



Dear Applicant:

The Americans with Disabilities Act (ADA) of 1990 is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have access to public transportation. As required by the ADA, all Pacific Transit System vehicles are fully accessible and usable by persons with disabilities.

ADA Paratransit service is not appropriate for everyone. Fixed-route bus service is intended to be all passengers' first choice for public transportation. Routed buses have low entry steps and are equipped with ramps or lifts for wheelchair access and for those who cannot step up or down. Other accommodations, such as wheelchair securement areas, bus stop announcements, and free training to learn how to use the bus, make using Pacific Transit System's fixed-route bus service the first choice for many people with disabilities.

Having a disability does not automatically qualify you for Paratransit eligibility. Additionally, eligibility is not a medical decision or a service that your medical professional can prescribe for you. Age, new to the area, lack of experience riding the fixed-route bus, lack of bus service near you, inability to carry groceries or packages, and/or inability to drive are not disabilities. Situations like these will not be used to determine your eligibility for Paratransit.

Paratransit eligibility is based on your functional ability to use Pacific Transit System's fixed-route bus service. If the effects of your disability prevent you from traveling to a bus stop, riding a ramp-equipped bus, and/or getting off the bus and to your destination, you may be eligible for ADA Paratransit service. Eligibility determinations are made based upon the bus-riding limitations caused by your disability (ies) and are tailored to your individual abilities. Paratransit provides three different levels of service:

1. **Temporary service** is for people who have a temporary need for the service due to a catastrophic event such as a stroke, hip replacement, broken leg, etc.
2. **Conditional service** is for customers who can use the fixed route service some of the time and require ADA service at other times.
3. **Unconditional (Full) service** allows eligible customers to use ADA Paratransit service for all their trips during our service hours and within our service area.

In order to make a determination about eligibility, Pacific Transit System will need specific information about the effects of your disability. After you submit your application, you may be asked to provide additional information and/or asked to come to Pacific Transit System for an in-person interview. There is no cost to participate in the interview, and if needed, transportation will be provided.

Your application will not be considered complete until you have provided all requested information to Pacific Transit System. If you disagree with your eligibility determination, you may appeal within 60 calendar days of the date on your eligibility determination letter. A form to request your appeal is included with your eligibility determination letter.

Sincerely,

Teresa Ganzel  
ADA Coordinator  
Pacific Transit System

Office  
Use  
Only

Reviewer Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Do not write above this line — Office Use Only**



## **REQUEST FOR CERTIFICATION** **FOR ADA PARATRANSIT** **ELIGIBILITY**

Thank you for inquiring about eligibility for ADA Paratransit Service. Enclosed is a copy of an ADA Paratransit Application form. Also enclosed is a letter that explains what ADA Paratransit is and who is eligible for these services. **Please read these instructions and the enclosed information carefully before completing the application form.**

### **HOW TO APPLY FOR ADA PARATRANSIT ELIGIBILITY CERTIFICATION**

1. Applicant (or representative) completes PART A, pages 2-6. Ensure the applicant or, if applicable, Legal Guardian or Power of Attorney (POA) signs the application form on page 6. **Applications cannot be processed without a signature and date.**
  - The parent or legal guardian of a minor must sign the application.
  - The Legal Guardian must provide copies of current Letters of Guardianship and the Order Appointing Guardian document from the court.
  - Power of Attorney paperwork must include current documentation that grants the POA the right to sign a medical release form on behalf of the applicant. Pacific Transit may require written documentation verifying the POA is in effect.

2. Health Care Professional completes PART B, pages 8-10, guided by the criteria explained herein. On page 7, near the top, fill in applicant's name. Health Care Professional's signature and date are **required** on page 10. Applications cannot be processed without a signature and date. Pacific Transit may contact the certifying Health Care Professional to verify the accuracy of the information.

3. Fill out all pages of the completed application and return to:

Pacific Transit System  
Attn: ADA Coordinator  
216 2<sup>nd</sup> Street  
PO Box 489  
Raymond, WA 98577  
Fax: (360) 942-3193  
Email: [ada@pacifict transit.org](mailto:ada@pacifict transit.org)

4. Pacific Transit System will notify you of your eligibility status by letter. This decision will be made within 21 calendar days of receipt of your completed application. A completed application may include an in-person interview if required. If a decision is not made within 21 days, we will provide you with ADA Paratransit Service until a final decision is made.

5. If you have any questions or need assistance in completing this application, please call (360) 875-9418 or (360) 642-9418.

