

# Application

Dear Applicant:

In compliance with the American's with Disabilities Act (ADA), Kitsap Transit's (KT) *ACCESS* program provides a shared ride service within Kitsap County. ADA transportation services are provided to approved residents or visitors who have a condition or disability that prevents independent use of the public fixed-route bus system some or all of the time. Seniors or individuals with no disabilities may also qualify for local Non-ADA services provided by *ACCESS*.

**(Please see eligibility criteria details on next page.)**

In order to evaluate your request for service, KT may contact your physician or other medical provider for verification to complete your application.

**Applicants may be approved for full ADA or limited (conditional) ADA service; approved for Non-ADA services; may be referred for an in-person functional assessment or may be denied.**

Within 21 days of receiving your completed application, KT will notify you by mail of your eligibility determination. Transportation services may not begin until your level of eligibility has been established.

For questions or help with the application, please call (360) 478-6914, (360) 479-7272, 1-800-422-2877, or TDD (360) 377-9874.

If you need help and want to complete the application in person, please call the Eligibility office to make an appointment at (360) 478-6914.

**Mail, Fax or bring your application (Parts A through E) to:  
Kitsap Transit *ACCESS*, 200 S Charleston Blvd, Bremerton, WA 98312.**

**Fax to (360) 377-9871**

**You may also drop off an application at KT's *downtown office*.  
Incomplete applications will be returned.**

# Who qualifies for service?

Kitsap Transit *ACCESS* provides two service types:

**1) ADA Service:** ADA paratransit eligibility is based not just on the presence of a condition or disability, but on the effect that the disability has on a rider's ability to use the fixed route service under all possible conditions. Eligibility is also not based on the convenience of fixed route service; having a Regional Reduced Fare Permit; any language barrier; the inability to drive a car; income levels; safety or vulnerability.

*Eligibility for KT's ADA service is classified as one of the following:*

- ❖ **ADA-1/ Full service:** An individual who is unable to use the fixed route bus system under any conditions without the assistance of another individual (except the operator of a wheelchair lift).
- ❖ **ADA-2/ Conditional service:** An individual who needs an accessible fixed route bus or bus stop, but one is not available. *Note: At this time, all of Kitsap Transit's fixed route buses are accessible and are equipped with lifts or ramps.*
- ❖ **ADA-3/ Conditional service:** An individual who cannot travel to or from a boarding or disembarking location, or who is unable to use the fixed route system under some circumstances. Eligibility for service in this category will be determined on an individual trip-by-trip basis.
- ❖ **Visitors:** Upon verification, individuals who have ADA certification from another county will be granted service under the same eligibility conditions for a period of 21 days per calendar year. An *ACCESS* application must be completed to continue service past 21 days during any 12 month period.

**2) Non-ADA Service:** The following categories are not mandatory but have been implemented to enhance service in Kitsap County and are at KT's discretion.

*Eligibility for KT's Non- ADA service is classified as one of the following:*

- ❖ **People who are age 80 years of age and older with no disabilities:** Individuals in this category will qualify for service within Kitsap County only. Service will not transfer to any other county. **An application is still required.**
- ❖ **People who are between the ages of 60 and 79 and are "transportation disadvantaged" with no disabilities:** Individuals in this category live more than  $\frac{3}{4}$  of a mile from the nearest fixed route bus stop and have no other means of getting to a bus stop. Transportation would be **to the closest fixed route transfer center from the client's home and from the closest transfer center back to the client's home only.** Service would continue until an effective feeder or fixed route service has been established.
- ❖ **Dial-A-Ride (DAR):** *ACCESS* also operates a limited reservation bus service in specific areas of Kitsap County. Service is open to the public and **applications are not required for DAR service.** Please visit our website at [www.kitsaptransit.com](http://www.kitsaptransit.com) or ask Customer Service for more information.

## Notice of Privacy Practices

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Kitsap Transit respects your privacy. We understand that your personal health and eligibility information is very sensitive. We will not disclose your information to anyone outside of the agency unless you tell us, in writing, to do so, or unless the law authorizes or requires us to do so. Nor will we process any eligibility application that does not have your signature or your legal guardian's signature on any page where a signature is required. Our privacy practices cover all authorized information contained in your ADA eligibility file.

