



Paratransit

A Service of Yamhill
County Transit

(YC Transit)

2023

YAMHILL COUNTY TRANSIT PARATRANSIT ELIGIBILITY PROCESS INSTRUCTIONS

Step 1: WHO MAY BE ELIGIBLE FOR YAMHILL COUNTY PARATRANSIT SERVICE?

Yamhill County Transit provides paratransit transportation to person who are certified as eligible under the standards of the Americans with Disabilities Act (ADA). The ADA is a federal law that requires paratransit transportation be provided for persons when their disability in combination with their functional abilities prevents them from using local fixed route public transportation.

Requirements for Yamhill County Paratransit Eligibility

The ADA includes two requirements for paratransit eligibility:

1. you must have a disabling health condition, **and**
2. your disabling health condition must prevent you from using regular local fixed route bus services on your own, either some or all of the time.

The basis for the eligibility decision is your ability to use YC Transit's local fixed route bus services and the most limiting conditions presented by your disability and the environment.

Paratransit eligibility is **not** based on:

- age alone.
- a disability or medical diagnosis by itself.
- a lack of YC Transit service in an area.
- an inability to drive.
- personal finances.

Paratransit eligibility may be granted upon the following basis:

- Unconditional – means that the person's disability or health condition always prevents them from using fixed route services from all trips.
- Conditional – includes a description of certain circumstances or "conditions" when the person is unable to use fixed route services and would qualify to uses paratransit service.
- Temporary – is determined when the person's abilities and/or limitations are expected to change within a period of time.

STEP 2: HOW IS ELIGIBILITY DETERMINED?

Yamhill County Paratransit eligibility determination process includes:

- Submission of a completed, signed application,
- Verification of functional disability and abilities,
- An in-person interview with the individual, or a written medical/professional verification **may be** requested as needed.

STEP 3: HOW WILL I KNOW IF I AM ELIGIBLE?

Notice of Eligibility Determination

If a rider is determined eligible to use ADA paratransit services, within 21 days from receipt of their application, they will receive, in the mail an eligibility letter stating any conditions of eligibility, a paratransit ID card with number, and rider's information guide to YC Transit's ADA Paratransit service.

Applicants who are determined not eligible or who do not agree with the conditions established for their use of paratransit service may request an appeal which must be filed within 65 days from the date of the initial eligibility determination. Information on how to request an appeal will be included with the eligibility determination letter.

STEP 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

- A. Complete (or have a representative complete) the application for Yamhill County Transit (YC Transit) ADA Paratransit if you believe you qualify. Answer all questions completely and to the best of your ability. Incomplete applications will be returned to the applicant.
- B. An in-person interview may be requested by YC Transit staff; you may be asked to provide verification by a medical professional, as well.
- C. Questions? Please call YC Transit 503.474.5203, Oregon Relay Text-to-Voice (TTY) 711 or 800.735.1232, accessible/alternate formats 503.474.4900, central translation 800.CALL.CLI.
- D. Return completed application:

By mail -

Yamhill County Transit
535 NE 5th Street
McMinnville, OR 97128

In person -

Yamhill County Transit Center
800 NE 2nd Street
McMinnville, OR 97128

Dear applicant:

Paratransit is a local public transportation service for people unable to use Yamhill County Transit (YC Transit) 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 YC Transit bus service or when Paratransit may be needed.

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

After Yamhill County Transit Paratransit receives your completed application, you will receive a copy of our Paratransit Program Information Brochure, which explains 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 thirty (30) days while eligibility is determined. Once accepted, re-certification will be required every three (3) years.

If you need assistance or have additional questions about the public transportation requirements under the ADA, please feel free to call the Yamhill County Transit office at 503.474.4910 or 503.474.5203, Oregon Relay Text-to-Voice (TTY) 711 or 800.735.1232, central translation 800.CALL.CLI, or for accessible/alternate formats 503-474.4900.

APPLICATION FOR PARATRANSIT

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

Application for: New permanent eligibility (3 years)
 Recertification (3 years)
 New temporary eligibility (maximum 12 months)

Applicant's name: _____

Home address: _____ Unit/Apt # _____

City: _____ Zip code: _____

Mailing address (if different): _____

Telephone: _____

Email address: _____

Preferred method of contact: Phone Email Mail

Date of birth: _____

Language of choice: _____

Emergency contact: _____

Relationship to applicant: _____

Email: _____

Emergency telephone: _____

Additional contact: _____

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

Yes No Unsure

Are you currently eligible for transportation under the Medicaid program?

