



# Yamhill County Transit Area

## Paratransit

A Service of Yamhill County Transit Area

### ADA PARATRANSIT ELIGIBILITY APPLICATION

#### Instructions

- Step 1:** Read the introductory information about Paratransit on the cover of the application.
- Step 2:** Complete (or have a representative complete) the Application for Paratransit if you believe you qualify.
- Step 3:** Answer all of the questions and sign the application on page 10. Incomplete applications will be returned to the applicant.
- Step 4:** An in-person interview may be requested by YCTA staff; you may be asked to provide verification by a medical professional, as well.
- Step 5:** Questions? Call YCTA at 503-474-4910 or 1-800-735-2900 (TTY-Oregon Relay).
- Step 6:** Return the completed application to:  
YCTA  
535 NE 5<sup>th</sup> St  
McMinnville OR 97128

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Dear Applicant:

*Paratransit* is a local public transportation service for people unable to use Yamhill County Transit Area (YCTA) regular bus service because of a disability. The federal Americans with Disabilities Act (ADA) has specific guidelines for determining who is eligible for *Paratransit*.

You or someone who can represent you must complete this application. All questions must be answered. The questions help to identify your specific abilities and under what circumstances you could use regular YCTA bus service or when *Paratransit* will be needed.

An in-person interview may be required to complete the application process.

After *Paratransit* receives your completed application you will receive written notification about your eligibility. If you are eligible, you will receive a copy of our *Paratransit Guide*, which explains in detail how the *Paratransit* service operates.

Should you disagree with your determination of eligibility, you may contact us for information on the appeals process.

If you believe you qualify for Paratransit, you will be allowed service for 30 days while eligibility is determined. Once accepted, re-certification will be required every 3 years.

If you need assistance or have additional questions about the public transportation requirements under the ADA, please feel free to call the YCTA office at (503)474-4910 or (800)735-2900 (TTY-Oregon Relay).

Sincerely,

Cynthia Thompson  
Transit Manager

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## Application for Paratransit

**General Information: Please read carefully. All questions must be answered. Applications that are incomplete or lack required signatures will be returned.**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Facility, Apartment Building, or Park: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s)

(Home): \_\_\_\_\_ (Other): \_\_\_\_\_

Birth Date: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Emergency Number(s): \_\_\_\_\_

Do you receive medical services under the Oregon Health Plan (OHP)?

Yes       No       Don't know

Are you currently eligible for transportation under the Medicaid program?

Yes       No       Don't know

**Yamhill County Transit Area agents and employees will use information provided during the application process for the purpose of determining eligibility and providing transportation services.**

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## Section 1 Tell us what you know about the local city bus service offered by Yamhill County Transit Area

1. Have you ever tried to use the local city bus service that Yamhill County Transit Area (YCTA) operates throughout McMinnville and Newberg?  
 Yes       No
2. Are you aware that all YCTA buses are fully accessible to accommodate persons who use wheelchairs or who are unable to climb the bus steps?  
 Yes       No
3. Are you able to reach the YCTA bus stop nearest your home?  
 Yes       No       Sometimes

If your answer is *sometimes* or *no*, please explain:

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4. What best describes your ability to use the local city bus service?  
 I can use the YCTA bus service for most of my transportation needs.  
 I have never attempted to use the YCTA bus service.  
 I *could* use YCTA bus service, but it would be difficult because:  

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 I can use YCTA bus service *only* for specific routes/destinations because:  

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 I cannot use YCTA bus service without the help of a personal care attendant.  
 I cannot use YCTA bus service at all because:  

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**Paratransit sometimes provides *connecting* service to the nearest YCTA bus stop, shelter or transit station when the distance to the bus stop is what prevents the rider from being able to use the bus.**

5. If *Paratransit* were to provide transportation for you to the YCTA bus stop closest to your home, please check all the statements that would apply to you:

- I *can* wait at a bus stop for an YCTA bus.
- Due to the nature of my disability, I must wait inside during inclement weather.  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Due to the nature of my disability, I am able to wait *only* if there is a covered shelter.  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Due to the nature of my disability, I am *never able* to wait at an YCTA bus stop on my own.  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Other. Please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Are there *any other* reasons why you cannot board or ride an YCTA bus?

- Yes                       No other reasons                       No, but prefer not to

If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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## Section 2 Please provide the following information about your disability.

