



Eligibility Application

**Your complete SHUTTLE application can be
mailed or faxed to Pierce Transit.**

Mailing Address: 3701 96th Street, Lakewood, WA 98499

Fax Number: 253.984.8154

NOTE: *Every page of your application must be complete or it will be returned.
You can also apply online at PierceTransit.org*



Are you in the SHUTTLE service area? Scan for an interactive map.

You may also call 253.581.8000 to reach a Customer Service Representative for more information.

Pierce Transit does not offer SHUTTLE service outside of the regular fixed route bus service area.

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Who is eligible for ADA SHUTTLE Service?

Under the ADA transit providers have the responsibility to make their services accessible for, and usable by, individuals with disabilities. The expectation of the ADA is that most transit services provided for individuals with disabilities will be provided by regularly accessible bus service.

ADA SHUTTLE (paratransit) service is defined as a “safety net” for those individuals with functional limitations that prevent bus system use, not just make it more difficult.

Specific ADA eligibility guidelines define eligibility as appropriate for individuals with disabilities when one or more of the following are prevented:

- Boarding, disembarking, or riding (including system navigation) on any regularly accessible bus is prevented even with the assistance of the lift and other commonly available help,
- Travel on a route is prevented because the system lacks required accommodations, or
- A disabling condition (physical or cognitive disability) prevents getting to or from bus boarding locations when traveling within the service area.

The ADA also recognized that many individuals with disabilities can use the bus system in some instances, but not all. Therefore, ADA regulations address this type of need as appropriate for conditional eligibility.

An example might be a person who uses a wheelchair and can use the bus system when the terrain is accessible but needs SHUTTLE assistance for travel when the destination is up a hill from the bus stop. **The following issues do not establish eligibility:**

- Personal convenience, such as the bus system does not meet your personal schedule, takes too long, or does not serve destinations you travel to.
- Lack of familiarity or experience with the bus system.
- Having a disability, even when certified by SSI, SSA, or the VA.
- There is no automatic eligibility for seniors, dialysis, or requirement of other medical treatments.
- The fact that using the bus system may be more difficult or less comfortable.
- Having a note from your doctor.
- Fear of crime.
- Illiteracy or inability to understand directions due to limited English comprehension.
- Living in an area not served by the regular bus system.

What is the Eligibility Process?

- Applicants must submit a complete application.
- We may send a questionnaire about your functional ability to travel to your provider.
- We may contact you for a phone interview.
- The applicant may be required to come in person, at no cost, for a functional assessment.
- Assessments can be physical or cognitive, or both, depending upon the identified limitations.
- Once Pierce Transit has all the information needed, decisions will be made within 21 days.
- Once the eligibility is decided, a decision letter is mailed to the applicant.
- The decision letter will provide the reasons for ineligible decisions, or any conditions placed on eligibility. Any conditions of eligibility will be identified.
- Individuals found ineligible, conditionally eligible, or temporarily eligible have a 60 day time frame to request an appeal, if they feel their decision is incorrect.
- Individuals may re-apply at any time if their condition has changed.

How to Apply

- Answer all questions thoroughly and explain how your disabilities prevent you from using the regular bus system.
- Identify your most limiting condition(s). If related to a recent injury, surgery or upcoming surgery, include details, the impact and recovery time frame. For persons with developmental disabilities in or recently transitioned from school, please attach a full copy of the most recent IEP.
- List your medical treatment providers for each stated condition. Depending on your disability, this may include medical specialists, vision providers, mental health prescribers and providers, Special Education Instructors, and Developmental Disabilities Administration (DDA) Case Managers.
- **Sign where required on pages 13 and 14.**
- Return your application in the envelope provided or fax to 253.984.8154.
- Applications are considered complete when all questions, signatures and contact information of professional sources are provided. Incomplete applications will be returned.
- For questions or assistance in completing your application, please call Pierce Transit at 253.581.8000 or Relay 711 and follow the prompts to the ADA Eligibility Department.



First Name _____ Middle Initial _____

Last Name _____

Date of Birth ____/____/____ Primary Language _____
MM DD YYYY

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other: _____

Primary Phone Number _____ Type _____
(XXX) XXX - XXXX Home, Mobile, etc.

