



## KETCHIKAN GATEWAY BOROUGH TRANSIT DEPARTMENT

Published: 09/04/18

### ADA PARATRANSIT ELIGIBILITY APPLICATION

Ketchikan Gateway Borough is pleased to provide public transportation needs of all the area's citizens, including those with disabilities. To accomplish this goal, the Borough provides two types of service:

1. Accessible fixed-route public bus service, known as "The BUS"; and
2. ADA paratransit service provided by the Borough's contractor, Southeast Senior Services.

#### ADA Paratransit Service

Ketchikan Gateway Borough's ADA paratransit service provides destination-to-destination transportation to riders whose disability prevents them from riding our fixed-route public bus system. Paratransit service is designed to be equal to—not better than—our fixed route service. For this reason, paratransit's service area and hours of operation mirror those of our fixed routes.

Like fixed routes, paratransit is public transportation, so riders will often share their rides with others. Grouping rides efficiently is essential for meeting rider demand, as dozens of trips are scheduled every day. Riders can book paratransit trips for any type of trip; no trip purpose is more important than another.

The Americans with Disabilities Act of 1990 (ADA) requires all public transportation agencies like the Ketchikan Gateway Borough to provide fixed-route service that is accessible to everyone, including people with disabilities. The role of Paratransit is to serve only those whose disability makes them truly unable to access fixed-routes.

#### Paratransit Compared to Fixed Routes

All paratransit and fixed route buses are accessible to people with disabilities. All buses are equipped with wheelchair lifts or ramps, and drivers of both services are professionally trained to work with riders with disabilities.

#### Paratransit Service:

- Provides destination-to-destination service.
- Must be scheduled one-day in advance.
- Can only be used by eligible riders whose disabilities prevent them from using fixed routes.
- Operates in the same service area as fixed route buses plus an additional  $\frac{3}{4}$  of a mile (excluding the Commuter Service Area).
- Operates during the same days and hours as fixed route service.
- Paratransit customers pay bus fare.



Paratransit Bus

### Fixed Route Service:

- Provides bus stop -to- bus stop service.
- Serves fixed-route bus stops according to a published schedule.
- Service is open to everyone.
- Allows for greater independence, spontaneity and predictability; you can ride the bus without advance reservations.
- In addition to having a wheelchair ramp the bus can kneel down to the curb for easier boarding (no steps).
- Priority seating available at the front of the bus for people with disabilities and seniors.
- Drivers announce key stops to help people with visual and cognitive disabilities to identify their current location.
- Fixed-route customers pay bus fare. Customers with a Ketchikan Gateway Borough issued ADA Paratransit card ride FREE on the fixed-route public bus service known as, "The BUS."



Fixed Route Public Bus

### Eligibility for Paratransit Service

Eligibility is not based only on having a disability or medical diagnosis, but whether or not these prevent you (not merely make it difficult) from riding fixed-route public bus service such as:

- Traveling to or from fixed-route bus stops.
- Getting on or off a fixed-route bus.
- Riding or navigating the fixed-route system.

### Types of Eligibility

There are three types of ADA eligibility:

Unconditional - Your disability always prevents you from accessing fixed routes either because you cannot travel to/from the bus stop or you are unable to navigate the system once you are aboard the bus.

Conditional - You are able to ride fixed routes some of the time but your disability prevents you from using it at other times. An eligibility letter will outline conditions of using paratransit service.

Temporary - You have a temporary disability that temporarily prevents you from using fixed routes.

### ADA PARATRANSIT ELIGIBILITY APPLICATION INSTRUCTIONS

The purpose of this application is to provide an opportunity for you to describe physical, personal and environmental barriers that prevent you from using "The BUS." The more information you provide, the better the Ketchikan Gateway Borough Transit Department will understand your transportation needs and travel challenges.

The application consists of two parts, Part 1 Applicant Questionnaire and Part 2 Verification by Treating Professional. To apply:

1. Complete Part 1 Applicant Questionnaire as thoroughly as possible and to the best of your ability. If you need assistance with completing the application, including an alternative format, you are welcome to call the Transit Department at (907)-225-8726. You may also ask a family member, friend, human service agency, or health care professional.
2. Have your treating professional complete Part 2 Verification by Treating Professional. A treating professional includes a physician, physician's assistant, nurse practitioner, chiropractor, psychiatrist or psychologist, social worker, naturopathic physician, licensed clinical behavioral health practitioner, or physical or occupational therapist.

Mail, fax, or email a completed application (Parts 1 and 2 must be submitted together) to:

Ketchikan Gateway Borough  
ATTN: Transit Dept.  
1900 First Avenue, Ketchikan, AK 99901  
Fax (907) 228-6678  
Email: transit@kgbak.us

After we receive your application, we will contact you within 7 days to schedule an interview (in person or over the phone). If you are scheduled for an in-person interview we will schedule a free ride for you with our paratransit contractor. You are welcome to ask a family member, friend, or treating professional to accompany you. Although they will not participate in the interview, they are welcome to provide information about your capabilities. There is no charge for an ADA Paratransit card.

