



ADA PARATRANSIT TRANSPORTATION

This application is to determine eligibility for ADA paratransit services as provided by Ben Franklin Transit Dial-A-Ride (DAR). The information you provide will help determine the most appropriate transportation service for you.

Most people with disabilities use regular fixed-route buses for their daily travel. People with a disability or condition that prevents them from using the regular fixed-route bus service some or all the time may be eligible for DAR.

DAR is a ***shared ride service*** that is comparable with the regular fixed-route bus system. Trips on DAR may take as long or longer than riding the regular fixed-route buses. DAR operates on the same days at the same times as regular fixed-route bus service.

If you do not use the regular fixed-route bus system because you are not sure how, a free travel training on Ben Franklin Transit's buses is available to meet your individual needs. This free training is open to all riders with disabilities and seniors.

Call 509-735-5100.

DAR follows federal and state regulations regarding the confidentiality, storage and disposal of all information related to your application and provision of service. This information will be kept confidential and shared only with those individuals directly involved with providing the transportation services that you request.



Dear Applicant:

Please read the following information before completing this Ben Franklin Transit Dial-A-Ride (DAR) eligibility application. The information here is required to establish your eligibility for service. Ben Franklin Transit certifies individuals for DAR service in compliance with the American's with Disabilities ACT (ADA) of 1990 that defined the standards used to determine eligibility for Paratransit service. It is not the presence of a condition or disability, but how a person functions with the condition or disability that determines eligibility.

Please complete all 7 pages of the application. Incomplete applications will not be processed and may be returned.

- In order to evaluate your application, it may be necessary to contact a physician or other medical professional for medical verification.
- Ben Franklin Transit will process your completed application. We will contact you by mail with an eligibility determination within twenty-one (21) business days after we receive all the information necessary to evaluate your need for specialized transportation. Transportation services will not begin until your eligibility has been established.

If you have any questions or need assistance in completing the application, please call (509) 735-0160 or (509) 734-5530.



ADA/Ben Franklin Transit Eligibility Categories

ADA 1 – Full Eligibility

For people with disabilities that prevent use of accessible buses under any circumstances; includes conditions that prevent boarding, deboarding, riding the bus, and navigating the system.

ADA 2 – Transitional Eligibility

For people who could use accessible regular bus service, but the type of accommodation needed is not commonly available. DAR service is provided when an accessible bus, bus stop, or bus route is not available. As we add accommodations to the regular bus system, eligibility for service will be re-evaluated.

ADA 3A – Conditional Eligibility (Individual)

For people with disabilities which sometimes prevent them from boarding, deboarding, or riding a bus. DAR service is provided when use of local bus service is not possible. Individuals determine when to use the bus or when to use DAR. Rides under this classification can only be scheduled one day in advance.

ADA 3B – Conditional Eligibility (Transit)

For people with disabilities that prevent them from traveling to or from some bus stops. Ben Franklin Transit provides DAR service to and from the nearest transit center or major bus stop when conditions prevent travel. DAR staff determine what combination of DAR and regular bus service is required on a trip-by-trip basis and provide trip planning on each trip.



BEN FRANKLIN TRANSIT

APPLICATION FOR PARATRANSIT DIAL-A-RIDE SERVICE

The information contained in this application will only be used by Ben Franklin Transit for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services may be shared with other transit providers or with a functional assessment agency. Please complete all questions. This application must be signed and dated. Incomplete applications will not be processed.

(Please Print or Type)

Name _____ (M) ____ (F) ____
(Last) (First) (MI)

Address _____ Unit # _____

Name of Apt., Mobile Home Park, or Facility: _____

City _____ State _____ Zip Code: _____

Telephone Number (Home) _____

Telephone Number (Work/Alternate) _____

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Name and phone number of person/s to contact in case of emergency:

1. _____

2. _____

Please provide information regarding your legal guardian and/or durable power of attorney (if applicable)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

How were you referred to Ben Franklin Transit Dial-A-Ride?

