



Dear Applicant:

The Americans with Disabilities Act (ADA) of 1990 is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have access to public transportation. As required by the ADA, all Twin Transit vehicles are fully accessible and usable by persons with disabilities.

ADA LIFTT service is not appropriate for everyone. Fixed-route bus service is intended to be all passengers' first choice for public transportation. Routed buses have low entry steps and are equipped with ramps or lifts for wheelchair access and for those who cannot step up or down. Other accommodations, such as wheelchair securement areas, bus stop announcements, and free training to learn how to use the bus, make using Twin Transit's fixed-route bus service the first choice for many people with disabilities.

Having a disability does not automatically qualify you for LIFTT eligibility. Additionally, eligibility is not a medical decision or a service that your medical professional can prescribe for you. Age, new to the area, lack of experience riding the fixed-route bus, lack of bus service near you, inability to carry groceries or packages, and/or inability to drive are not disabilities. Situations like these will not be used to determine your eligibility for LIFTT.

LIFTT eligibility is based on your functional ability to use Twin Transit's fixed-route bus service. If the effects of your disability prevent you from traveling to a bus stop, riding a ramp-equipped bus, and/or getting off the bus and to your destination, you may be eligible for ADA LIFTT service. Eligibility determinations are made based upon the bus-riding limitations caused by your disability (ies) and are tailored to your individual abilities. You may qualify for partial (conditional) or full (unconditional) service.

In order to make a determination about eligibility Twin Transit will need specific information about the effects of your disability. After you submit your application, you may be asked to provide additional information and/or asked to come to Twin Transit for an in-person interview. There is no cost to participate in the interview, and if needed, transportation will be provided.

Your application will not be considered complete until you have provided all requested information to Twin Transit.

Sincerely,

Joe Clark
Director of Transit Services



Application ADA LIFTT Bus

If the effects of your disability **prevent** you from riding the fixed-route bus, you may be eligible for ADA LIFTT service. The eligibility determination will be based on the limitations caused by your disability and will be individually tailored to your abilities. You may qualify for partial (conditional) or full (unconditional) service.

To apply:

- The enclosed application form has 8 pages. Please be sure that ALL sections have been completed.
- Fill out the enclosed application form or have someone fill it out for you. Add extra pages if necessary.
- Read **PART 2** completely. Sign in the box on page 6. Your signature is required before an application can be processed. Parents of minors and legal guardians must sign the application.
- Have **PART 3**, pages 7 & 8 - Professional Verification - **completed and signed by a licensed medical or mental health professional**. (See list of approved professionals at top of page 7.)
- Return the completed application to the address on the form. (See the bottom of page 8.)
- Twin Transit may need specific information about the effects of your disability. You may be asked to provide additional information and/or participate in a physical or cognitive functional assessment.

Your application will not be considered complete until all requested information is provided to Twin Transit and you have completed an in-person interview if required. If a physical or cognitive assessment is required; there is no cost for the assessment and transportation will be provided if needed.

Twin Transit will process your application and notify you within 21 calendar days of receipt of your completed application. A completed application may include an in-person interview if required.

If you have any questions or need assistance in completing this application, call (360) 330-5555.



LIFT SERVICE APPLICATION

Revised 04/2015

<input type="checkbox"/>	New
<input type="checkbox"/>	Recertification
ID # _____	

PLEASE PRINT CLEARLY

First Name _____ M.I. _____ Last Name _____

Physical Address

(This is the address we will use to pick you up)

Address _____		Apt./Sp. # _____	
City _____		State _____	Zip _____

Mailing Address

(Complete only if you have a Mailing address that is different from Physical address)

Address _____		Apt./Sp. # _____	
City _____		State _____	Zip _____

Home Phone _____ Ext _____ Date of Birth (month/day/year) ____/____/____

Cell Phone _____

Language Ability: Do you speak and understand English?

Yes No (specify spoken language) _____

Email address _____ Male Female

Mobility Type: Ambulatory Manual Chair Power Chair Walker/Cane

Emergency Contact _____ Telephone _____

Relationship _____

It is important that all parts of this application are completed. An incomplete application will be returned to you.

Part 1 (Please complete all questions thoroughly.)