Within 21 days of the interview, we will notify you of our determination of your eligibility for ADA complementary paratransit. If we determine that you are conditionally eligible or ineligible, you have the right to appeal the decision.

#### **VISITORS AND NON-RESIDENTS OF THE KETCHIKAN GATEWAY BOROUGH**

1. **Please do not complete this application.** To qualify for ADA Paratransit service a visitor or non-resident must provide an ADA Paratransit card or eligibility letter from their community or a letter from a medical professional documenting their disability and any special requirements when using public transportation.
2. Visitors and non-residents must contact the Ketchikan Gateway Borough Transit Department for an interview and provide documentation (see #1 above).
3. Visitors and non-residents are eligible for up to 21 days of paratransit service during a calendar year. For longer visits, you must apply for eligibility. Call our office at (907) 225-8726 in advance of your visit to begin the application process.

Have questions? Please call the Transit Department at (907) 225-8726.



## PART 1

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# APPLICANT QUESTIONNAIRE [ To Be Completed by the Applicant ]

### Your Contact Information

Applicant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ 99901 \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Other number: \_\_\_\_\_

By signing this application, I authorize Ketchikan Gateway Borough to share this information with the Borough's paratransit contractor and ADA eligibility advisor, and to contact my treating professional to confirm the information I provided.

I certify that the information provided in this application is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility.

\_\_\_\_\_

Signature

Date

**If this application has been completed by someone other than the applicant, that individual must sign the following certification and provide the requested information:**

**Please check one:**

\_\_\_\_\_ I certify that the information provided in this application is true and correct based upon information given me by the applicant.

\_\_\_\_\_ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

**About Your Disability**

1. What type or types of disabilities prevent you from using fixed-route public bus service (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> physical disability      | <input type="checkbox"/> visual impairment |
| <input type="checkbox"/> developmental disability | <input type="checkbox"/> mental illness    |
| <input type="checkbox"/> other _____              | <input type="checkbox"/> none              |

2. Is your disability:  Permanent or  Temporary If temporary; what is the expected duration?  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Which of the following mobility aides do you use while traveling? (Please check all that apply):

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> cane            | <input type="checkbox"/> extra-large wheelchair | <input type="checkbox"/> prosthesis  |
| <input type="checkbox"/> long white cane | <input type="checkbox"/> power wheelchair       | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> manual wheelchair      | <input type="checkbox"/> none        |
| <input type="checkbox"/> walker          | <input type="checkbox"/> power scooter/cart     |                                      |
| <input type="checkbox"/> crutches        | <input type="checkbox"/> service animal         |                                      |

4. Do you use a manual or power wheelchair or power scooter? \_\_\_\_\_

Width (inches) \_\_\_\_\_ Length (inches) \_\_\_\_\_ Weight (passenger + mobility device) \_\_\_\_\_

**If this is a temporary disability, please stop here and  
have a Medical Professional complete Part 2 of the application**

- |  | <b>Yes</b> | <b>No</b> | <b>Sometimes</b> |
|--|------------|-----------|------------------|
| 5. Are you able to wait 15 minutes at a fixed-route public bus stop with your mobility device? | [ ]        | [ ]       | [ ]              |
| 6. Can you transfer from your wheelchair to a seat in a vehicle?                               | [ ]        | [ ]       | [ ]              |
| 7. Are you sensitive to heat?  | [ ]        | [ ]       | [ ]              |
| 8. Are you sensitive to cold?  | [ ]        | [ ]       | [ ]              |
| 9. Do other weather/lighting conditions affect your disability?                                | [ ]        | [ ]       | [ ]              |
| 10. Is your breathing affected by weather or environmental conditions?                         | [ ]        | [ ]       | [ ]              |
| 11. Does your disability change after medical treatment/medications?                           | [ ]        | [ ]       | [ ]              |

12. If you answered **No** or **Sometimes** to questions 5 – 11, please explain below or attach additional paper if necessary:

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13. Under the best of conditions what is the farthest you can walk (or travel using your mobility aid) without the help of another person?