LAST NAME _____ FIRST NAME _____

INITIAL _____

1 _____ 2 _____

3A _____

3B _____

TEMP _____

Cert. Date _____

Letter Date _____

Call Date _____

CLIENT # _____

Part 1: Eligibility Information

How have you most recently been traveling? Please check all that apply:

- Ben Franklin Transit regular fixed route Walk Dial-A-Ride
 Drive Taxi Relatives / Friends Other _____

Please list your 3 most frequent trips you would use Dial-A-Ride service for:

1. Starting address: _____
Destination address: _____
How often do you go? _____
2. Starting address: _____
Destination address: _____
How often do you go? _____
3. Starting address: _____
Destination address: _____
How often do you go? _____

Do you currently ride a regular fixed-route bus independently?

- Yes, I ride independently about:
____ Once a month or less ____ 2-5 times a month ____ More than once a week
____ No, I can never ride the bus independently
____ I used to but I cannot ride the regular fixed-route bus independently now
because: _____
- No, but I could ride independently IF:
____ I had a ride to the bus stop
____ I had training to learn to use the fixed-route bus
____ I did not have to transfer from one bus to another bus
Other _____

What is (are) your limiting disabilities?

Are there any other effects of your disability of which we need to be aware of in order to provide you with appropriate assistance for your travel?

Is your need for Dial-A-Ride service temporary or long term?

Temporary – Until when? _____ Long term

Do your limitations change from time to time because of medical treatments, medications, or for other reasons?

No Yes – How? _____

Because of your disability(ies), do weather conditions (such as heat, cold, rain, snow, or ice) prevent you from using a regular bus without someone's help?

No Yes – How? _____

Do you require curb to curb DAR service? Yes No

Do you require door to door DAR service? Yes No

A travel training program is available at no cost to help you learn to use the regular fixed route bus system. Would you be interested in learning how to use the regular transit?

Yes No – Please explain: _____

If you indicated yes, a transit trainer will contact you soon.

Will you need to bring your helper with you?

- Yes No Sometimes

Will you need to use the lift to board the vehicle?

- Yes No Sometimes

Can you find your way to / from the regular bus stop without someone's help?

- Yes No - Explain _____

Can you wait outside without support for 10 minutes?

- Yes No Sometimes

Part 3: Mobility Aids

Do you use any of the following aids for mobility? (Check all that apply)

- Manual wheelchair Electric wheelchair Powered scooter Oxygen
 Cane Crutches Walker
 Quad Cane Other – please specify _____

If your mobility device is other than a standard manual wheelchair, please list the make, model, width, and length.

Make _____ Model _____ Width _____ Length _____

Due to ADA guidelines as well as the weight capacity limit of the wheelchair lifts, Dial-A-Ride will not be able to provide service to an individual whose weight combined with that of a wheelchair or other mobility device that exceeds 800 lbs. For these safety reasons, please provide the exact weight of the mobility device being used and the combined weight of the mobility device and the applicant. If you are not sure of the weight, feel free to call Dial-A-Ride and we will assist you in getting your mobility device weighed. Ben Franklin Transit/Dial-A-Ride reserves the right to require a documented weight before allowing you to ride our vehicles.

Mobility Device Weight _____ Combined Weight _____

Part 2: Functional Abilities

Please answer the following questions:

- | Yes | No | Sometimes | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you ask for, understand, and follow directions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you cope with unexpected problems or changes in your routine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you recognize landmarks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you tell time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you cross a busy street at the crosswalk? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you see well enough to walk or travel to a bus stop? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you transfer from one bus to another? |

If you checked "sometimes" on any item, please explain: _____

How far can you walk (unsupervised and with the use of a mobility aid if needed) in the community without someone's help? If you use a wheelchair, skip this question.

- 3/4 mile 1/2 mile 1/4 block 3 blocks 2 blocks
 1 block Less than 1 block Not able to walk any distance

How far is your residence from the nearest bus stop?

