SVS bus for specified trips or to get from your home to a bus station.
- **Temporary** – If your disability does not require a permanent need for SVS service.

How to order a ride: Once enrolled in the program, call Grays Harbor Transit by 4:00 p.m. the day before your appointment. For appointments on Saturday, Sunday or Mondays, please call Friday by 4 p.m. For appointments outside of the Hoquiam, Aberdeen and Cosmopolis areas please call at least 2 days in advance. When calling please be sure to inform the dispatcher

- that you are an SVS rider along with your last name.
- If you are waiting for your ride inside of a building.
- If you have an appointment and you need to get to by a set time

Fare: The SVS is not a free service, **each ride will cost \$1.00 if traveling within the immediate Hoquiam, Aberdeen and Cosmopolis areas and \$2.00 per ride for any travels outside of the Hoquiam, Aberdeen and Cosmopolis areas.** Our bus system takes exact cash, or you can purchase ticket strips in advance. GHT monthly passes do not work on the SVS system. When calling in to reserve a ride you can ask the dispatcher to please send some tickets for you to purchase from your driver as well. Your SVS enrollment does, however, allow you to ride the **fixed-route** bus system for **FREE**.

Hours of operation: Monday through Sunday please call for schedule times, excluding major holidays.



ADA Certification Application General Information

New Application Recertification Customer # _____

Last Name _____ First _____ Middle _____

Mailing Address _____ Apt/Sp # _____

City _____ State _____ Zip _____

Pick-Up Address _____ Apt/Sp # _____
(if different from mailing address)

City _____ State _____ Zip _____

Daytime Phone _____ Date of Birth ____ / ____ / ____

Evening Phone _____ Male Female

Do you receive transportation services through either: Medicaid Medicare

Emergency Contact

Name _____ Phone _____

Language Ability – Do you speak/understand English?

Yes No – Specify spoken language _____

<i>For Official Use Only</i>		
Application Status	New Client Information	Conditions
_____ In Process	New Client Number _____	_____ Uphill Only
_____ Approved	Expiration Date _____	_____ To/From Station Only
_____ Denied	Entered In Computer By _____	_____ Temporary Service



Condition Information

Please be sure to complete application thoroughly. An incomplete application will be returned to you for completion and will delay the certification process.

1. Can you ride the fixed-route bus without someone else's help?

- a. No Yes

2. What is your condition that would prevent you from riding the fixed-route bus?

3. Explain completely and in as much detail as possible how your disability prevents you from:

- a. Getting on or off a ramp-equipped regular bus: and/or
b. Getting to or from a bus stop: and/or
c. Successfully completing a fixed-route bus trip

4. Is your need for our Specialized Van Service

- a. Long Term Short Term – Estimated Time Needed _____

5. Do your limitations change from time to time because of medical treatments, medications or for other reasons?

- a. No Yes – How? _____

6. Because of your disability, do weather conditions prevent you from using the fixed-route bus system without someone else's help?

- a. No Yes – Which conditions, and how does it affect you? _____

7. Because of your disability, do terrain conditions prevent you from using the fixed-route bus system without someone else's help?

- a. No Yes – Which conditions, and how does it affect you? _____



8. How far is your residence from the nearest bus stop?
 a. Less than one block Number of blocks _____
9. When you walk outside your home, how far can you walk on your own or with the use of a mobility device?
 a. Unable to walk any distance Number of blocks _____
10. Does your walking distance change because of health conditions?
 a. No Yes – How? _____
11. How many steps can you go up/down without someone's help?
 a. None One Step Two or more steps

12. Please answer the following questions, if you answer *sometimes* to any of the questions, please explain below

No Yes Sometimes

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you stand for 10 minutes while you wait for your ride? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you sit for 10 minutes while you wait for your ride? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you ask, understand and follow directions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you cope with unexpected problems or changes in your routine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you recognize landmarks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you tell time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you cross a busy street at a crosswalk? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you use a telephone to make and receive calls? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Can you see well enough to walk or travel to a bus stop? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Do you use a service animal to assist you, if yes what type _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Do you travel with portable oxygen? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> If approved will you be using a personal care provider to assist you? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> If approved will you need the use of a lift to board the bus? |

Mobility/Residence Information

13. Which of the following mobility aids or equipment do you use when you travel outside of your home? Check **ALL** that apply and enter the percentage of time used to equal 100%

- | | |
|---|---|
| <input type="checkbox"/> No Aids _____ % | <input type="checkbox"/> Motorized Wheelchair _____ % |
| <input type="checkbox"/> White Cane _____ % | <input type="checkbox"/> Motorized Scooter _____ % |
| <input type="checkbox"/> Support Cane _____ % | <input type="checkbox"/> Manual Wheelchair _____ % |
| <input type="checkbox"/> Crutches _____ % | <input type="checkbox"/> Walker _____ % |
| <input type="checkbox"/> Other _____ % | |

If you checked Manual Wheelchair, Power Wheelchair or Power Scooter please mark the box next to the one that looks most like your device and answer the questions A through E on page 11. If your device does not resemble any of these units, please contact our ADA Coordinator at 360-532-2770

Manual Wheelchair







Power Wheelchair







Power Scooter









If you checked Manual Wheelchair, Power Wheelchair or Power Scooter please answer the questions A through E about your chair, otherwise skip to question 14

a) Are you able to transfer by yourself from your chair to a seat on a bus No Yes

b) How far can you **independently** operate or self-propel your chair Unlimited distance
 _____ Feet/Yards or I am unable to operate or self-propel any distance

c) Some passengers need to have their feet elevated or their seat in a reclined position. Can your chair remain in an upright or sitting position with the feet down for the duration of the bus ride?
 No Yes