Alternate Phone Number _____ Type _____
(XXX) XXX - XXXX Home, Mobile, etc.

Email _____

Emergency Contact: Full Name _____

Phone Number _____ Relationship _____
(XXX) XXX - XXXX

Home Address (or primary place where you will start most trips)

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different than above)

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Alternate formats of this application are available upon request.

Do you require an Alternative Format? ☐ Yes ☐ No

If yes, please enter 'x' in the box that applies:

☐ Braille ☐ Large Print ☐ Audible ☐ Other: _____

How would you like us to notify you of your eligibility?

Send information to my: ☐ Email ☐ Home Address ☐ Mailing Address

If approved, how would you like to receive eligibility and ride status information from SHUTTLE?

☐ Email ☐ Phone Call ☐ Text ☐ I do not want to receive information from SHUTTLE

General Information

Pierce Transit provides paratransit service that is comparable to our regular fixed-route service as required under the Americans with Disability Act for individuals who are prevented from using the regular bus system some or all of the time.

1. Please tell us why you are applying for Pierce Transit SHUTTLE eligibility. *Check all that apply.*

- ☐ I am able to use the bus to go some places, but in other places I cannot get to or from the bus stop.
- ☐ I am able to use the bus sometimes, but only if accessible by means of a ramp or lift.
- ☐ Because of my disability, I can never use the bus.

2. What type or types of disabilities prevent you from using the bus? *Check all that apply.*

- | | | |
|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other |

Describe your disability in more detail:

3. Is your disability permanent or temporary?

- ☐ Permanent
- ☐ Temporary, I expect it to last for another _____ months
- ☐ Unknown

4. Are you currently undergoing specialized treatments weekly for conditions such as dialysis, chemotherapy, or infusion therapy?

- ☐ Yes *If yes, what days?* _____ ☐ No

First Name _____ Last Name _____

5. What mobility aids or equipment do you use currently? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Scooter | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> White Cane | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Other (please describe) _____ | | |

6. Does the combined weight of your wheelchair/scooter and your own weight exceed 600 pounds?

- ☐ Yes ☐ No ☐ Not Applicable

If an in-person mobility assessment is required, you will be assessed with the mobility device that you bring to our facility for your appointment. If you change your mobility device following your evaluation, you may be required to return for a new evaluation in your new device. Use of a different mobility device may change your functional ability to use accessible fixed route transit.

IMPORTANT: Most of the accessible vehicles in our fleet are designed to accommodate a mobility device no larger than 30 inches wide by 48 inches long and/or weighing with its passenger up to 600 pounds. While we make all reasonable efforts to accommodate our riders, if your mobility device is larger than this, we may be unable to transport you either because it would damage the vehicle or to do so would impose an unreasonable safety hazard.

7. When traveling by any transportation mode, does your disability require you to travel with a Personal Care Attendant (PCA)?

- ☐ Yes ☐ No ☐ Sometimes

Please Note: Pierce Transit Operators cannot serve as a PCA. If you cannot be left alone, you must arrange for your own PCA.

8. Ability Checklist *Please enter 'x' in the boxes that apply*

Can you grip railings and handles?

☐ Yes ☐ No ☐ Sometimes

Can you handle money?

☐ Yes ☐ No ☐ Sometimes

Can you communicate your address and phone number?

☐ Yes ☐ No ☐ Sometimes

Can you recognize locations and landmarks?

☐ Yes ☐ No ☐ Sometimes

Can you ask for, understand, and follow directions?

☐ Yes ☐ No ☐ Sometimes

Can you travel where the ground is not level or is rough?

☐ Yes ☐ No ☐ Sometimes

Can you cross busy streets?

☐ Yes ☐ No ☐ Sometimes

Can you travel where there is snow and ice?

☐ Yes ☐ No ☐ Sometimes

Can you travel in hot weather?

☐ Yes ☐ No ☐ Sometimes

Can you travel in darkness or low light?

☐ Yes ☐ No ☐ Sometimes

Can you travel in daylight and in sunlight?

☐ Yes ☐ No ☐ Sometimes

Can you travel if someone shows you the way?

☐ Yes ☐ No ☐ Sometimes

Can you travel from your front door to the curb?

