ID#	

BASIN TRANSIT SERVICE Transportation District



Dear Dial-A-Ride Customer:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

If you have a disability which prevents you from using a lift-equipped BTS bus some or all of the time, you may be eligible for ADA Paratransit van service some or all of the time.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. Determination will be made within 21 calendar days of the submission of this completed form. If the application is not complete, it will be returned to you and that will delay having your application processed.

Please return to:

Basin Transit Service

1130 Adams Street

Klamath Falls, OR 97601

If you have questions, please call 883-2877.

PLEASE PRINT			
Last Name	First		Initial
Address	City		Zip
Date of Birth (month/day/year)/	/	☐ Female	
Daytime Phone	Evening Phone	· · · · · · · · · · · · · · · · · · ·	
Emergency Contact Name	·	Relationship	
Daytime Phone	_ Evening Ph	one	

A. MOBILITY INFORMATION

1.	Which of these mobility aids or equipment do you use to help you get where you need to go? (please che all that apply to you.)					
	□ None □ Cane □ Walker	☐ Manual wheelchair☐ Power wheelchair☐ Powered Scooter/cart	☐ White Cane			
2.	Using a mobility aid or o	on your own, how many blocks can you go on level ground?				
	☐ less than 2	□ 2 to 4	☐ more than 4			
3.	If you were to ride the re	gular Basin Transit bus would	l you need someone wi	ith you?		
	☐ Always → ☐ Sometimes → ☐ No	☐ To help me get to or from the bus stop ☐ To help me get on or off the bus ☐ To help me when I get where I'm going				
4.	Have you ever had any	training to learn how to use a	regular bus?			
	☐ Yes → ☐ No	☐ General bus travel ☐ How to ride one or two specific routes ☐ I finished the training ☐ I did not complete the training				
5.	If you are found eligible	for paratransit services, will y	ou be able to meet the	van at the curb?		
	☐ Yes ☐ No →	Please Describe:				
(I		ALTH CONDITION INFOR		itions which affect your ability		
1.	. General Medical Conc □ None □ Cancer	ditions ☐ Kidney Failure ☐ Organ Transplant	· <u></u>			
2.	Bone and Joint Condi None Ankylosing Spondyl Arthritis Osteo-arthritis Osteoporosis	☐ Rheumatoid Arthritis ☐ Scleroderma ☐ Broken Bone: (plea ☐ Amputation of: (pl	se specify)			

3.	Brain/Nerves/Mus				D .
	☐ None	ĺ	☐ Guillian-Barre	☐ Parkinson's	Disease
	☐ Alzheimer's Dise	ease	→ Hemiplegia	Post-polio	
	☐ Brain Injury		☐ Huntington's Chorea	Quadriplegi	a
	☐ Cerebral Palsy		☐ Multiple Sclerosis	☐ Spina Bifid	a
	☐ Dementia		☐ Muscular Dystrophy	☐ Stroke	
			☐ Paraplegia	☐ Vertigo/Diz	ziness
	☐ Epilepsy			- vortigo/211	
	U Otner				
4.	Heart and Circula	atory (Conditions		
	☐ None		☐ Heart Surgery		☐ Edema
	☐ Angina		☐ High Blood Pressi	ıre	☐ Heart Attack
	☐ Congestive Hear	rt Failı	ire Peripheral Vascul	ar Disease	☐ Other
5.	Lung and Breathi	ing Co			
	☐ None		☐ Allergies ☐ Cy	stic Fibrosis	☐ Other
	☐ Asthma		☐ Lung Cancer ☐ En	nphysema	
			ulmonary Disease (COPD)		
			•		
6.	Vision/Hearing/S	Speech	Conditions		
	□ None	_	☐ Deaf		
	☐ Aphasia		☐ Night Blindness	🗅 Leg	gally Blind
	☐ Cataracts		☐ Hard of Hearing	🗖 Dia	abetic Retinopathy
	☐ Deaf-Blind		☐ Partially Sighted		ner
	☐ Visual Field De	eficit	☐ Glaucoma		
7.	Developmental/M	Iental			
	☐ None		Psychosis		
	Autism		☐ Thought Disorder		
	Developmental	Disab	ility: 🔲 Mental Retardation	on:	
	☐ Mild		🗖 Mild		
	☐ Moderate		Moderate		
	Severe		☐ Severe		
	Other				
8.	Is your health con	dition	or disability temporary?		
	□ 37 · · · · >	[☐ How long do you expect	it to last? # ve	earc
	☐ Yes →	'	How long do you expect	it to last: # ye	
	□ No →	☐ How long have you had this condition or disability?			
	□ N0 →		-	ars	
	☐ I don't Know		Since on an a year		
	WOILY FILOD I				
Q	Does vour disabil	ity or	health condition change fron	n time to time in	ways which affect your ability to use
9. Does your disability or health condition change from time to time in ways which affect your ability the bus?					
☐ Yes → Please describe					
	□No				

	l l				

C. REGULAR BUS USE INFORMATION

(Please answer all questions even if you do not ride the regular BTS bus.)

