

UNION GAP DIAL A RIDE APPLICATION



PLEASE TYPE OR PRINT NEATLY

Last Name: _____ First Name: _____ M.I: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____ Apt/Rm#: _____

City: **UNION GAP** State: **WA** Zip Code: **98903** Home Phone: _____

Emergency Contact: _____ Phone: _____

How would you like us to notify you? (please choose one)

Email: _____

Phone: _____ Contact Name: _____

FOR QUESTIONS REGARDING UNION GAP DIAL A RIDE SERVICES
CALL US AT **(509) 574-8000**
SUBMIT APPLICATION VIA FAX OR BY MAIL

FAX: **1-206-691-8689**
MAIL TO: **MEDSTAR TRANSPORTATION**
1904 FRUITVALE BLVD
YAKIMA, WA 98902

Please Keep the Dial A Ride Operation Rules as your reference - Pages 7 & 8

APPLICANT STATEMENT
COMPLETE QUESTIONS THOROUGHLY AND NEATLY

1. What is your physical disability, mental disability or other qualifying condition(s)?

2. Is this condition temporary? ____ No ____ Yes If yes, for how long? _____

3. Which of the following mobility aids or equipment do you use when you travel outside your home? Check all that apply

Powered Scooter <input type="checkbox"/>	Service Animal <input type="checkbox"/>
White Cane <input type="checkbox"/>	Scooter <input type="checkbox"/>
Manual Wheelchair <input type="checkbox"/>	Lowered Wheelchair <input type="checkbox"/>
Walker <input type="checkbox"/>	Support / Quad Cane <input type="checkbox"/>

Other (Please Specify) _____

4. How far can you travel on your own or with the use of mobility aids? _____ Blocks.

5. What is the factor that limits your ability to travel? _____

6. Can you stand for 10 minutes while you wait for your ride? Yes No

7. Can you sit for 10 minutes while you wait for your ride? Yes No

8. Do you currently use the regular bus service?

Yes No If no state the reason: _____

9. Could you ride the regular bus if there was a bus stop or bus route near your home?

Yes, always Yes, sometimes No

10. Do you need to travel with a personal care attendant (PCA)?

(A personal care attendant is someone who travels with you to provide any assistance you may need. Your PCA rides for free and must board and deboard at the same location as you.)

Yes- You are stating that you cannot travel alone or cannot be left alone at drop off point. This means you will be traveling with your own PCA since Union Gap Transit operators cannot serve as a PCA, and since you will be left alone in the vehicles while operators are assisting other clients, and you will be dropped off at your destination whether or not someone is available to meet you. You must arrange your own PCA.

No- You may still have someone travel with you when you travel

Sometimes- You travel with a PCA at your own discretion.

11. Please explain as completely as possible how your disability prevents you from getting on (boarding, riding, or getting off (deboarding) a regular bus or how it prevents you from getting to the bus stop.

12. Does your residence have a wheelchair ramp? Yes No If no please explain how you get out of your home _____

13. Can your driveway or the street in front of your home safely accommodate a 24' vehicle with sufficient area to turn around? (Example of a comparable size and weight would be a large garbage truck?

Yes No I don't know

14. The lift requires at least 8' of clearance from the vehicle. Is there enough room at your residence to deploy this lift onto a flat level surface?

Yes No I don't know

15. If there are 1 or more steps or stairs to get into or out of your residence, can you use them without assistance?

No Yes Yes, with assistance

16. Describe the pathway from your residence to the area where you would board the transit vehicle. (inclined slope, level, flat, rocks, grass, asphalt, dirt, or other)

17. Are the numbers on your residence readily visible from the road during the day or night?

Yes No, if no

explain: _____

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

19. Stairs on an ADA vehicle 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?

PERMISSION STATEMENT

I hereby authorize Union Gap Transit or its representative to obtain, from the physician(s) listed below, medical information related to my health or treatment, for the purpose of evaluation my ADA eligibility for specialized transportation.

I certify that the information provided on this application is true and correct. I understand giving false information is against the law, and could result in losing specialized transportation services, as false information is against the law as well as a penalty under the law.