☐ Yes ☐ No ☐ Sometimes

9. If you selected "No" or "Sometimes" to any of the questions above, please explain:

First Name _____ Last Name _____

10. Conditions Checklist *Please enter 'x' in the boxes next to the conditions that limit your ability to travel independently and list date of most recent occurrence.*

<input type="checkbox"/> Amputation	<input type="checkbox"/> Cardiac Issues	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Non-Verbal
<input type="checkbox"/> Autism	<input type="checkbox"/> Confusion	<input type="checkbox"/> Obesity
<input type="checkbox"/> Balance Problems	<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Pain
<input type="checkbox"/> Blind or Low Vision	<input type="checkbox"/> Dialysis Required	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Deafblind	<input type="checkbox"/> Seizures
<input type="checkbox"/> Breathing Condition	<input type="checkbox"/> Memory Loss	<input type="checkbox"/> Stroke
<input type="checkbox"/> Other: _____		

Please Note: *Pierce Transit fixed route buses are fully accessible and usable by individuals with a variety of disabilities.*

11. How do the conditions you selected above prevent you from using the bus?

How recently were these conditions diagnosed?

Current Use of Buses

12. Do you currently use the bus?

- ☐ Yes, I typically use the bus _____ times per week.
- ☐ I used to, but stopped because _____.
- ☐ No

13. If you currently use the bus, how do you travel?

- ☐ Independently ☐ With Assistance ☐ Not Applicable

14. If you do not use the bus, what prevents you from independently using it?

15. What might help you ride the bus? *Check all that apply.*

- ☐ Buses being wheelchair accessible
- ☐ Curb cuts and level sidewalks
- ☐ Learning to use the bus with Travel Training
- ☐ Closer bus stops to where I live and where I need to go
- ☐ Route and schedule info
- ☐ Someone to ride with me



First Name _____ Last Name _____

Travel Abilities

16. How far are you able to travel outdoors using a mobility aid or on your own?

- ☐ I am unable to walk or transport myself outside of my home
- ☐ I can walk less than 1 block
- ☐ I can walk 1-2 blocks
- ☐ I can walk 3-4 blocks
- ☐ I can walk more than 4 blocks

17. Does the weather have an effect on your ability to use the bus?

- ☐ Yes
- ☐ No
- ☐ I don't know

If yes, please explain:

18. Are you able to wait at a bus stop 10-15 minutes for a bus?

- ☐ Yes
- ☐ No
- ☐ Only if there is a bench and/or shelter

Travel Training Information

Please Note: Travel Training is personal one-on-one instruction teaching an individual how to use fixed-route buses. Pierce Transit offers free instruction to seniors and individuals with disabilities in learning how to ride fixed-route buses.

Would you be interested in getting more information about this service? ☐ Yes ☐ No

First Name _____ Last Name _____

Your Destinations

19. Please list the 3 destinations you travel to most frequently. This will help us better serve your travel needs by providing travel planning in advance.

Type of Destination _____

Home, Medical, Work, etc.

Street Address _____ Apt # _____

City _____ State _____ Zip _____

How often do you go there? _____

How do you currently get there? _____

Type of Destination _____

Home, Medical, Work, etc.

Street Address _____ Apt # _____

City _____ State _____ Zip _____

How often do you go there? _____

How do you currently get there? _____

Type of Destination _____

Home, Medical, Work, etc.

Street Address _____ Apt # _____

City _____ State _____ Zip _____

How often do you go there? _____

How do you currently get there? _____

First Name _____ Last Name _____

Additional Information

20. Please list anything else you want us to know about your disability or condition. Also list any concerns you have about riding the bus.

Application Assistant Information

If someone other than the person applying for SHUTTLE eligibility completed this application, that person must provide the following information:

First Name _____ Last Name _____

Relationship to Applicant _____

Daytime Phone Number _____ Type _____
(XXX) XXX - XXXX Home, Mobile, etc.

Email _____

Company Name _____

Applicant's Signature

I hereby certify that, to the best of my knowledge, the information given in this application is correct.

