

Public Transportation For All Of Us

If you have questions, please contact Accessible Services at: 206-263-3113 (WA Relay: 711) or accessible.services@kingcounty.gov

This information and the application are prepared in accordance with ADA regulations.



Department of Transportation
Metro Transit Division

KC DOT/Transit Accessible Services

201 S Jackson St
MS: KSC-TR-0800
Seattle, WA 98104
206-263-3113 WA Relay: 711

accessible.services@kingcounty.gov

Metro Transit offers many different ways to get around King County, each designed to help increase your mobility and solve your transportation problems.

Buses and light rail that run on a regular schedule are the backbone for public transportation and provide a reliable, accessible service for people with disabilities. Metro buses have a lift or ramp to assist when boarding or disembarking the bus.

For those times when a disability makes it impossible for you to take the bus, there is King County Metro's ADA paratransit van service, Access Transportation. The Americans with Disabilities Act (ADA) ensures that people with disabilities receive "the same mass transportation service opportunities everyone else receives." Access Transportation paratransit van service helps provide these opportunities.

Access Transportation "shadows" the regular bus. It operates in the same areas, on the same days and during the same hours.

Enclosed is an Access application. There are three possible outcomes:

1. It may be determined that you are able to take the regular public bus or light rail service for all your trips. **You would not be eligible for ADA paratransit; therefore Access Transportation would not be available.**
2. It may be determined that you can take the regular public transit system when there are no barriers preventing you from traveling independently. If you experience difficulty getting to or from a bus stop, independently riding a bus, or boarding a bus, **you may be given ADA conditional eligibility.** Access Transportation would then be available for your use when specific barriers are present.
3. It may be determined that you are not able to take the regular public bus or light rail service for any trips. **You would be given ADA unconditional eligibility** and be able to take any trips on Access Transportation.

Please complete all parts of the attached application or have someone complete it for you.

- Sign and date the signature page.
- Have the Professional Verification of Diagnosed Disability section on the back signed by one of the listed professionals.
- Return the completed application to:

KC DOT/Transit Accessible Services
201 S Jackson St
MS: KSC-TR-0800
Seattle, WA 98104

Fax to:
206-205-6490
or

Please note:

Incomplete or illegible applications will be returned to you for more information.

King County Metro Accessible Services will notify you within 21 days after we receive all information necessary to determine your eligibility.

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Continue to next page.

King County Metro Accessible Services



Access Transportation • Public Bus and Rail • Community Shuttles
Community Access Transportation • Transit Instruction • Taxi Scrip

Part I: Access Application

KC DOT/Transit Accessible Services: 201 S Jackson St, MS: KSC-TR-0800, Seattle, WA 98104

Complete all sections. This application is part one of an in-person functional evaluation process that determines the type of public transportation service King County Metro can offer you. It is recommended that you make a copy of your completed application before returning the original to King County Metro. Applications are processed in the order received. Questions? Call 206-263-3113.

Print clearly and legibly. Incomplete or illegible applications are returned.

Section I: Applicant Information

Last Name _____ First _____ Middle Initial _____

Residence Address _____ Apt# _____

Building Name _____

City _____ State _____ ZIP _____

Phone (_____) _____ Cell Phone (_____) _____

TTY (_____) _____ I use ASL I use Tactile ASL

Mailing Name (If different from applicant) _____

Mailing Address (If different) _____ Apt# _____

City _____ State _____ ZIP _____

Phone (_____) _____ Cell Phone (_____) _____

Date of Birth ___/___/___ Male Female Email _____

Do you speak English? Yes No, I speak _____ I am non-verbal

Send me information in these alternate formats (Select one only):

Large Print Braille Audio Tape Computer Disk (CD)

Person Completing Form If Other Than Applicant

(Do you have legal guardianship or Power of Attorney? No Yes – send copy with application)

Printed Name _____

Signature _____

Relationship to Applicant _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact: (Another person to notify in case of an accident or emergency.)

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Section I: Applicant Information (continued)

1. How do you travel now? Check all that apply to you.

- walk drive a car Metro bus Access van
 taxi ride in car DSHS (Hopelink) Other _____

2. Which mobility aids do you use? Check all that apply to you.

- none walker-folding manual wheelchair* Other Aids:
 cane walker-non-folding power wheelchair* portable oxygen
 white cane walker-with seat power scooter* service animal
 Other _____

*2A. Complete the following if you checked **manual wheelchair, power wheelchair, or power scooter.**

Access Transportation vans are designed to transport mobility aids that are:

- 32 inches or less at the widest
- 800 pounds or less with you sitting in it
- 52 inches or less at the longest

Does your mobility aid(s) fall within these measurements? Yes I'm not sure No, it does not.
 Explain: _____

*2B. Would you travel on Access Transportation with more than one type of wheelchair or scooter?