### **Use and Disclosure of ADA Eligibility Information**

The information contained in your file includes all applications submitted and any health information received that aids in determining 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.

Kitsap Transit uses this information to determine eligibility and for assessing or providing transportation service needs. Staff access to this information is limited to those employees who must review it for the purposes stated above.

- ❖ You have the right to review your file. Your request must be made in writing or the review may occur in person with valid identification.
- ❖ You may request that a copy of your file be mailed to you. You may be required to pay a fee for this service.

It is the policy of Kitsap Transit to assure that no person shall, on the grounds of race, color or national origin, as provided [by Title VI of the Civil Rights Act of 1964](#), be excluded from participation in, be denied the benefits of, or otherwise be discriminated against under any of its federally funded programs and activities.

Any person, who believes his/her Title VI protection has been violated, may file a complaint with Kitsap Transit's Human Resources department. For Title VI complaints and additional information, please call (360) 478-6227.

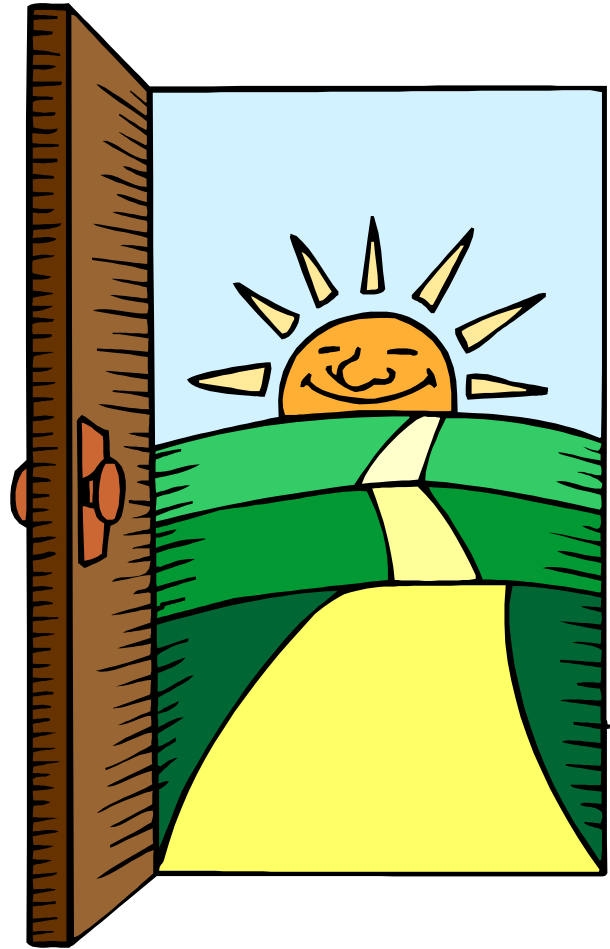
If you are over 60 years of age and in need of transportation services prior to eligibility being established, please call Senior Information & Assistance at (360) 337-5700 for possible alternative options.

Please Note: Senior Information & Assistance does not provide direct transportation services.

## Travel Training Program

Opening Doors for You!

Kitsap Transit's Bus Travel Training Program is a free, self-paced training program for people who want to learn to Travel Independently using our **Accessible Fixed-Route Buses**. Travel Training can give you the freedom, confidence and flexibility to travel when and where you'd like.



### How Do I Get Started?

Getting started is as Easy as 1, 2, 3!

- 1) Call (360) 479-7272  
or TTY: (360) 479-4348.
- 2) Make an Appointment.
- 3) Meet with Your Trainer!

- \* Go Shopping
- \* Visit Friends or Relatives
- \* Keep Appointments
- \* Come and go as you wish

## ACCESS Application

### Part A: Applicant Information

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

Where do you currently reside? \_\_\_\_\_ Apt/Room/Unit: \_\_\_\_\_  
*Street*

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

Name of complex or residence (if applicable): \_\_\_\_\_

Mailing Addr. (if different): \_\_\_\_\_  
*Street or PO Box City State Zip*

Date of Birth: \_\_\_\_\_  Male  Female

Home Ph: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Do you speak English?  Yes  No, I speak \_\_\_\_\_  I am non verbal

#### Emergency Contacts:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#### List Legal Guardian or Durable Power of Attorney (if applicable):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### Please Check One:

- I have a condition or disability that prevents me from boarding, riding or exiting a Kitsap Transit Fixed Route Bus some or all of the time. I am requesting ADA service.
- I do not have a condition preventing independent travel. I am requesting Non-ADA service.