I understand any other mobility wheelchair other than a WC-19 wheelchair is not meant as a safe transportation device and I will not hold the City of Union Gap or Medstar Transportation Services liable in any way by requesting them to transport me in my own wheelchair or mobility device in lieu of a WC-19 wheelchair.

Primary Care Physician

Dr's Full Name: _____ Specialty: _____

Mailing Address: _____

Phone: _____ Fax: _____

Secondary Physician (if applicable)

Dr's Full Name: _____ Specialty: _____

Mailing Address: _____

Phone: _____ Fax: _____

Applicant Printed Name

Applicant Signature

Date

If you are not the applicant but have completed this form please fill in the information below:

Name: _____

Relation: _____

Signature: _____ Date: _____

Mailing Address: _____ Phone: _____

MEDICAL PROFESSIONAL STATEMENT

The following section of this application must be completed by a medical professional who is familiar with you and your disability, For the purpose of this application, licensed medical mental health professionals are limited to:

- | | | |
|--|---|---|
| Medical Doctor <input type="checkbox"/> | Occupational Therapist <input type="checkbox"/> | Osteopath <input type="checkbox"/> |
| Physician Assistant <input type="checkbox"/> | Rehabilitation Professional <input type="checkbox"/> | Physical Therapist <input type="checkbox"/> |
| Nurse Practitioner <input type="checkbox"/> | Registered Nurse (LTC Facility only) <input type="checkbox"/> | Chiropractor <input type="checkbox"/> |
| Medical Social Worker <input type="checkbox"/> | Orientation & Mobility Specialist <input type="checkbox"/> | |

Instructions:

This person is applying for Union Gap Transits Paratransit Services, in accordance with the American with Disabilities Act of 1990. This service is only for persons who, because of a temporary or permanent disability, are unable, without special facilities or special planning or design, to utilize facilities and services effectively.

Union Gap Transit will use the information provided on the application to determine eligibility.

People may be eligible to use Paratransit Services if because of a disability they:

1. Are unable to independently get to and from a bus stop or on or off the bus.
2. Are unable to comprehend how to complete a bus trip.

For the benefit of the applicant and Union Gap Transit, please answer the following questions as completely and accurately as possible. Incomplete answers will result in the application being returned to the applicant. All information provided will be kept confidential and will only be used in the determination of eligibility.

1. Please review the medical information contained in the application provided by the applicant.

Based on your knowledge of the applicant's condition, is this information correct

Yes No Somewhat

If "No" or "Somewhat" please

explain: _____

- 2. What specific disabilities cause the applicant's mobility limitations: Include measures of visual or hearing acuity if applicable. If the applicant has a cognitive impairment, please define the degree of impairment. (Age or inability to drive are not considered qualifying factors)

- 3. Are any of these conditions episodic or variable in their severity? Yes No

If "yes" please give details:

What was the date of onset of the limiting disability or disabilities? _____

- 4. Is the disability that precludes the applicant from accessing the regular bus system?

Permanent Temporary-until _____

Printed Name: _____

Organization: _____

Address: _____

City: _____ State: _____

Code: _____ Phone: _____ Fax: _____

Licensed Medical or Mental Health Professional's Signature

Specialty

Date



509-574-8000

DIAL-A-RIDE OPERATING RULES

HOURS:

Monday - Friday 6:00 a.m. to 7:00 p.m. which means the first scheduled pick up is 6:15 a.m. and the latest scheduled pick up is 6:45 p.m.

Saturday - 9:00 a.m. to 7 p.m. which means the first scheduled pickup is 9:15 a.m. and the latest scheduled pick up is 6:45 p.m.

Sunday - 8:00 a.m. to 4:00 p.m. which means the first schedule pickup is 8:15 and the latest scheduled pick up is 3:45 p.m.

HOW TO SCHEDULE A RIDE:

Schedule rides by calling the Union Gap Transit number **574-8000**

Monday - Saturday from 8:00 a.m. to 4:30 p.m. and Sundays from 8:00 a.m. to 1:00 p.m.

- When setting up your ride please provide complete, current and correct addresses, plus the suite number of the doctor or facility.
- Ride reservations must be made no later than the day prior to service and can be made up to one week (7 days) in advance.
- Dial-A-Ride does not provide same day rides.