- Yes No

3. What are the addresses of the places you go most often?

A. Trip destination: _____

Building Location: Name _____

Number and Street _____ City _____ ZIP Code _____

B. Trip destination: _____

Building Location: Name _____

Number and Street _____ City _____ ZIP Code _____

C. Trip destination: _____

Building Location: Name _____

Number and Street _____ City _____ ZIP Code _____

| | | | | |
|--------------------------|---------|-----------|---------|----------|
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Data Entered | Contact | Resp Date | Contact | Msg Date |

For use by Accessible Services staff:

Section II: Disability or Health Condition Information

Indicate all conditions that affect your mobility to travel. Check "none" if not applicable.

1. **General medical conditions:** none AIDS acute diabetes kidney dialysis
 cancer – currently under treatment; until (date) _____
 recent surgery (describe) _____ (date) ____ / ____ / ____
 other _____

2. **Bone and joint conditions:** none severe arthritis
 amputation of (specify) _____ on (date) ____ / ____ / ____
 fusion surgery of (specify) _____ on (date) ____ / ____ / ____
 currently have broken bone(s) (specify) _____
on (date of injury) ____ / ____ / ____
 other _____

3. **Neuromuscular conditions:** none
 hemiplegia post-polio lupus Alzheimer’s disease multiple sclerosis
 quadriplegia brain injury cerebral palsy paraplegia dementia
 Parkinson’s disease stroke (date) ____ / ____ / ____
 epilepsy (type): _____ (date of last seizure) ____ / ____ / ____
 other _____

4. **Cardiovascular and respiratory conditions:** none
 advanced coronary artery disease congestive heart failure
 advanced peripheral vascular disease uncontrolled high blood pressure
 chronic obstructive pulmonary disease (COPD) severe asthma
 other _____

5. **Vision conditions:**

| | Right eye | Left eye |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> none | | |
| <input type="checkbox"/> macular degeneration | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> glaucoma | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> retinitis pigmentosa | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Usher’s syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> diabetic retinopathy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> partially sighted | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> legally blind | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> totally blind..... | <input type="checkbox"/> | <input type="checkbox"/> |

 other _____

Section II: Disability or Health Condition Information (continued)

6. **Hearing conditions:** none **Right ear** **Left ear**
 partial hearing
 deaf
 other _____

7. **Developmental or mental conditions:** none
 autism Down syndrome
 developmental disability mood disorder
 mild psychosis
 moderate thought disorder
 severe
 other _____

8. **Is your disability temporary?**
 Yes, I expect it to last _____ months.
 No, it's permanent.
 I don't know.

9. **Does your disability change from day to day?**
 No, it's pretty much the same all the time.
 Yes, I have some good days and some bad days. Describe:

Complete all remaining portions of the application even if you are not currently using regular public transit, such as Metro buses or Sound Transit Link light rail. Answer the remaining questions to the best of your knowledge and abilities.

Incomplete applications are returned and will delay your Access Transportation eligibility determination.

Section III: Americans with Disabilities Act (ADA) Paratransit Eligibility
Standard I: Ability to Travel Independently

II-A. Do you have a disability which, sometimes or all the time, prevents you from independently boarding, riding or disembarking from a Metro bus?



- Yes (If you check this box, complete all of Section III, Standard I - Pgs. 5 & 6)
- No (If you check this box, skip to Section III, Standard II - Pg. 7)

Who Is Eligible Under Standard I of the federal ADA paratransit regulations?

Any individual with a disability who is unable, as the result of a physical or mental impairment, and without the assistance of another individual, to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities. [49 CFR Part 37.123 (e)(1)]

This section refers only to the ability to ride the bus alone, without the assistance of another person, other than the operator of the lift or ramp on the bus.

EXAMPLE

You may be eligible for Access van service if, because of a disability, you are not able to board a Metro bus, ride it to your desired stop and get off the bus at that location, by yourself and without another's assistance ("independently").

II-B. How does your disability prevent you from independently using a Metro bus sometimes or all of the time?