6. If you are denied eligibility, you will have a right to appeal the eligibility decision. Please contact Pacific Transit System (360) 875-9418 or (360) 642-9418 for the appeals process policy. The applicant must file an appeal within sixty (60) calendar days from the date of the notification of the denial.

**NOTE: The ADA Paratransit Certification is for a three-year period unless your Health Care Professional provides a temporary eligibility. Another application must be filled out to continue ADA Paratransit eligibility upon expiration of the Certification.**



# ADA PARATRANSIT SERVICE APPLICATION

Revised 03/2026

<input type="checkbox"/>	New
<input type="checkbox"/>	Recertification

**PLEASE PRINT CLEARLY**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Physical Address

*(This is the address we will use to pick you up)*

Address _____	Apt./Sp. # _____
City _____	State _____ Zip _____

### Mailing Address

*(Complete only if you have a Mailing address that is different from Physical address)*

Address _____	Apt./Sp. # _____
City _____	State _____ Zip _____

Home Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Language Ability:** Do you speak and understand English?

Yes       No (specify spoken language) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

**It is important that all parts of this application are completed. An incomplete application will be returned to you.**

## **PART A: APPLICANT INFORMATION**

1. Can you ride the fixed-route bus without someone's help?

Yes     No     Sometimes

2. What is your physical, cognitive (thinking, reasoning, memory), mental health disability, or other limiting condition(s) that would prevent you from riding the fixed-route bus?

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3. Explain how your disability prevents you from:

- a. Getting on or off a ramp-equipped fixed-route bus; and/or
- b. Getting to or from a bus stop; and/or
- c. Successfully completing a bus trip.

Explain as completely as possible. Use an extra page if needed.

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4. Is your need for ADA Paratransit service **long term** or **temporary**?

Long term     Temporary - How long? \_\_\_\_\_

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

No     Yes - How? \_\_\_\_\_

6. Because of your disability, do **weather conditions** (such as heat, cold, rain, snow, or ice) prevent you from using a fixed-route bus without someone's help?

No     Yes - Which ones? \_\_\_\_\_

How? \_\_\_\_\_

7. Because of your disability, do **terrain conditions** (such as hills, uneven surfaces, or curbs) prevent you from using the fixed-route bus without someone's help?

No       Yes - Which ones? \_\_\_\_\_

How? \_\_\_\_\_

8. When you walk outside your home, how far can you walk on your own or with the use of a mobility aid such as a cane or walker? If you use a scooter or wheelchair skip this question.

Number of blocks \_\_\_\_\_  Less than a block       Not able to walk any distance

9. Does your walking distance change because of health conditions? If so, how?

\_\_\_\_\_

10. How far is your residence from the nearest bus stop? (For bus stop information, call (360) 875-9418)

Number of blocks \_\_\_\_\_  Less than a block

How many steps can you go up or down without someone's help?

none       1 step       2 or more steps



11. Please answer the following questions:

**Yes    No    Sometimes**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you stand for 10 minutes while you wait for your ride?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you sit for 10 minutes while you wait for your ride?   |
| <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 (i.e. bank, grocery store)?  |
| <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 a crosswalk?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you use a telephone to make and receive calls?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you see well enough to walk or travel to a bus stop?<br><input type="checkbox"/> Always <input type="checkbox"/> Daylight only - Please explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you use a service animal to assist you? If yes, what type of animal? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you travel with portable oxygen?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are eligible for Paratransit, will you need to bring a helper (Personal Care Attendant - PCA) with you? *                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are eligible for Paratransit, will you need to use the lift to board the bus?   |

If you checked "sometimes" on any item, please explain (use an extra page if needed.)

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**\* Pacific Transit System does not provide Personal Care Attendants.**

*PCA must be available to accompany applicant with or without mobility device when the applicant cannot travel by themselves or need help without their device into or from a facility.*

12. Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid (example: support cane, 90%, no aids, 10%).