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 1 block   | <input type="checkbox"/> 6 blocks                       |
| <input type="checkbox"/> 1 block             | <input type="checkbox"/> More than 6 blocks             |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> I cannot travel outdoors alone |
| <input type="checkbox"/> 4 blocks (1/2 mile) |   |

	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>14.</b> Are you able to recognize printed information?	[ ]	[ ]	[ ]
<b>15.</b> Are you able to cross streets by yourself?	[ ]	[ ]	[ ]
<b>16.</b> Are you able to travel or get around by yourself after dark?	[ ]	[ ]	[ ]
<b>17.</b> Are you able to travel by yourself along sidewalks and and other pedestrian ways?	[ ]	[ ]	[ ]
<b>18.</b> Are you capable and comfortable getting around in a store or shopping mall by yourself?	[ ]	[ ]	[ ]
<b>19.</b> Are you able to detect curbs and other drop offs?	[ ]	[ ]	[ ]
<b>20.</b> Are you able to travel to and from your neighborhood bus stop by yourself?	[ ]	[ ]	[ ]
<b>21.</b> Are you able to wait outside without assistance or support for fifteen (15) minutes?	[ ]	[ ]	[ ]
<b>22.</b> Are there barriers that prevent you from getting to and from the bus stop?	[ ]	[ ]	[ ]
<b>23.</b> Are you able to travel on flat surfaces in good weather?	[ ]	[ ]	[ ]
<b>24.</b> Are you able to travel on slight inclines in good weather?	[ ]	[ ]	[ ]
<b>25.</b> Could you wait if there were a seat or bus shelter?	[ ]	[ ]	[ ]
<b>26.</b> Could you wait if there was not a seat or bus shelter?	[ ]	[ ]	[ ]
<b>27.</b> Could you pay the fare by putting coins or tickets in the fare box, or by showing a pass to the bus driver?	[ ]	[ ]	[ ]
<b>28.</b> Can you wait alone at your residence and places you travel?	[ ]	[ ]	[ ]
<b>29.</b> Could you independently ride in a taxi if one were provided?	[ ]	[ ]	[ ]
<b>30.</b> Can you provide addresses and telephone numbers upon request?	[ ]	[ ]	[ ]

**31.** Are you able to ask for, understand and follow directions?      **Yes**      **No**      **Sometimes**  
[ ]      [ ]      [ ]

**32.** Are you able to adapt to unexpected changes in routine?      [ ]      [ ]      [ ]

**33.** If you answered **No** or **Sometimes** to questions 14 - 34, please explain or attach additional paper if necessary:

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**34.** Do you require the services of a Personal Care Attendant (PCA) when you travel? (This person is not a companion or escort, but someone who will be helping you with mobility assistance, personal care, communication, transportation, sign language interpretation, providing services as a reader, etc., as you make your trip).      [ ] **Yes**      [ ] **No**

**Boarding and Exiting the Bus**

**1.** Do you currently use fixed route public bus service?      **Yes**      **No**      **Sometimes**  
[ ]      [ ]      [ ]

**2.** Are you able to recognize changes in your mental/emotional state that prevent you from using public bus service?      [ ]      [ ]      [ ]

**3.** Can you safely and independently walk up and down three, 12 inch steps?      [ ]      [ ]      [ ]

**4.** Are you able to board, ride, or exit a wheelchair accessible bus without assistance?      [ ]      [ ]      [ ]

**5.** Are you able to grasp handles or a railing while boarding or exiting a bus?      [ ]      [ ]      [ ]

**6.** Are you able to board or exit if the bus has a lift or kneeler that lowers the front of the bus to be level with the curb?      [ ]      [ ]      [ ]

	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
7. Are you able to get on and off a bus without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you answered **No** or **Sometimes** to questions 1 - 7, please explain:

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9. Have you ever had training to learn how to travel around the community or how to use the fixed-route public buses?     Yes     No

10. Is there something that might help you to ride the fixed-route public bus system? (Please check all that apply):

Yes, if someone taught me to understand the route, schedule and fare information.

Yes, if someone were to show me how to ride the bus.

Yes, if someone showed me how to get on the bus using the wheelchair lift.

Yes, if the bus were to come closer to where I live and need to go.

No, none of these would help.

**End of Part 1**



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## PART 2 REQUEST FOR VERIFICATION BY TREATING PROFESSIONAL (To Be Completed by Treating Professional)

**THIS PORTION OF THE FORM MUST BE COMPLETED AND SIGNED BY AN APPROPRIATE MEDICAL, CERTIFIED OR LICENSED PROFESSIONAL WHO IS TREATING THE APPLICANT**

Dear Health Care Professional:

The Americans with Disabilities Act of 1990 (ADA) requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using public bus service for some or all of their trips. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for ADA Paratransit Service. Inconvenience and/or decreased comfort are not a basis for qualification. The client's condition must prevent travel by bus. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

Please do not list "diagnosis" as the reason the applicant needs paratransit service. We need detailed information about how the condition or disability makes it functionally impossible for the applicant to utilize our fixed-route public bus service. Our evaluation is a transportation decision, not a medical authorization.