**(Please see Pre-App info for explanation of service criteria or call (360) 478-6914 for more info)**

Mail or Fax your application (pages 1-6) to: **Kitsap Transit ACCESS,**  
**Attn: Eligibility Department, 200 S. Charleston Blvd, Bremerton, WA 98312.** Fax: (360) 377-9871

**Incomplete applications cannot be processed and will be returned.**

Do you have Questions? Call: (360) 478-6914 or TDD (360) 377-9874  
Visit us on the web at [www.kitsaptransit.com](http://www.kitsaptransit.com)

1) Describe how & when your disability or health condition prevents you from independently using an accessible fixed route bus. This does not apply to me, I can use a fixed route bus.

2) How do you travel now? (Check all that apply)

- Walk, Drive a car, Fixed Route Bus, Other Paratransit Provider, Taxi, Ride in a car, KT ACCESS, Other

3) Is there anything that would help you to ride a fixed route bus? (Check all that apply)

- N/A, I already know how to and can use a fixed route bus system, No, I am unable to independently use a fixed routed bus at any time, Yes, having a bus stop close to my home or destinations, Yes, learning how to ride the buses with travel training instructions. Send me more info, Yes,

4) How would you describe your current disability or health condition?

- Permanent, Stable, Deteriorating, Temporary until, Changeable (within day, week or month). Please explain:

5) Where is the closest bus stop from your house?

(For bus stop information call 360. 377.2877 or 800. 501.7433)

6) Can you walk or use a mobility aid to get to the above bus stop? Yes, I can walk to the stop.

No, because

7) What is the farthest you can independently walk outdoors/ or travel using a mobility aid?

- Unable to travel on my own, up to 200 yards, up to 500 yards, Less than 100 yards, up to 300 yards, 600 + yards (> 1/2 mile), up to 100 yards, up to 400 yards, Unlimited

8) Are you able to wait at a bus stop independently for 15 minutes or longer? Yes, I can wait.

No, because

9) Can you be left unattended at your destination? Yes, I can be left on my own.

No. I understand that I must arrange for someone to travel with or meet me.

10) Can you be left at your home/residence unattended? Yes, I can be left on my own at home.

No. I must arrange for someone to travel with me or be at my home when I return.

11) Do you travel with a Personal Care Attendant (PCA)? (PCA's are designated or employed specifically to meet your personal needs, and must be provided by you. You must provide your own PCA. ACCESS driver cannot be considered as your PCA.)

- Yes, Sometimes, No

12) Do you receive medical coupons for transportation? Yes No

13) Do you currently use any mobility aids?

~ Check all that apply. Mark if aid would be used when riding a bus occasional (Occ.) or Always~

- None
- Cane (Occ. / Always)
- Crutches (Occ. / Always)
- Service Animal (Occ. / Always)
- Oxygen (Occ. / Always)
- Walker: folding (Occ. / Always)
- Walker: non-folding (Occ. / Always)
- Other: \_\_\_\_\_ (Occ. / Always)
- \*Manual Wheelchair (Occ. / Always)
- \*Power Wheelchair (Occ. / Always)
- \*Power Scooter (Occ. / Always)

**\* If you checked manual wheelchair, power wheelchair or power scooter, circle the picture that most looks like your device and answer questions (A through E) on the next page about your chair.**

\*Manual Wheelchair that looks most like this: (Circle one)



\*Power Wheelchair that looks most like this: (Circle One)



\*Power Scooter that looks most like this: (Circle one)





**\* If you checked manual wheelchair, power wheelchair or power scooter, complete the following questions about your chair (A through E) otherwise skip to question 14.**