Yes No Unsure

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

Section 1

Please tell us what you know about the local bus service offered by Yamhill County Transit

1. Have you ever tried to use the local bus service that Yamhill County Transit (YC Transit) operates throughout McMinnville and Newberg?
 Yes No
2. Are you aware that all YC Transit 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 YC Transit bus stop nearest your home?
 Yes No Sometimes

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

4. What best describes your ability to use the local bus service?

- I can use the YC Transit bus service for most of my transportation needs
- I have never attempted to use the YC Transit bus service
- I *could* use YC Transit bus service, but it would be difficult because:

- I can use YC Transit bus service *only* for specific routes/destinations because:

- I cannot use YC Transit bus service with the help of a personal care attendant (PCA)
- I cannot use YC Transit bus service at all because:

Paratransit sometimes provides *connecting* service to the nearest YC Transit 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 YC Transit bus stop closest to your home, please check all the statements that would apply to you:

I **can** wait at a bus stop for a YC Transit bus

Due to the nature of my disability, I **must** wait indoors 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 a YC Transit bus stop on my own, please explain:

Other, please explain:

6. Are there **any other** reasons why you cannot board or ride a YC Transit bus?

Yes No No, but prefer not to
If you answered yes, please explain:

Section 2

Please provide the following information about your disability

1. What is the primary disability or health condition(s) that limits your mobility and ability to use YC Transit bus service? Please be specific:

2. Do you have **other** physical, mental, or emotional disabilities or conditions that limit your ability to use YC Transit bus service?

Yes No

If yes, please explain:

3. Do the effects or symptoms of your disability vary from day to day?

Yes No

If yes, please explain:

4. Is your disability or condition:

Permanent Temporary

If you answered temporary, what is the estimated recovery period?

_____ Month(s) _____ Year(s)

Section 3

Mobility equipment

1. Indicate which mobility equipment you presently use and would be using when traveling on YC Transit:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Picture/Alphabet board |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Extended footrests | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Orthotic device | <input type="checkbox"/> Chest restraint | <input type="checkbox"/> Prosthetic device |
| <input type="checkbox"/> Lift mechanism | <input type="checkbox"/> Wheelchair only to board bus | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other, please describe: _____ | |

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. If you use a manual or power wheelchair or scooter, do you want to transfer to a seat from your device when riding on YC Transit buses?
 Yes No Sometimes, please explain:
-
-

4. Is the combined weight of you and your wheelchair or scooter more than 600 lbs.?
 Yes No Don't know

5. 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

6. If *always or sometimes*, how does a PCA or attendant 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 explain:
-
-

Section 4

Please provide the following information about your functional capabilities

1. How far are you able to travel on a flat surface, whether on you 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 (1) city block
 - Two (2) city blocks
 - Three (3) city blocks
 - One-half (1/2) mile (about six city blocks)
 - Three-quarters (3/4) mile (about nine city blocks) or more
2. Can you climb three (3) 12-in high steps?
 Yes No

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

Due to the nature of my disability, 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 crosswalk
- Must have *both* a crosswalk and a traffic signal
- Other

Please explain:

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

- snow
- ice
- rain
- heat above _____ degrees Fahrenheit
- cold below _____ degrees Fahrenheit

Please explain how these conditions would affect your ability to get to or from a YC Transit bus stop to your destination and/or home:

Section 5

How might you use YC Transit Paratransit

1. If you are eligible for paratransit services for some or all trips, what would be your most frequent destination? Please provide building names and/or addresses if possible:

- Doctor offices _____
- Grocery stores _____
- Pharmacies _____

Other

2. If you are determined eligible for paratransit services, would you be interested in a once-a-week grocery shopping program? (If you are unable to carry all your own purchases when grocery shopping, the operator on a **Paratransit Shopper** is able to aid carrying groceries on and off the bus. **Regular paratransit** operators will not be able to carry parcels for you.)
- Yes No

Section 6

Optional information

The following questions are optional and will have no bearing on your eligibility for Yamhill County Transit Paratransit service:

1. What is your ethnicity?
- African American Asian/Pacific Islander Caucasian
 Hispanic/Latino Native American Other
2. What is your gender? Female Male non-binary Other
3. Are you a US Veteran? Yes No
4. How did you find out about YC Transit paratransit service?

Section 7

Please read and sign the following:

For the applicant: Applications must be signed. Unsigned applications will be returned.

I understand that the purpose of this application is to determine whether I am eligible to use Yamhill County Transit paratransit services. I certify that the information in this application is true and correct. I understand that providing false or inaccurate information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for Yamhill County Transit paratransit, and to provide paratransit services if I am determined to be eligible, unless I give other specific authorization. I understand that I might be asked to provide additional information necessary for a proper determination of eligibility for paratransit services.

Name of applicant (please print): _____

Applicant's signature: _____ Date: _____

Person completing this form, if other than applicant:

Name (please print): _____

Relationship to applicant: _____

Signature: _____ Date: _____

Contact phone: _____

Email: _____