<input type="checkbox"/> No aids	___ %		
<input type="checkbox"/> White cane	___ %	Motorized wheelchair	- %
<input type="checkbox"/> Support cane	___ %	Motorized scooter	- %
<input type="checkbox"/> Crutches	___ %	Manual wheelchair	- %
<input type="checkbox"/> Walker	___ %	Other (please specify)	- %

If you checked more than one box, explain when/how you use the aids:

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**\*Please note that your trip original and destination must be accessible by ramp or lift. IF NOT ACCESSIBLE, please have someone available to assist you up and down steps. Drivers are not permitted to assist applicant up or down any steps or manage a power scooter.**

13. If you use a **wheelchair** or **scooter**, is it more than 30 inches wide, 48 inches long? Yes

Yes       No Specify dimensions \_\_\_\_\_

14. Is the combined weight of you and the wheelchair or scooter over 600 pounds?

Yes       No Specify combined weight: \_\_\_\_\_

15. If you use a **manual wheelchair**, are you able to self-propel?

Yes      How far \_\_\_\_\_ Comments \_\_\_\_\_

No      Please explain \_\_\_\_\_

16. Does the distance you can travel in a **manual wheelchair** change because of health conditions?

Yes       No If yes, please explain \_\_\_\_\_

17. If you use a **wheelchair** or **scooter** how far are you able to travel outside without someone's assistance?

\_\_\_\_\_ # blocks      \_\_\_\_\_ Less than 1 block      \_\_\_\_\_ Not able to travel any distance

18. Is there any additional information regarding your condition or travel restrictions that has not been addressed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you **ever** ridden the fixed-route bus without someone's assistance?  
 Yes (If yes, how long ago did you ride \_\_\_\_\_)  No

20. Do you **currently** ride the fixed-route bus?  
 Yes  No (If no, check all that apply)  
 I have difficulty getting on or off the bus  
 I have difficulty riding specific bus routes  
 I have difficulty traveling to and from the bus stops  
 I have difficulty recognizing bus stops

21. Could you ride the **fixed-route bus** if there was a bus stop near your home?  
 Yes, always  Yes, sometimes  No, explain \_\_\_\_\_  
\_\_\_\_\_

22. Can you find your way to and from the fixed-route bus stop without someone's help?  
 Yes  No (If no, check all that apply)  
 I get confused or I can't remember where I'm going  
 I need someone with me to make sure I get to the stop  
 I need someone to help me transfer to another bus  
 Other \_\_\_\_\_

23. Which training would help you learn to ride the fixed-route bus? Check all that apply.

- Getting on or off the bus
- Riding specific bus routes
- Traveling to and from the bus stops
- Using wheelchair ramps and other accessibility features
- Recognizing bus stops
- Other \_\_\_\_\_

24. Are you interested in having someone contact you about **Pacific Transit System's free training** to learn how to ride the regular fixed-route bus? Participation in training will not be a basis to limit or deny your Paratransit eligibility.

- Yes     No (If no, please explain) \_\_\_\_\_

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**Note:** If you indicated yes, a Pacific Transit System employee will contact you soon.

### **REASONABLE MODIFICATION**

Pacific Transit System is a curb-to-curb service. Occasionally due to the disability, a door-to-door service will be needed, or other accommodations are needed to ride the bus or van. This is known as a reasonable modification. Pacific Transit System will do its best to accommodate reasonable modifications for the applicant but will consider the safety of its passengers first. Pacific Transit System will deny a reasonable modification request if it will result in a service alteration, direct threat to safety, or is an undue financial and administrative burden. **Keep in mind that the driver will not go inside an applicant's house or inside a facility.**

If you need a reasonable modification, state below the modification needed and why it is needed to allow the applicant use of the bus or van.

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Applicant's Name \_\_\_\_\_

**APPLICANT'S SIGNATURE AND AUTHORIZATION TO RELEASE INFORMATION**

By signing this application, you authorize the release of verification information and any other information to Pacific Transit System or its representatives needed to evaluate your eligibility to receive Paratransit service. Please be advised that Pacific Transit System will use your statements to determine your eligibility for Paratransit service as provided by law. The statements contained herein are material to Pacific Transit System's determination and Pacific Transit System may act in reliance thereon. Pacific Transit System may share your eligibility determination with other transportation providers, on request, to facilitate travel in Pacific County and other transit districts. Documents used by Pacific Transit System regarding your Paratransit eligibility, with the exception of information provided by your medical provider, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. Pacific Transit System will attempt to notify you should there be a public records request for your eligibility documents.

This form must be signed by the applicant or, if applicable, by the applicant's legal guardian or Power of Attorney (POA). If the applicant is under 18 years of age, a parent or legal guardian must sign this form. If the application is signed by a legal guardian or POA, attach current documentation supporting the right to sign.

**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.**

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

Applicant

Legal Guardian

Power of Attorney

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Number

**If a person other than the applicant filled out this application, please complete the following (please print).**

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Agency \_\_\_\_\_

**A licensed medical or mental health professional who is familiar with you and your disability must complete the remaining questions on pages 14 and 15 of this application.** If you have been told there is a charge for obtaining medical or mental health verification, call (360) 875-9418. Pacific Transit System may be able to identify an alternative service that does not charge for the required verification. See the top of the next page for a list of approved professionals.