**a) Are you able to transfer by yourself from your chair to a seat on a bus?**  Yes  No

**b) How far can you *independently* operate or self-propel your chair?**  Unlimited distance,

\_\_\_\_\_ feet / yards or  I am unable to operate or self-propel any distance  
(Circle one)

**c) Some passengers need to have their feet elevated or their chair in a reclined position. Can your chair remain in an upright or sitting position with the feet down for the duration of the bus ride?**

Yes  No, explain \_\_\_\_\_

**d) ACCESS may not be able to transport mobility aids that are larger than:**

- 32+ inches in width
- 52+ inches in length
- 800lbs+ when occupied

**Does your mobility aid exceed any of these measurements?**  No

Yes, it does. Explain specifics \_\_\_\_\_

**e) Does your residence have an approved ramp and/or flat, smooth path to get from your door to the bus?**

Yes  No it doesn't. Explain \_\_\_\_\_

\_\_\_\_\_

**14) If found eligible for ACCESS Services, will you:**

**> Be able to meet the bus at the curb?**  Yes  No because \_\_\_\_\_

\_\_\_\_\_

**> Need driver assistance from your door to the bus?**  No  Yes. What kind of help will you need? \_\_\_\_\_

**> Need driver assistance from the bus to the door at your destination?**  No  Yes. What kind of help will you need? \_\_\_\_\_



- 15) What is your closest cross street? \_\_\_\_\_
- 16) Are there any landmarks we would need in order to locate your residence? \_\_\_\_\_  
\_\_\_\_\_
- 17) Are the numbers on your residence readily visible from the road during the day and night?  
 Yes  No. If no, explain how to clearly identify your residence: \_\_\_\_\_  
\_\_\_\_\_
- 18) Describe the pathway from your residence to the bus. (i.e.: inclined slope, flat, grass, asphalt etc.)  
\_\_\_\_\_
- 19) Can your residence safely accommodate a 24' **ACCESS** vehicle with sufficient area to turn around? (Example of a comparable size and weight would be a large garbage truck.)  
 Yes  No  I don't know \*\*
- 20) Do you use stairs to get into or out of your home?  No  Yes  
If yes, will you need the driver's assistance?  No  Yes. Please explain what type of assistance you may need. \_\_\_\_\_  
\_\_\_\_\_

**All Kitsap Transit vehicles have lifts, ramps or can kneel to help you get on or off the bus. If you do not use a wheelchair or other mobility aid you can still request to use the lift if you have difficulty using the stairs.**

- 21) Stairs on Kitsap Transit vehicles can be up to 12" in height, and include a hand rail to aid in climbing. How many bus stairs could you go up or down by yourself?  
 2 or more stairs  1 stair (then need help)  none, I need the lift
- 22) The lift on an **ACCESS** vehicle requires eight feet of clearance from the vehicle. Is there enough room at your residence to deploy this lift onto a flat level surface?  
 Yes  No  I do not need the lift  I don't know \*\*

**\*\* Please note:** If you are unable to provide accurate information regarding the accessibility of your residence, Kitsap Transit has resources available to help you determine this information. Please call the **Eligibility Office** at **360-478-6914** or **800-422-2877** for more information.

List your current doctor or medical professional(s) below.

ACCESS will request medical verification on your behalf.

**Applicant Statement**

"I hereby authorize Kitsap Transit or its representatives to obtain, from the physician(s) listed below, medical information related to my health or treatment, for the purpose of evaluating my ADA eligibility for specialized transportation. I certify that the information provided on this application is true and correct. I understand that giving false information is against the law, and could result in losing Specialized Transportation services as well as a penalty under the law". (RCW 9A.72.085 and RCW 40.16.030)

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

(Doctor, Licensed Medical or Mental Health Professional)

\_\_\_\_\_

(Mailing Address)

(City, State)

(Zip Code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

(Doctor, Licensed Medical or Mental Health Professional)

\_\_\_\_\_

(Mailing Address)

(City, State)

(Zip Code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of applicant:** \_\_\_\_\_

(This authorization shall remain in effect for the entire period of service covered by this or any certification issued.)

**If you are not the applicant, but have completed this form for someone applying for service, complete the following information about yourself.**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

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

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

**Daytime Phone #:** \_\_\_\_\_