The Borough's fixed-route buses (The BUS) have ADA accessible features:



Fixed Route Public Bus

- All are equipped with wheelchair lifts or ramps.
- Buses have a kneeling capability (can be lowered to provide easier boarding).
- Designated seating at the front of bus for the elderly and persons with disabilities.
- Bus drivers announce transfer points and all requested stops.
- Customer service is available to provide bus schedule information and trip planning

assistance, including transfers between bus routes.

**Applicant/Client's Name:** \_\_\_\_\_

1. Please indicate the date of your most recent examination of this

applicant: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Does the applicant have the mental capacity to:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Give addresses and phone numbers?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recognize a destination or landmark?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deal with unexpected change(s) in routine?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ask for, understand and follow directions?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel safely/effectively through crowded or complex facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Specify which functional limitations are associated with this applicant's condition (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> mobility impairment | <input type="checkbox"/> cognitive impairment** | <input type="checkbox"/> compromised endurance |
| <input type="checkbox"/> muscular            | <input type="checkbox"/> respiratory            | <input type="checkbox"/> other _____           |
| <input type="checkbox"/> visual impairment   | <input type="checkbox"/> total                  | <input type="checkbox"/> partial               |
| <input type="checkbox"/> hearing impairment  | <input type="checkbox"/> total                  | <input type="checkbox"/> partial               |

\*\*If this individual has a cognitive impairment, please indicate all that apply to this individual:

- cannot be left alone to wait for transportation  
 displays behavior that is unsafe for self or others using public transportation  
 cannot recognize vehicles that she/he should board

4. What is the expected duration of this individual's condition?

permanent  temporary \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Date)

5. Does the applicant use a mobility device? Please check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> cane            | <input type="checkbox"/> extra-large wheelchair | <input type="checkbox"/> prosthesis          |
| <input type="checkbox"/> long white cane | <input type="checkbox"/> power wheelchair       | <input type="checkbox"/> communication board |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> manual wheelchair      | <input type="checkbox"/>                     |
| other _____                              |   |  |
| <input type="checkbox"/> walker          | <input type="checkbox"/> power scooter/cart     | <input type="checkbox"/> none                |
| <input type="checkbox"/> crutches        | <input type="checkbox"/> service animal         | <input type="checkbox"/> unknown             |

6. How far can the applicant travel to/from a bus stop or destination? Please check mark below:

- | <u>Walking without assistance</u>  |  | <u>Using Mobility Device</u>                                   |  |
|--|--|--|--|
| <input type="checkbox"/> Unable to travel any distance                     |  | <input type="checkbox"/> Unable to travel any distance         |  |
| <input type="checkbox"/> The length of one football field? (300 feet)      |  | <input type="checkbox"/> The length of one football field?     |  |
| <input type="checkbox"/> Less than one city block? (500 feet)              |  | <input type="checkbox"/> Less than one city block?             |  |
| <input type="checkbox"/> One length of a football field & back? (600 feet) |  | <input type="checkbox"/> One length of a football field & back |  |
| <input type="checkbox"/> One lap around a track? (1,320 feet)              |  | <input type="checkbox"/> One lap around a track?               |  |

7. How long can the applicant wait outside at a bus stop?

- |                | <u>Sitting</u>           | <u>Standing</u>          | <u>Using Mobility Device</u> |
|----------------|--------------------------|--------------------------|------------------------------|
| Unable to wait | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| 0-5 minutes    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| 5-10 minutes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| 10-20 minutes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |
| 20+ minutes    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |

8. Does the disability/condition prevent the applicant from riding a wheelchair accessible bus?

- Yes       No  
 Sometimes; explain: \_\_\_\_\_

9. Does weather affect the applicant's ability to travel?  Yes  No

- Sometimes; explain: \_\_\_\_\_

10. Does the applicant have medically defined temperature sensitivity?  Yes  No

- Above what temperature for heat sensitivity? \_\_\_\_\_  
Below what temperature for cold sensitivity? \_\_\_\_\_

11. Does the applicant have any other medical condition of which the Borough Transit Department should be aware?

\_\_\_\_\_  
\_\_\_\_\_

12. Please describe the impact this disability/condition has on the applicant's ability to use fixed-route public bus service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Applicant require a Personal Care Attendant when traveling?**       Yes  No

A Personal Care Attendant (PCA) is not a companion or escort, but someone who will be helping the applicant with his/her mobility assistance, personal care, communication, transportation, sign language interpretation, providing services as a readers, etc. as the applicant makes his/her trip.

I certify that the information provided in this document is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility for the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Title: \_\_\_\_\_

Practice or Agency Name: \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_

**PLEASE RETURN THIS DOCUMENT TO THE APPLICANT. THE APPLICANT IS RESPONSIBLE FOR SUBMITTING ALL INFORMATION TO KETCHIKAN GATEWAY BOROUGH TRANSIT DEPARTMENT**

**End of Part 2**