**APPLICANT, PLEASE STOP HERE**



# PART B: LICENSED PROVIDER VERIFICATION

**Applicant's Name** \_\_\_\_\_

For the purpose of this application, licensed medical or mental health professionals are limited to

**(Please check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Doctor (MD or DO)<br><input type="checkbox"/> Psychologist (Ph.D.)<br><input type="checkbox"/> Licensed Mental Health Professional<br><input type="checkbox"/> MDS Nurse (From Skilled Nursing Facilities Only) | <input type="checkbox"/> Optometrist or Ophthalmologist<br><input type="checkbox"/> Physician Assistant or ARNP<br><input type="checkbox"/> Physical or Occupational Therapist<br><input type="checkbox"/> Certified Orientation & Mobility Specialist |
|--|--|

**IMPORTANT INSTRUCTIONS TO MEDICAL PROVIDERS (PLEASE READ):**

Your patient is applying for Paratransit bus service; a costly, tax-supported service that is mandated by the Americans with Disabilities Act of 1990 (ADA). We need your assistance to assure that eligibility is granted to people who, because of the effects of their disabilities, are not able to ride the substantially less expensive fixed-route bus. It is important to know that age, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for Paratransit service.

**Paratransit is NOT Medical Transportation**

If your patient cannot tolerate a ride time that is more than 30 minutes, or must have their medical condition monitored during the course of the ride; or your patient cannot control his/her aggressive behaviors they are not considered eligible for Paratransit bus service. We appreciate your professional assistance and please call (360) 875-9418 if you have any questions or would like additional information about ADA Paratransit eligibility standards.

In completing the required information, please **list only the disability diagnoses that would prevent the Applicant from independently getting to or from or successfully riding a regular, ramp-equipped FIXED-ROUTE bus**. Please define the degree of impairment and include measure(s) of visual or hearing acuity, GAF or IQ scores, if applicable.

<b>DIAGNOSIS/DISABILITY</b> (not symptoms)	<b>DEGREE OF IMPAIRMENT</b> (circle one)	<b>DATE OF ONSET</b> (if known)
	mild   moderate   severe	
	mild   moderate   severe	
	mild   moderate   severe	
	mild   moderate   severe	
	mild   moderate   severe	
	mild   moderate   severe	

Is the Applicant's need for Paratransit service temporary?      No      Yes - Until \_\_\_\_\_

Are any of these conditions episodic or variable in their severity?      No      Yes - Provide details below

\_\_\_\_\_  
\_\_\_\_\_  
Please provide any additional information that you deem relevant as to why this Applicant cannot use the fixed-route bus service \_\_\_\_\_

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

Please review the information contained in Part 1, as provided by the Applicant or Applicant's Representative. Based on your knowledge of the Applicant's condition, is the information provided accurate?

Yes       No       Somewhat

If you checked No or Somewhat, please explain \_\_\_\_\_

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

**I HEREBY CERTIFY** under penalty of perjury under the laws of the State of Washington that the information provided on the Professional Verification portion of this application is true and correct.

\_\_\_\_\_  
**Licensed Professional's Signature**      **Specialty**      **Date**

Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Thank you for your assistance in completing this form. Pacific Transit System, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.**

# APPLICANT

Thank you for providing the information Pacific Transit System needs to determine your eligibility for Paratransit. After Pacific Transit System reviews your completed application form, you will be notified if additional information is required. Pacific Transit System will make the eligibility determination within 21 calendar days of receiving all the required information, and written notice will be sent to you. If it takes longer than 21 days to finalize your eligibility, we will notify you that you qualify for temporary Paratransit service until the eligibility determination is made. Please keep all pages of this application together and return at the same time.

Please return applications to:

**Pacific Transit System**  
**Attn: ADA Coordinator**  
**216 2<sup>nd</sup> Street**  
**PO Box 489**  
**Raymond, WA 98577**  
**Fax: (360) 942-3193**  
**Email: [ada@pacifictransit.org](mailto:ada@pacifictransit.org)**



Pacific Transit System assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. For more information, visit [www.pacifictransit.org](http://www.pacifictransit.org). All phone numbers are accessible for people who are deaf or hard of hearing through Telecomm. Relay Service 1-800-833-6384. Upon request, alternative formats of this document will be produced for people who are disabled. Call (360) 875-9418 or email [ada@pacifictransit.org](mailto:ada@pacifictransit.org)