If NO, please explain: _____

d) SVS may not be able to transport your mobility aids that are larger than:
 ● 32+ inches in width ● 42+ inches in length ● 800 lbs+ when occupied
Does your mobility aid exceed any of these measurements No Yes

If YES, please explain specifics: _____

e) Does your residence have an approved ramp and/or flat, smooth path to get from the door to the bus? No Yes

If NO, please explain: _____

14. If approved for the SVS will you:

a. Be able to meet the bus at the curb? Yes No – Why? _____

b. Need assistance from your door Yes No
 If YES, what kind of help will you need? _____

c. Need assistance to your door Yes No
 If YES, what kind of help will you need? _____

15. Is there any additional information regarding your condition or travel restrictions that has not been addressed? _____



16. Have you ever ridden the fixed-route bus? No Yes
17. Do you currently ride the fixed-route bus? Yes No – Why Not? _____

18. What is your closest cross street? _____
19. Are there any landmarks we would need in order to locate your residence? _____

20. Are the numbers on your residence readily visible from the road during the day and night? No Yes
21. Can your residence safely accommodate a 24' SVS vehicle with sufficient area to turn around? No Yes I don't know
22. Do you use stairs to get into or out of your home? No Yes

All Grays Harbor Transit vehicles have lifts, ramps or can kneel to help you get on or off the bus. If you do not use a wheelchair or other mobility aids you can still request to use the lift if you have difficulties using the stairs.

23. Stairs on our vehicles can be up to 12" in height and include a handrail to aid in climbing. How many bus stairs can you go up or down by yourself?
a. None One Step Two or more steps
24. The lift on our vehicles require eight feet clearance from the vehicle. Is there enough room at your residence to deploy this lift onto a flat level surface?
a. Yes No I don't know

Please Note: If you are unable to provide accurate information regarding the accessibility of your residence, Grays Harbor can assist you in determining this information. Please call the ADA Coordinator at 360-532-2770 Ext. 2 for more information



Application Agreement & Authorization For Release of Information

By signing below, you authorize the release of verification of information and any other information to GHT or its representatives need to evaluate your eligibility to receive Special Van Services.

Please be advised that GHT will use your statements to determine your eligibility for the SVS service as provided by law. The statements contained herein are material to Grays Harbor Transit's determination and GHT may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (RCW 9A-72.085 and RCW 40.16.030).

Grays Harbor Transit may share your eligibility determination with other transportation providers, on request, to facilitate travel between Grays Harbor and other transit districts.

Documents used by GHT regarding your SVS eligibility, shared with other transportation providers, and information provided by your medical professional, may be subject to public records request under Chapter 42.56 RCW. GHT 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 with 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. 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 Washington that the information provided on this application is true and correct.

Applicant Name _____

Applicant Signature _____

Date _____ Daytime Phone # _____

Representative

If a person other than the applicant filled out this application, please complete the following

Representative Signature _____

Legal Guardian

Designated Power of Attorney

Representative Name _____ Daytime Phone # _____

Relationship to Applicant/Agency _____

Date _____ Daytime Phone # _____



Licensed Medical or Mental Health Professional Verification

INSTRUCTIONS: If the applicant is your current patient or client, please answer the following questions. All health care information will be kept confidential.

Please note that SVS is a costly, tax-supported service. We need your assistance to assure that eligibility is limited to people who, because of the effects of their disabilities are not able to ride the substantially less expensive fixed-route bus. Age, excessive weight, convenience of the service, fear of falling, inability to drive and inability to carry packages are not qualifying factors SVS service. Please call 360-532-2770 Ext 2 if you have any questions.

In completing the required information, please **list only the disability diagnoses that would prevent the applicant from independently getting to or from or successfully riding a fixed-route bus.** Please define the degree of impairment and include measure(s) of visual or hearing acuity, GAF or IQ scores, if applicable.

For the purpose of this application, licensed medical or mental health professionals are limited to

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 (Skilled Nursing Facility Only) | <input type="checkbox"/> Certified Orientation & Mobility Specialist |

Applicant Name _____

Diagnosis/Disability <i>(not symptoms)</i>	Degree of Impairment <i>Circle one</i>	Date of Onset <i>(if known)</i>
_____	Mild Moderate Severe	_____
_____	Mild Moderate Severe	_____
_____	Mild Moderate Severe	_____
_____	Mild Moderate Severe	_____
_____	Mild Moderate Severe	_____
_____	Mild Moderate Severe	_____

Any other information we need to help with our determination: _____



Is the applicants need for SVS service temporary?

No Yes – How long? _____

Are any of the conditions episodic or variable in severity?

No Yes – Please explain? _____

Please review “Conditions section” as provided by the applicant or applicant’s representative. Based on your knowledge of the applicant’s condition, is the information provided accurate?

Yes

No

Somewhat

If you checked “No” or “Somewhat”, please explain _____

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

Licensed Professional Signature

Specialty

Date

Printed Name _____

Organization _____

City/St/Zip _____

Phone _____

Thank you for your assistance in completing this form. Grays Harbor Transit, in accordance with the Americans with Disabilities Act of 1990 will use the information provided to determine the applicant’s eligibility for SVS service.

Please return application to:

Grays Harbor Transit
Attn: ADA Coordinator
705 30th Street
Hoquiam, Wa. 98550

----- Please Fold In Half -----

Return Address

1st Class
Postage
Required

**Grays Harbor Transit
ADA Coordinator
705 30th Street
Hoquiam, WA. 98550**