(For bus stop information, Call 735-5100)

- Less than 1 block 1 block 2 blocks 3 blocks
 1/4 mile 1/2 mile 3/4 mile 1 mile or more

Do you use a service animal to assist you? Yes No Sometimes

What kind of service animal? _____

Are you able to independently control your service animal? Yes No

(Owners are required to control service animals at all times.)

In order to prepare our drivers to provide service to your residence, we need to know if there are conditions that might make it difficult for a Paratransit bus to pick you up or drop you off. Please check all that apply:

- None Address numbers not visible Narrow street, driveway, cul-de-sac
- Low over hanging roof, branches, etc. Dirt road Hill
- Stairs - how many? _____ No sidewalk Gravel
- No turn around Hard to locate: _____
- Pick up in back: _____
- Other: _____

I hereby certify that the information given in these pages is correct.

Print Name: _____ Date: ____ / ____ / ____

Signed _____ Date: ____ / ____ / ____

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Relationship to applicant: _____

Signed: _____ Date: _____

RELEASE OF INFORMATION

In order to allow Ben Franklin Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following: physician Health Care Professional Rehabilitation Professional
 Other Professional (please check one) is familiar with my disability and is authorized to provide information to Ben Franklin Transit as required to complete this certification. I understand that the information will be kept confidential and used solely to determine my eligibility for ADA Paratransit services. Please list a professional that is familiar with you and your reason for needing to use Dial-A-Ride service.

1. Physician or Health Care Professional _____
Address _____
City _____ State ____ Zip _____
Phone Number _____ Fax Number _____

2. Physician or Health Care Professional _____
Address _____
City _____ State ____ Zip _____
Phone Number _____ Fax Number _____

This form must be signed by the Applicant or by the individual who has designated Power of Attorney, or is a Legal Guardian for the Applicant. If the Applicant is under 18 years of age, a parent or Legal Guardian must sign this form. If the applicant is over 18 years old and you are signing as a Power of Attorney or Legal Guardian, please include a copy of the authorizing document.

Print Your Name _____ DOB ____ / ____ / ____
Your Signature _____ Date ____ / ____ / ____

Applicant Designated Power of Attorney Legal Guardian

I hereby certify under the penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct.

Please return completed Application and Release of Information to:
Ben Franklin Transit / Dial-A-Ride
1000 Columbia Park Trail / Richland, WA 99352-4764
For additional information, please call Ben Franklin Transit / Dial-A-Ride
(509) 735-0160 or fax (509) 734-5195

Frequently Asked Questions

- **How do I contact Dial-A-Ride?**

If you have any questions about Dial-A-Ride eligibility or service, please call (509) 735-0160, option 3.

- **How long will it take to process my application?**

Once all the required information has been received, the determination process may take up to twenty one (21) business days. When your eligibility has been determined, we will notify you by mail, sending you an information packet.

- **Will you contact my doctor or health care professional?**

We may contact a health care professional who is familiar with your disability or condition to verify or supply additional information.

- **Where can I ride?**

Any place within Dial-A-Ride's service area such as church, the grocery store, your doctor's, the movies, etc.

For more information, call 509-735-0160.

Hours of Operation and Phone Numbers

Dial-A-Ride operates in the areas where and at the times when regular buses run.

Reservation Office Hours: 9:00 am to 5:00 pm Monday – Saturday

Ride scheduling: (509) 735-0160 option 1

Ride cancellation: (509) 735-0160 option 2 - 6:00 am to 8:00 pm

Rider certification or information: (509) 735-0160 option 3

Fax: (509) 734-5195

DAR Service Hours: 6:00 am to 6:30 pm Monday - Friday • 8:00 am to 6:30 pm Saturday

DIAL-A-RIDE FARES

Cash \$1.00 • 10 Single Ride Tickets \$5.00 • Monthly Pass \$17.50
Freedom Pass \$35.00 - Good for all BFT Services