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

Yes No Sometimes

2. What is your physical, cognitive (thinking, reasoning, memory), mental health disability, or other health condition(s) that would prevent you from riding the fixed-route bus?

3. Explain how your disability prevents you from:

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

Explain as completely as possible. Use an extra page if needed.

4. Is your need for ADA LIFTT service **long term** or **temporary**?

Long term Temporary - How long? _____

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

No Yes - How? _____

6. Because of your disability, do **weather conditions** (such as heat, cold, rain, snow, or ice) prevent you from using a fixed-route bus without someone's help?

No Yes - Which ones? _____

How? _____

7. Because of your disability, do **terrain conditions** (such as hills, uneven surfaces, or curbs) prevent you from using the fixed-route bus without someone's help?

No Yes - Which ones? _____

How? _____

8. When you walk outside your home, how far can you walk on your own or with the use of a mobility aid such as a cane or walker? If you use a scooter or wheelchair skip this question.

Number of blocks _____ Less than a block Not able to walk any distance

9. Does your walking distance change because of health conditions? If so, how?

10. How far is your residence from the nearest bus stop? (For bus stop information, call (360) 330-2072)

Number of blocks _____ Less than a block

How many steps can you go up or down without someone's help?

none 1 step 2 or more steps

11. Please answer the following questions:

Yes No Sometimes

Can you stand for 10 minutes while you wait for your ride?

Can you sit for 10 minutes while you wait for your ride?

Can you ask for, understand, and follow directions?

Can you cope with unexpected problems or changes in your routine?

Can you recognize landmarks (i.e. bank, grocery store)?

Can you tell time?

Can you cross a busy street at a crosswalk?

Can you use a telephone to make and receive calls?

Can you see well enough to walk or travel to a bus stop?

Always Daylight only - Please explain:

Do you use a service animal to assist you? If yes, what type of animal? _____

Do you travel with portable oxygen?

If you are eligible for LIFTT, will you need to bring a helper (Personal Care Attendant - PCA) with you?

If you are eligible for LIFTT, will you need to use the lift to board the bus?

If you checked "sometimes" on any item, please explain (use an extra page if needed.)

12. Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid (example: support cane, 90%, no aids, 10%).

- | | | | |
|---------------------------------------|---------|------------------------|---------|
| <input type="checkbox"/> No aids | _____ % | | |
| <input type="checkbox"/> White cane | _____ % | Motorized wheelchair | _____ % |
| <input type="checkbox"/> Support cane | _____ % | Motorized scooter | _____ % |
| <input type="checkbox"/> Crutches | _____ % | Manual wheelchair | _____ % |
| <input type="checkbox"/> Walker | _____ % | Other (please specify) | _____ % |

If you checked more than one box, explain when/how you use the aids:

13. If you use a **wheelchair** or **scooter**, is it more than 30 inches wide, 48 inches long?

- Yes No Specify dimensions _____

14. Is the combined weight of you and the wheelchair or scooter over 600 pounds?

- Yes No Specify combined weight: _____

15. If you use a **manual wheelchair**, are you able to self-propel?

- Yes How far _____ Comments _____
- No Please explain _____

16. Does the distance you can travel in a **manual wheelchair** change because of health conditions?

- Yes No If yes, please explain _____

17. If you use a **wheelchair** or **scooter** how far are you able to travel outside without someone's assistance?

_____ # blocks _____ Less than 1 block _____ Not able to travel any distance

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

19. Have you **ever** ridden the fixed-route bus without someone's assistance?
 Yes (If yes, how long ago did you ride _____) No

20. Do you **currently** ride the fixed-route bus?

- Yes No (If no, check all that apply)
- I have difficulty getting on or off the bus
 - I have difficulty riding specific bus routes
 - I have difficulty traveling to and from the bus stops
 - I have difficulty recognizing bus stops

21. Could you ride the **fixed-route bus** if there was a bus stop near your home?

- Yes, always Yes, sometimes No, explain _____
-

22. Can you find your way to and from the fixed-route bus stop without someone's help?

- Yes No (If no, check all that apply)
- I get confused or I can't remember where I'm going
 - I need someone with me to make sure I get to the stop
 - I need someone to help me transfer to another bus
 - Other _____
-

23. Which training would help you learn to ride the fixed-route bus? Check all that apply.

- Getting on or off the bus
 - Riding specific bus routes
 - Traveling to and from the bus stops
 - Using wheelchair ramps and other accessibility features
 - Recognizing bus stops
 - Other _____
-

24. Are you interested in having someone contact you about **Twin Transit's free training** to learn how to ride the regular fixed-route bus? Participation in training will not be a basis to limit or deny your LIFTT eligibility.