II-C. Do you currently **independently** ride a Metro bus?



- Yes, I ride it independently about _____ days per month.
- Yes, sometimes. Explain:

No, never.

No, but I could ride independently **if**:

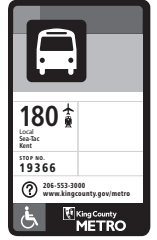
(check all that apply to you)

- I were trained to use the bus.
- I had a ride to the bus stop.
- I don't have to use more than one bus.
- Other _____

Section III: ADA Paratransit Eligibility
Standard I: Ability to Travel Independently (continued)

II-D. Can you wait 15 minutes at a Metro bus stop?

- Yes
- Yes, sometimes.
- No. Unless someone is with me, I will get lost.
- No Explain: _____



II-E. Do you need a place to sit while waiting for a bus?

- Yes Explain: _____

- Sometimes, if _____
- No

II-F. If necessary, can you transfer to a second bus to complete your trip?

- Yes
- Sometimes, if.. _____
- No Explain: _____

II-G. Do you know, or can you find out (for example, from the bus driver), **where** to get off the bus?

- Yes
- No, I can't now but I could with training.
- No, because of my disability, I get confused and can't remember where I'm going.
- No Explain: _____

II-H. Can you **independently** wait at a transfer location for a Metro bus or an Access van?

- Yes
- Sometimes, if.. _____
- No Explain: _____

Section III. ADA Paratransit Eligibility – Standard II: Use of Accessible Public Buses



III-A. All Metro buses have lifts or ramps to help you get on or off the bus, whether or not you use a wheelchair or other mobility aid. You can stand on the lift if you have difficulty using steps. Do you need a lift or ramp to get on and off a Metro bus?

Yes, sometimes, and

Yes, always, and

(check all that apply to you)

I can get on/off the lift by myself.

because of my disability, I sometimes need help to get on/off the lift.

because of my disability, I always need help to get on/off the lift.

No, I don't need the lift. (If you check this box, skip to Section III, Standard III - Pg. 8).

Who Is Eligible Under Standard II of the federal ADA paratransit regulations?

Any individual with a disability who can ride an accessible bus but needs the assistance of a wheelchair lift or other boarding assistance device, and is able, with such assistance...to travel...[49 CFR Part 37.123 (e)(2)]

This section refers to the ability to ride the bus with the use of a wheelchair lift or ramp. All King County Metro buses have lifts or ramps that can be used at about 80% of Metro bus stops.

EXAMPLE

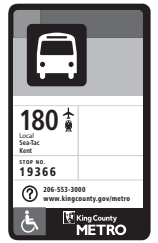
A person may be able to use Metro's accessible buses for most trips, but would need Access van service when the lift or ramp can't be used at a specific bus stop that they must use for their trip.

III-B. Some Metro buses have ramps, with a slope similar to those at building entrances and street corners. Are you able to travel up and down such ramps?

Yes

No. Explain: _____

Section III: ADA Paratransit Eligibility – Standard III: Getting To and From Bus Stops



IV-A. Do you have a disability that prevents you from traveling to or from a bus stop?

- Yes (If you check this box, complete all of Section III, Standard III - Pg. 8)
- Sometimes (If you check this box, complete all of Section III, Standard III - Pg. 8)
- No (If you check this box, skip to Section IV - Pg. 9)

Who Is Eligible Under Standard III of the federal ADA paratransit regulations?

Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such (a transit) system... (ii) Architectural barriers not under the control of the (transit system) and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility...if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location... [49 CFR Part 37.123 (e)(3)]

This section refers to a person's ability to travel to and from a bus stop.

EXAMPLE

Persons whose disability prevents them from traveling on uneven surfaces might be eligible for Access van service, when there is this type of terrain between them and the Metro bus stops they need to use.

IV-B. How does your disability prevent you from traveling to or from a bus stop?
(check all that apply to you)

I cannot travel

- on uneven surfaces
- where there are no sidewalk curb cuts
- up and down hills
- in snowy or very icy conditions
- during periods of darkness
- during periods of bright light
- before life sustaining medical treatments
- after life sustaining medical treatments
- My disability changes from time to time, and on bad days I cannot use the bus.

