



SUNSET EMPIRE TRANSPORTATION DISTRICT
ADA PARATRANSIT APPLICATION FORM



ADA Paratransit Application

Sunset Empire Transportation District (SETD) offers Americans with Disabilities Act (ADA) Paratransit transportation to persons with disabilities or impairments who are unable to use fixed bus route services.

Those seeking Paratransit services are required to complete an application to determine eligibility. A person's eligibility is not based on age, personal finances, a disability or medical diagnosis by itself, inability to drive or availability or inconvenience of fixed route bus services.

Paratransit transportation is a curb-to-curb service. All vehicles are wheelchair accessible, and the service area is comparable to the designated service area of the SETD fixed route bus service.

Directions on filling out this application:

Step 1: Fill out the application. If you are unable to fill it out, please have someone assist you. Your application needs to be signed by a Health Care Provider. An example of a Health Care Provider is a medical Doctor, Nurse Practitioner, Physician's Assistant, Occupational Therapist, Mental Health Practitioner, or other medical provider. If you need an alternative format, please contact our Mobility Department at 503-861-5361.

Step 2: Return the completed application by mailing it to: Sunset Empire Transportation 900 Marine Drive, 97103 Attn RideAssist. You may also bring to the Astoria Transit Center ticket counter located at 900 Marine Drive in Astoria. You may also email the application to PARAT@ridethebus.org.

Step 3: Once your application is received you will be granted temporary eligibility while your application is being processed. This means you can begin scheduling your rides once the application is received. You will be notified of our determination within 21 days.

Step 4: To schedule a ride or check the status of your application call RIDEASSIST at 503-861-7433. Press Option 2#

Step 5: You will be contacted to complete the assessment and to review your application. You will be notified in writing what the determination of your eligibility is.

Part 1. Personal Information:

Date _____

Name _____

Address _____

_____ Check if mailing address is the same and please put complete address.

Mailing address _____

Date of Birth _____

Home Phone _____ Secondary Phone _____

Emergency Contact _____ Phone Number _____

Part 2. Mobility Status and Needs: **Please Circle your answer**

Which of these Mobility aids will you be using during transport?

Manual Wheelchair Motorized Wheelchair Scooter Seated Walker

Standard Walker Cane White Cane Portable Oxygen Service Animal

Communication aid PCA (Personal Care Attendant)

Other: _____

Part 3. Applicants Abilities and Needs:

A. What is your Disability or Health Condition?

B. What is your need for ADA Paratransit Services? Please circle.

Permanent (Lifelong) Temporary (how long) Conditional (Sometimes)

C. In the last 6 months circle what type of SETD services have you used?

Fixed Route Bus Service Dial-A-Ride None

D. Have you participated in Travel Training with any transit system including SETD?

Yes No

E. Indicate your ability to do each of the following without assistance:

I can get to the nearest bus stop without assistance.

- Yes
- No
- Sometimes

I can wait at a bus stop for up to 15 minutes independently.

- Yes
- No
- Sometimes

I can maintain my balance while standing independently or with a mobility device.

- Yes
- No
- Sometimes

I can get on and off the bus using the steps independently.

- Yes
- No
- Sometimes

I can communicate to the driver by myself **or** with the help of an aid what my needs are.

- Yes
- No
- Sometimes

I can travel _____ city blocks on my best day.

I can travel _____ city blocks on my worst day.

F. How do you currently travel to your most frequent destinations?

Fixed Route buses _____ Taxi _____ Someone drives me _____

I drive myself _____ Medical transportation _____

I walk _____ I use a Bicycle _____ Other _____

4. Professional Contact Health Care Provider:

My name is _____ and I am a Health Care Provider licensed under the laws of the State of Oregon or Washington. I have examined the person identified in this application and it is my opinion that he or she is within the meaning of the disability definition which follows:

“A person must have impairment due to illness, injury, congenital malfunction or other incapacity or disability that substantially limits one or more of that person’s major life activities”. “Permanent impairment means an impairment which has lasted or is expected to last at least 12 months”.

The following statement describes the medical condition that substantially limits one or more major life activities of my patient.

Health Care Provider completes:

Name

Signature

Address _____

Phone # _____

5. Applicants Certification:

I certify that the information in this application is true and correct. I understand that all information in this application will be kept confidential and disclosed only as needed to provide ADA Paratransit Services. I understand that SETD reserves the right to perform a phone or in person assessment to determine my eligibility for ADA Paratransit. If SETD requires an in-person assessment transportation will be provided to me for that assessment.

If someone has assisted with filling out this application, please provide the following information:

Name_____

Relationship to Applicant_____

Contact information_____

Applications may be mailed to:

Sunset Empire Transportation
900 Marine Drive
Astoria, Oregon 97103
Attn: RIDEASSIST

or

Delivered to the Astoria Transit Center at 900 Marine Drive Astoria, Oregon

or

Email to: PARAT@ridethebus.org