PICK UP RULES:

Dial-A-Ride has a 30 minute window to pick up clients. This means the driver can arrive up to 15 minutes before or after your scheduled pickup time. You **MUST** be ready to go when the driver arrives. The driver will only wait **5 MINUTES** before leaving in order to stay on schedule.

Keep in mind that Dial-A-Ride is not a taxi service and is comparable to the Transit Bus Service, therefore, the driver may group riders together who have similar schedules and destinations.

RETURN RIDES: The same 30 minute window applies to a scheduled return ride. You must be ready when the vehicle arrives. Drivers will only wait **5 MINUTES** before leaving in order to stay on schedule.

WILL CALL RIDES: Will call rides are only allowed for medical and dental trips. Will call returns will be picked up between 1 and 60 minutes from the time the ride request is received. You must be ready when the vehicle arrives. Drivers will only wait **5 MINUTES** before leaving in order to stay on schedule.

NO WAIT RULE: When the driver arrives, you must be ready to go and waiting by the door. If you live in a nursing facility or an apartment complex you must be waiting in the lobby. The driver **WILL NOT** come to your room. If you are not ready to go when the vehicles arrives, you will be given a NO SHOW and the vehicle will leave. If you NO SHOW your trip cannot be rescheduled that same day.

FARES: There is no charge for using Union Gap Dial-A-Ride!

DOOR-TO-DOOR SERVICE: Our drivers will escort the passenger from the pickup door or common public entrance to the door or through the common public entrance at the destination.

CANCELLING SCHEDULED RIDES: All cancellations must be made 1 hour before the scheduled ride or you will be counted as a NO SHOW. To cancel, call **574-8000**.

NO SHOW POLICY: When riders do not cancel at least 1 hour in advance or are not available to board within 5 minutes, it will be considered a no-show. We will make a no-show determination when:

- A rider fails to cancel a ride at least 1 hour before the scheduled pickup time, or
- The rider is not available to take the scheduled ride within 5 minutes of the Operator arriving at the scheduled pickup point, within the pickup window.

If Dial A Ride client establishes a pattern or practice of no-shows, staff will administer progressive warning & suspensions for violations as follows:

1. The Original occurrence of 5 no-shows & 10% of scheduled trips are no-shows in a calendar Month will result in a notice advising them of their no-show record.
2. The 1st violation - an additional 10% of scheduled trips are no-shows in a calendar month will result in a 7-day suspension.
3. The 2nd violation - an additional 10% of scheduled trips are no-shows in a calendar month will result in a 14-day suspension.
4. The 3rd violation - an additional 10% of scheduled trips are no-shows in a calendar month will result in a 21-day suspension.
5. The 4th violation - an additional 10% of scheduled trips are no-shows in a calendar month will result in a 28-day suspension.

PERSONAL CARE ATTENDANT/COMPANION/GUESTS: A personal care attendant (PCA) is someone designated or employed specifically to assist the Dial-A-Ride client with his or her personal needs. A PCA is not permitted to do their own shopping since they are only present to

assist you. The PCA must get on and off at the same time and locations as you. Please let the reservationist know you will have a PCA accompanying you at the time you set up the ride.

THREE CARRY ON/GROCERY/SHOPPING BAG LIMIT: Only 3 standard sized grocery/shopping bags, not to exceed 25 lbs. each can be carried in one trip are allowed. This does not include a purse or backpack. Drivers will not carry oversized, heavy or bulky packages. Drivers will only carry packages or bags to the door, not inside a home or apartment.

WHEELCHAIR FOOTRESTS ARE MANDATORY: For safety reasons, **ALL** wheelchairs must have footrests attached in order to be transported.

MOBILITY DEVICES: For passenger safety, all wheelchairs should have footrests attached and working brakes. Batteries on power chairs or scooters should be fully charged in case your trip takes longer than expected. DAR drivers will **not** assist in steering or driving powered devices. If you are unable to do so and an attendant is not present or available, you will not be transported.

OXYGEN TANKS: If you need portable oxygen, bring an ample supply in case of delays. Portable tanks should be attached to a wheelchair or in a carrying case for safety.