I cannot use the bus

- if a lift-equipped bus and bus stop are not available for my trip
- if I have to transfer between buses
- If there is no place to sit, where I transfer between buses
- in complex or confusing traffic situations
- during periods of extreme cold
- during periods of extreme heat
- if I haven't been trained to use the bus for this trip

Other _____

IV-C. How far can you go on level ground (with your mobility aid, if you use any) without assistance?

- Up to 1 block 2 blocks 3 blocks _____ blocks

Section IV: Applicant Signature Required (Unsigned applications are returned)

Do Not Detach. This sheet – and the completed Professional Verification of Diagnosed Disability on page 10 – must be submitted with your application

I certify under penalty of perjury (RCW 9A.72.030) that the information I provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service and criminal penalty. I understand the information I provided on this application will be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law. I understand that King County may contact the person who has completed the Professional Verification attached to this application, in order to confirm the information included on this application.

I understand Access eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, age, inability to drive, discomfort with riding the bus, language or cultural issues. I understand and agree that King County will refer me for an independent in-person functional evaluation. I understand that the evaluation will be at no cost to me, and King County will provide transportation to the evaluation if needed. I understand that this is not a medical evaluation.

Printed Name _____

Applicant Signature _____ Date ____ / ____ / ____

If under age 18, this page must be signed below by parent or legal representative

OR

**If person completing form is someone other than the applicant
(check one and sign below):**

- I certify under penalty of perjury (see above) that the information provided in this application is true and correct, based upon information given me by the applicant.
- I certify under penalty of perjury (see above) that the information provided in this application is true and correct based upon my own knowledge of the applicant’s health condition or disability.
- I certify under penalty of perjury (see above) that I have the legal authority to complete this application on behalf of the applicant and that I have the applicant’s permission. **A copy of the power of attorney or other authorizing document is attached.**

Printed Name _____

Signature _____ Day Phone (____) _____

Relationship to Applicant _____ Date ____ / ____ / ____

Address _____

City _____ State _____ ZIP _____

Remember to complete page 10

**Section V: Professional Verification of Diagnosed Disability
(Required to be completed by a health professional)**



A diagnosed disability does **not** determine eligibility for Metro’s Access Transportation program. Functional ability to use regular public transit as evaluated by King County Metro determines an applicant’s eligibility.

The ADA regulations state that persons are eligible for Access van service if, because of a disability or medical condition, they are physically or cognitively **prevented** (not discomforted by or find difficult) from independently using regular lift or ramp equipped bus service. Depending on their disability, people can be eligible sometimes, or all of the time. **Access eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, age, inability to drive, discomfort with riding the bus, language or cultural issues.**

To The Applicant: This page must be completed before returning your application to King County Metro. **If this page is not signed and completed by one of the professionals below, the application will be returned to you; this will delay your Access eligibility determination.** If you are not associated with any of the professionals below, please call King County Metro’s Accessible Services at 206-263-3113 (voice) or WA Relay: 711.

V-A. To The Professional – check your professional title:

- | | | |
|--|---|---|
| <input type="checkbox"/> Physician/Doctor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Vocational Rehabilitation Counselor |
| <input type="checkbox"/> Physician Assist. | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> RN or ARNP | <input type="checkbox"/> Recreation Therapist CTRS/R (employed by medical facility) | <input type="checkbox"/> Case Resource Manager (employed by DSHS/DDD/AAA) |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Certified Speech Therapist | <input type="checkbox"/> MSW (employed by a medical facility) |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Certified Orientation and Mobility Specialist | |
| <input type="checkbox"/> Psychologist | | |

V-B. Please List Applicant’s Diagnosed Disabilities (required, otherwise application is returned):

V-C. Is this condition temporary? No Yes, for: 4 mos 6 mos 9 mos 12 mos
 Other _____

V-D. This person is is not...able to self-supervise daily activities.

V-E. Last date of face-to-face contact with this applicant was _____ / _____ / _____ .

V-F. Would you like us to contact you regarding this applicant? Not unless needed Yes

I understand that I am only providing a disability diagnosis and that I am not making an Access Transportation eligibility determination. I understand that the determination for Metro’s Access Transportation program lies solely with King County Metro.

I certify under penalty of perjury under the laws of the State of Washington (RCW 9A.72. 030) that the diagnosis above is true and correct. Date _____ / _____ / _____

V-G. Professional's Signature _____ Title _____

Printed Name _____ Phone (_____) _____

Clinic/Agency _____ Fax (_____) _____

Address _____ City _____ ZIP _____

Applicant’s Name _____ DOB _____ / _____ / _____