1. What is the primary disability or health condition that limits your ability to use YCTA bus service? Please be specific (for example: stroke, emphysema, schizophrenia, etc.)  
\_\_\_\_\_
2. Do you have *other* physical, mental, or emotional disabilities or conditions that limit your ability to use YCTA bus service?  
 Yes       No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do the effects of your disability or condition vary from day to day?  
 Yes       No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Is your disability or condition:  
 Permanent       Temporary  
If you answered temporary, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Section 3 What mobility aids, equipment, and/or personal assistance are required for your travel?

1. Which of the following do you use some or all of the time?  
 Cane                       Manual wheelchair       Service animal  
 White Cane               Power wheelchair       Picture board  
 Crutches                   Power scooter               Alphabet board  
 Walker                     Extended footrests       Portable oxygen  
 Orthotic device       Chest restraint               Respirator  
 Prosthetic device       Wheelchair only to board the bus  
 None  
 Other: \_\_\_\_\_

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2. If you use *both* a manual and power wheelchair and/or scooter, under what circumstances would you travel with:

.....your *manual* wheelchair? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....your *power* wheelchair or scooter? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the combined weight of you and your wheelchair or scooter more than 600 pounds?

Yes       No       Don't know

4. *Paratransit* operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you travel on *Paratransit*? (Attendants travel free when assisting passengers.)

Always       Sometimes       Never

If *always* or *sometimes*, how does a PCA or other person assist you?

- All activities of daily living
- To help me get to the vehicle when it arrives
- By pushing my manual wheelchair
- To help me get to my destination from the vehicle
- Other: (please describe below)

\_\_\_\_\_

\_\_\_\_\_

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## Section 4 Please provide the following information about your functional capabilities

1. How far are you able to travel on a flat surface, either on your own or using your regular mobility aid, without the assistance of another person?

- Not able to travel at all without assistance from another person
- Severely restricted; only at home
- Less than half a city block
- One city block
- Two city blocks
- Three city blocks
- One-half mile (about six blocks)
- Three-quarters mile (about nine blocks) or more

2. Can you climb three 12-inch-high steps?

- Yes  No

Please check the *environmental conditions* that affect your ability to get to and from an YCTA bus stop, or to and from a destination using the YCTA bus. Please explain below:

**Due to the nature of my disability, in order to travel, I:**

- ...  must avoid inclines
- ...  must be on sidewalks
- ...  must avoid steep hills
- ...  must avoid hours of darkness

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Due to the nature of my disability, all intersections in my path:**

- ...  must have curb cuts
- ...  must have a clearly marked pedestrian crosswalk
- ...  must have *both* a pedestrian crosswalk and a traffic signal
- Please explain: \_\_\_\_\_



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3. Please check the specific *weather conditions* that, combined with your disability, prevent you from using YCTA bus service.

- Snow      Heat:  above \_\_\_\_\_ degrees F
- Ice        Cold:  below \_\_\_\_\_ degrees F
- Rain

Please explain how these conditions would affect your ability to get to or from an YCTA bus stop or to your destination.

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The weather does not affect my disability

## Section 5      How might you use *Paratransit*?

1. If you are eligible for paratransit services for some or all trips, what would be your most frequent destinations? Please list specific addresses if you can:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

2. If you are determined eligible for paratransit services, would you be interested in a once-a-week grocery shopping program? (If you are not able to carry all of your own purchases when grocery shopping, the operator on a *Paratransit Shopper* is able to provide assistance carrying groceries on and off the bus. Regular *Paratransit* operators will not be able to carry parcels for you.)

Yes       No

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## Section 6 Please read the following and sign the application

**Applicant:** The applicant (or legal guardian) must sign below, even if someone else filled out this application.

I believe that the information provided is true and correct. I understand that deliberately providing false or misleading information is punishable by law and may jeopardize the receipt of services. I hereby authorize YCTA, its agents, and employees to verify the information provided in this application.

\_\_\_\_\_  
Applicant's Signature or Signature of Legal Guardian

\_\_\_\_\_  
Date

**Representative: If you are filling out this application for someone other than yourself, you must complete the following:**

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. Do you have knowledge of the applicant's disability?

Yes

No

2. Are you aware of how it could affect the applicant's use of YCTA bus service?

Yes

No

I believe that the information provided is true and correct. I understand that deliberately providing false or misleading information is punishable by law and may jeopardize the receipt of services. I hereby authorize YCTA, its agents, and employees to verify the information provided in this application.

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date