1.	Do you ride the regular BTS bus?				
	☐ Yes → ☐ No ☐ No, but I used	How many days per week? How many days per month? to ride the bus			
2.	2. Can you communicate with a bus driver yourself or with the help of an aid (such as a letter boar route ID cards)?				
	☐ Yes ☐ No →	Please check all that apply. I cannot understand the driver I need a communication aid and don't have one Other people cannot understand me Other			
3.	How many block	ks do you need to go to get to a BTS bus?			
	☐ Less than 2	□ 2 to 4 □ More than 4 □ Don't know			
4.	Using a mobility	aid or on your own, can you make your way to the BTS bus stop?			
	☐ Yes ☐ No →	Please check all that apply. I can't find the stop because I get confused I need someone to help me get there I could with training I don't want to ride the BTS bus The ground is too uneven or steep for me to get there I can't go that far Snow or heavy rain makes it impossible for me to get there Other Other			
5.	Can you wait 10	minutes at a BTS bus stop that does not have seats and a shelter?			
	□ Yes □ No →	Please check all that apply. I get to confused and might get lost I don't like to wait that long Standing for 10 minutes makes me too tired to ride the bus Very cold weather is dangerous to my health Other Other			

☐ No, but I could wait for 10 minutes at a stop which does have seats and a shelter.

6.	BTS buses have lifts to help you get on the bus if you have difficulty with steps. If you were to use the BTS bus lift, could you get on and off the lift by yourself (whether standing or with a mobility aid)?				
	☐ I don't know, I☐ Yes, I can get o☐ Sometimes☐ No→	Please check all that apply. There isn't room at my bus stop The ground at by bus stop is too uneven or steep I feel unsafe on the lift My mobility aid won't fit on the lift I need someone to help me on and off Other Other			
7.	Do you know wh	ere to get off the bus or can you find out?			
	☐ Yes ☐ No →	Please check all that apply. I get confused or can't remember where I'm going I don't know where the bus stop is I need a communication aid and don't have one I could with training Other			
8.	From where the b	ous stops to let you get off, can you make your way to the place you need to go?			
		Please check all that apply. I get to confused or can't remember where I'm going I need someone to help me there I feel unsafe there I don't want to ride the BTS bus The ground is too uneven or steep for me to get there I can't walk that far I could with training Other			
9.	Are there any oth	er conditions which limit your ability to use the bus?			
	□ Yes →	Please Describe:			
	□No				

D. DIAL-A-RIDE INFORMATION

Dial-A-Ride is a specialized service providing only curb-to-curb transportation. (Please answer questions as they apply to you.)					
1. I will be able to meet the van wi Yes	thout requiring special assistance. No				
Upon arrival or departure from r from buildings. Yes	my destinations I will require special assistance getting to or No				
If you answered yes, please expla	in				
3. I will require special assistance	when I make appointments.				
Yes	No				
If you answered yes, please expla	in				
E. APPLICANT SIGNATURE					
	1. I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service.				
Applicant Signature	Applicant Signature Date				
2. Person completing form if other	that applicant (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 by own knowledge of the applicant's health condition or disability.					
Print Name					
Signature	Date				
Relationship to Applicant					
Address					

F. Professional Verification

NOTE: THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS:

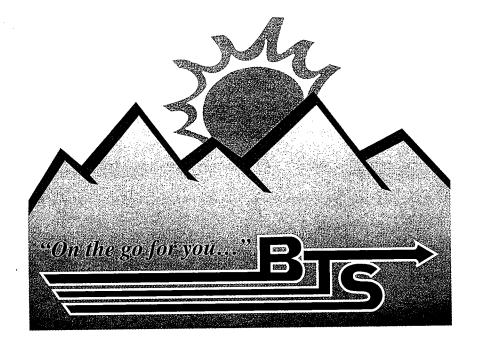
Physician, Nurse Practitioner, Psychologist, Physician's Assistant.

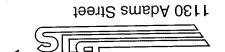
The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

The applicant may be found eligible for para-transit van services for all trips he/she requests, or eligible (based on functional ability) for some trip requests but not for others, or capable of using the regular bus.

THE INFORMATION YOU PROVIDE WILL ENABLE US TO MAKE AN APPROPRIATE DETERMINATION FOR EACH TRIP REQUEST. ALL INFORMATION WILL BE KEPT CONFIDENTIAL. THANK YOU FOR YOUR ASSISTANCE.

Capacity in which you know the	applicant:			
Physical and/or cognitive conditi		events use	e of lift-equipped bus:	
Is this a condition temporary?		nonths.	No	-
If you answered yes, please note	the beginning date fo	r disabili	ty	_
Dial-A-Ride is a curb-to-curb If the applicant needs special ass they may need a PERSONAL CA	istance with picks ups,	drop offs		l destinations
Do you feel this applicant needs	a Personal Care Attend Yes	lant (PCA) to assist them when they trav No	rel?
If you answered yes, please exp	lain:	<u>, , , , , , , , , , , , , , , , , , , </u>		
I have reviewed all of the inform true and correct to the best of my			on and hereby certify that all th	— ne information is
COMMENTS:		····		<u></u>
Print Name and Title			Date	
Signature			Tax ID#	
Clinic/Agency		*****		
Address_	City		Z	one





Klamath Falls, Oregon 97601