

DIAL-A-LIFT APPLICATION

INSTRUCTIONS

Dial-A-Lift is available for individuals with disabilities who are unable to ride Intercity Transit's city bus service. This is a shared ride, door-to-door service that requires advanced reservations. Customers must complete an eligibility process before being approved for this service. Please complete the enclosed application to begin this process.

Dial-A-Lift is intended only for trips an individual is unable to make on our city bus routes. This application determines when and under what circumstances the applicant can use the city bus and when Dial-A-Lift may be required.

If you have questions about Dial-A-Lift eligibility, call 360-705-5896. If you need help with the application, staff can assist you. Accessible formats are available upon request.



Eligibility for Dial-A-Lift is a transportation decision, not a medical one.

Determinations are based on an individual's functional ability to use the city bus services.

Eligibility is not solely based on disability, age, or medical diagnosis.

Inconvenience, a fear of crime, ability to drive, income, or a desire to not use the city buses are not criteria for Dial-A-Lift eligibility.

Return completed applications to:

Intercity Transit/Dial-A-Lift

P.O. Box 659

Olympia, WA 98507-0659

Fax: 360-709-0231

Email: daleligibility@intercitytransit.com

Phone: 360-705-5896

INTERCITY TRANSIT DIAL-A-LIFT OFFICE USE

Date Application Received	
<input type="checkbox"/> New Client <input type="checkbox"/> Previous Client	
Interview Date	
Assessment Date	
Eligibility Determination	
Certification/Denial Date	
Expiration Date	

PART A: APPLICANT INFORMATION: (PLEASE PRINT)

First Name	Middle Initial
Last Name	
Date of Birth / /	Primary Language
Identify As	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neither

Primary Pickup Location (home/place where you will start most trips)

Street Address	Apt #		
City	State	Zip	

Mailing Address (if different than above)

Street Address	Apt #		
City	State	Zip	

Primary Phone Number	
Alternate Phone Number	
Email Address	

Emergency Contact	Name
Phone Number	Relationship

PART B: GENERAL INFORMATION

1. Pick from the reasons below why you are seeking Dial-A Lift eligibility. Check all that apply.

- I am able to use city buses to go some places, but in other places, I cannot get to or from the bus stops.
- I am able to use city buses sometimes, but only if accessible by means of a ramp or lift.
- Because of my disability, I can never use the city buses.

2. What type or types of disabilities prevent you from using the city buses? Check all that apply.

- Physical disability
- Visual impairment
- Developmental disability
- Cognitive disability
- Other

Describe your disability in more detail.

3. Is your disability permanent or temporary?

- Permanent
- Temporary, I expect it to last for another _____ months
- Unknown

4. Indicate any mobility aids or equipment you use. Check all that apply.

- Cane Manual Wheelchair Service Animal
- White Cane Powered Scooter Portable Oxygen
- Walker Alphabet board None
- Crutches
- Other (please describe): _____

5. Does the combined weight of your wheelchair/scooter and your own weight exceed 1000 pounds?

- Yes No Not Applicable

6. When using Dial-A-Lift, does your health condition or disability require you to travel with a Personal Care Attendant (PCA)?

- Yes No Sometimes

7. Do you need to be delivered into the care of another person at your destination?

- Yes No Not Applicable

8. Is someone your legal guardian or Power of Attorney?

- Yes No

Guardian or POA's Name: _____

ABILITY CHECKLIST

Please enter "x" in the boxes that apply:

No	Yes	Sometimes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I walk slowly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can grip railings and handles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can handle money.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know and can communicate my address and phone number.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can recognize locations and landmarks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can deal with unexpected situations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can ask for, understand, and follow directions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can cross busy streets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel where the ground is not level or is rough.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel where there is snow and ice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel in hot weather.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel in darkness or low light.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel in bright light.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel if someone shows me the way.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can travel from my front door to the curb.

CONDITION CHECKLIST

Please enter "x" in the boxes that apply to you:

Amputation

Frail

Autism

Memory Loss

Balance Problems

Non-Verbal

Blind or Low Vision

Obesity

Brain Injury

Pain

Breathing Condition

Panic

Cognitive Disability

Paralysis

Confusion

Psychosis

Deaf or Hard of Hearing

Seizures

Dialysis Required

Limitation of Activity

PART C: CURRENT USE OF BUSES

1. Have you ever used a city bus service?

- Yes, I typically use the city buses _____ times per week.
- Yes, I used to, but stopped because _____
- No

2. If you currently use the city bus service, which routes do you use?

3. What is the location of the closest city bus stop to your home? (e.g. corner of 4th Ave and Fairview St): _____

Have you ever used this bus stop? Yes No

Can you get to this stop without assistance?

- Yes No Sometimes (explain below)

4. Do you know which city bus routes serve your neighborhood?

- Yes No If yes, which routes?