Signature _____ Date ____/____/____
MM DD YYYY

Please complete the Release of Information on the next page. —→

Release of Information

Pierce Transit may need to contact your health care/treatment provider for additional information about your condition and your ability to use regular bus service. Please provide the information requested below for each treatment provider most familiar with you. Your treatment provider does not need to sign this form. Pierce Transit will not release this information to any other person or agency without your permission, except in those instances listed in our Notice of Privacy Practices (included with this application). This release is valid for 6 months, unless revoked in writing earlier. I authorize the individuals listed below, as well as their office staff, to furnish any information regarding my health, diagnosis, functional capabilities, and treatments that may help Pierce Transit evaluate my application for SHUTTLE service.

Applicant's Agreement

First Name _____ Last Name _____

Signature _____ Date ____/____/____
MM DD YYYY

Date of Birth ____/____/____ Last 4 Digits of Social Security # _____
MM DD YYYY

Legal Guardian's Agreement *If appropriate (proof of legal guardianship or power of attorney must also be attached).*

Legal Guardian Signature _____ Phone Number _____

Provider(s) Information

Please list and identify the profession of your current providers below, such as your:

- Primary Care Doctor/Internal Medicine Doctor
- Renal/Nephrologist
- Special Education Instructor
- Orthopedic Provider
- Eye Care Provider
- Neurologist
- DDA Case Manager
- Oncologist
- Mental Health Prescriber/Therapist
- Pulmonologist
- Cardiologist
- Rheumatologist

Provider Name _____ Profession _____

Address _____ Phone _____ Fax _____

Provider Name _____ Profession _____

Address _____ Phone _____ Fax _____

Provider Name _____ Profession _____

Address _____ Phone _____ Fax _____

Notice of Privacy Practices

This notice describes how medical and ADA eligibility information about you may be used and disclosed and how you may gain access to this information.

Privacy and Release of Information

Pierce Transit respects your privacy. We understand that your personal health and eligibility information is very sensitive.

We will not disclose your information to others unless: you formally release that information in writing; in our interpretation, the law authorizes or requires us to do so; other reasons require or justify disclosure as set forth herein.

Pierce Transit's Use of ADA Eligibility Information

The information contained in your file includes your application(s) and any health information provided to determine your eligibility. It may also include any letters received on your behalf, documented conversations, trip plans, and other information pertinent to your ADA eligibility and service provision.

Pierce Transit uses your individual information in the eligibility decision-making process, appeals, functional assessments, determination of service provision, and for your travel training.

Disclosure of ADA Eligibility Information to You or to Others with a Release of Information

We will also provide this information to you as well as to anyone you ask us to release it to through a formal written Release of Information request which may be obtained by contacting the Eligibility department at 253.581.8000.

You have the right to review and to a copy of your file. This review may occur in person, with 7 days' advance notice to the Eligibility department or a copy of your file may be mailed to you upon request in writing to the address provided below. Valid identification will be required for in-person review. We will charge you a reasonable cost-based fee for any associated expenses such as copies and postage. **We will not disclose specific information to you or anyone else over the phone.**

In your Release of Information, you may ask us to restrict certain uses and disclosure of your information to others. The request must be presented in writing. You may also revoke any previous consent to disclose information by submitting a written request. The revocation will apply only to future disclosure requests.

Additional Basis for Disclosure

In addition to the above provisions, we may use and disclose your information without your authorization as follows:

- **Required by law.** When disclosure of information, in whole or in part, is permitted when required by law, whether federal, tribal, state, or local, or pursuant to court order or subpoena. Please be aware that Pierce Transit is subject to and complies with the Washington State Public Records Act, which may require disclosure of certain information that is not otherwise subject to redaction or exemption.
- **Public health and safety.** Information may be disclosed to public health authorities and their authorized agents for public health purposes.
- **Abuse, neglect, or domestic violence.** Information may be disclosed to report abuse, neglect, or domestic violence under specific circumstances.
- **Judicial and administrative proceedings.** Information may be disclosed in the course of judicial or administrative proceedings, including appeals and functional assessments.
- **Workers' compensation.** Disclosure of work-related health information as authorized by, and to the extent necessary to comply with, workers' compensation programs.
- **Payment and transportation coordination.** We may use and disclose your health information to obtain reimbursement for expenses or to coordinate transportation with other providers.

Written requests must be submitted to:

Pierce Transit
ADA Eligibility
3701 96th St SW
Lakewood, WA 98499-4431

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