- Yes No (If no, please explain) _____
-

Note: If you indicated yes, a Twin Transit employee will contact you soon.

Representative

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

Name _____ Daytime Phone # _____

Relationship to Applicant _____ Agency _____

Signature _____ Date _____

Part 2: LIFTT Service Applicant Agreement & Authorization for Release of Information

By signing below, you authorize the release of verification information and any other information to Twin Transit or its representatives needed to evaluate your eligibility to receive LIFTT service.

Please be advised that Twin Transit will use your statements to determine your eligibility for ADA LIFTT service as provided by law. The statements contained herein are material to Twin Transit’s determination and Twin Transit may act in reliance thereon.

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

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

Documents used by Twin Transit regarding your LIFTT eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. Twin Transit 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 who has designated power of attorney, or is a legal guardian for the Applicant. If the Applicant is less than 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, you must include a copy of the authorizing document.

SIGNATURE _____ DATE _____

Applicant Designated Power of Attorney Legal Guardian

Printed name _____ Contact number _____

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.

A licensed medical or mental health professional who is familiar with you and your disability must complete the remaining questions on pages 7 and 8 of this application. If you have been told there is a charge for obtaining medical or mental health verification, call (360) 330-5555. Twin Transit may be able to identify an alternative service that does not charge for the required verification. See the top of the next page for a list of approved professionals.

Applicant's Name _____

Part 3: Licensed Medical or Mental Health Professional Verification

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

IMPORTANT INSTRUCTIONS TO MEDICAL PROVIDERS (PLEASE READ):

Your patient is applying for LIFTT bus service; a costly, tax-supported service that is mandated by the Americans with Disabilities Act of 1990 (ADA). We need your assistance to assure that eligibility is granted to people who, because of the effects of their disabilities, are not able to ride the substantially less expensive fixed-route bus. It is important to know that age, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for LIFTT service.

LIFTT is NOT Medical Transportation

If your patient cannot tolerate a ride time that is more than 30 minutes, or must have their medical condition monitored during the course of the ride; or your patient cannot control his/her aggressive behaviors they are not considered eligible for LIFTT bus service. We appreciate your professional assistance and please call (360) 330-5555 if you have any questions or would like additional information about ADA LIFTT eligibility standards.

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 regular, ramp-equipped FIXED-ROUTE bus.** Please define the degree of impairment and include measure(s) of visual or hearing acuity, GAF or IQ scores, if applicable.

DIAGNOSIS/DISABILITY (not symptoms)	DEGREE OF IMPAIRMENT (circle one)	DATE OF ONSET (if known)
_____	mild moderate severe	_____
_____	mild moderate severe	_____
_____	mild moderate severe	_____
_____	mild moderate severe	_____
_____	mild moderate severe	_____
_____	mild moderate severe	_____

Is the Applicant's need for LIFTT service temporary? No Yes - Until _____

Are any of these conditions episodic or variable in their severity? No Yes - Provide details below

Please provide any additional information that you deem relevant as to why this Applicant cannot use the fixed-route bus service _____

Please review the information contained in Part 1, 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's Signature	Specialty	Date
Printed Name _____		
Organization _____		
Address _____		
City/ST/Zip _____		
Phone _____	Fax _____	

Would you like additional information regarding LIFTT Services and eligibility criteria?
 Yes No

Thank you for your assistance in completing this form. Twin Transit, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for LIFTT Services.

Return application to: **Twin Transit - LIFTT**
212 E. Locust Street
Centralia, WA 98531

Fax: (360) 524-7895

----- Please Fold in Half -----

Return Address:

Extra
Postage
Required

Twin Transit - LIFTT
212 E. Locust St.
Centralia, WA 98531