5. Do you ride the city bus alone? Yes No

6. If you do not use the city bus, what prevents you from independently using it?

PART D: TRAVEL ABILITIES

1. How far are you able to travel using a mobility aid or on your own?

- I am unable to walk or transport myself outside of my home.
- I can walk or transport myself less than one block (300 feet)
- I can walk or transport myself up to $\frac{1}{4}$ mile (about 3 blocks)
- I can walk or transport myself up to $\frac{1}{2}$ mile (about 6 blocks)
- I can walk or transport myself up to $\frac{3}{4}$ mile (about 9 blocks)
- I can walk or transport myself more than $\frac{3}{4}$ mile

2. Does the weather have an effect on your ability to use the city bus service?

- Yes (explain below)
 - No
 - I don't know
-

3. Are you able to wait at a bus stop for a city bus? Check all that apply.

- Never
- Only if there is a bench and/or shelter
- For no more than 15 minutes
- For more than 15 minutes

4. What might help you ride the city buses? Check all that apply.

- Buses being wheelchair accessible
- Curb cuts and level sidewalk
- Learning to use city buses with Travel Training
- Closer bus stops to where I live and where I need to go
- Route and schedule info
- Someone to ride with me

Where Do You Go and How Do You Get There Now?

To assist with your functional assessment, list three places you most often go and how you currently get there.

1. Destination _____
Address _____
How often do you go there? _____
How do you currently get there? _____

1. Destination _____
Address _____
How often do you go there? _____
How do you currently get there? _____

1. Destination _____
Address _____
How often do you go there? _____
How do you currently get there? _____

ADDITIONAL INFORMATION

Please list anything else you want us to know about your disability or condition. Also list any concerns you have about riding the bus.

DECLARATION AND SIGNATURE INFORMATION

I understand that eligibility for Dial-A-Lift is governed by the Americans with Disabilities Act (ADA) and is for people whose disability or condition prevents them from using the city bus service.

I understand that giving false information is against the law (RCW 9A.72.085 and RCW 40.16.030) and could result in losing Dial-A-Lift services.

I understand that Dial-A-Lift may ask me to participate in a Functional Assessment and ask for medical verification of my capabilities.

Signature of Applicant

Date

Legal Guardian, Power of Attorney, or Conservatorship

Please complete if applicant is a minor, has a legal guardian, power of attorney, or is under conservatorship. If none of these things, leave blank.

I understand the purpose of this application is to determine Dial-A-Lift eligibility of the applicant.

I certify the information provided in this application is true and correct.

I understand falsification of information could result in loss of Dial-A-Lift services for the applicant.

I consent to the applicant participating in Functional Assessments and Interviews to determine Dial-A-Lift eligibility.

Signature of parent/legal guardian

Date

Must provide legal documentation of legal guardianship, power of attorney, or conservatorship.

MEDICAL VERIFICATION AND RELEASE OF INFORMATION

Please share contact information for at least one medical provider who can provide us with relevant details about your disability or condition.

Name		Profession	
Address			Suite
City	State	Zip Code	
Phone Number		Fax Number	
Name		Profession	
Address			Suite
City	State	Zip Code	
Phone Number		Fax Number	

MEDICAL INFORMATION RELEASE

I, _____, authorize the above providers and their office
 (applicant's name)

staff to provide information to Intercity Transit/Dial-A-Lift about my functional abilities and medical diagnoses in order to verify my eligibility for Dial-A-Lift services. I understand this release expires one year from today. I may also revoke this release at any time by notifying Intercity Transit/Dial-A-Lift in writing. I understand this eligibility is a transportation decision, not a medical one, and this information will only be used to verify statements on my application, not prescribe or approve me for Dial-A-Life services.

 Applicant Signature Date

 Person assisting with application signature Printed Name

 Date Phone Number

FREQUENTLY ASKED QUESTIONS

How Do I Apply?

Please fill out the application as completely and thoroughly as possible. Incomplete applications will be returned, delaying the eligibility process.

Once the application is received, you will be notified via mail with instructions on how to schedule your functional assessment and interview.

What is a functional assessment?

A functional assessment is an in-person evaluation to determine your current skills as they relate to riding a city bus.

The assessment will take approximately 1 hour and will include walking, navigating different terrain, boarding a bus, and answering questions.

If you have a parent, guardian, or personal care attendant, they are welcome to accompany you on your assessment.

Dial-A-Lift will provide transportation to and from the assessment site, or our assessor will meet you at your home to conduct the assessment from there.

When and how will you find out if you are eligible?

You will be notified of your eligibility by mail. Eligibility determinations are made within 21 days of the date your application and assessment are completed.

If you are approved for Dial-A-Lift, you will receive a certification letter and Dial-A-Lift service guide with information about the service.

If it is determined you are able to use the city buses for some or all of your trips, you will be notified in writing of the reasons for the decision and information will be provided about how to appeal the determination.

