



Ben Franklin Transit
Dial-A-Ride Eligibility Application
1000 Columbia Park Trail, Richland, WA 99352-4764

For questions or help completing this application, please call (509) 735-0160, or fax (509) 734-5195. Please answer all questions thoroughly. Incomplete applications will not be processed. **Sign pages 6 and 7 as required.**

Please type or print neatly.

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle _____

Home Address _____ Unit # _____

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

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Telephone Number (Primary) _____

Telephone Number (Alternate) _____

Date of Birth (MM/DD/YYYY) _____ Male Female

Primary Language: _____

Name and telephone number of person(s) to contact in case of emergency:

1. _____

2. _____

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

Name _____ Relation _____ Telephone Number _____

Name _____ Relation _____ Telephone Number _____

How were you referred to Ben Franklin Transit Dial-A-Ride? _____ The Arc of Tri-Cities _____

PART I: ELIGIBILITY INFORMATION

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

- Ben Franklin Transit regular buses Walk Dial-A-Ride
 Drive Taxi Relatives/Friends
 Other - please specify _____

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

1. _____ Times per month: _____
2. _____ Times per month: _____
3. _____ Times per month: _____

C. Do you currently use the regular bus service?

- Yes
 No, because:
 I have never tried
 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 stop
 I have difficulty recognizing bus stops
 Other - please specify _____

D. Could you ride the regular bus if there was a bus stop or bus route near your home?

- Yes, always
 Yes, sometimes
 No - please specify _____

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

- Yes No - Please explain: _____

F. What is (are) your limiting disabilities or conditions that are preventing you from using the regular buses? Please check all that apply and explain:

- Physical: _____
 Mental Health: _____
 Cognitive: _____

Visual: _____

Seizures: _____

G. How would you describe your current disability or health condition?

Temporary - Until when? _____

Permanent

Stable

Deteriorating

Changeable (within day, week, or month) Please clarify:

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

No

Yes

How: _____

I. 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: _____

J. Do you need to travel with a Personal Care Attendant (PCA)?

A PCA is someone who travels with you to provide any assistance you need. Your PCA rides free and must board and de-board at the same location as you.

No - you may still have someone travel with you whenever you wish. You must arrange your own PCA.

Sometimes - you travel with a PCA at your own discretion. You must arrange for your own PCA.

Yes - if you check this box, you are telling us that you cannot travel alone or cannot be left alone at a drop off point. Checking this box means that you will travel with your own PCA since Ben Franklin Transit operators cannot serve as a PCA. You must arrange for your own PCA.

K. Are you able to climb two 12-inch steps, without assistance?

Yes

No

Sometimes _____

L. If you are unable to climb steps, could you board a vehicle using a ramp or lift, without assistance?

Yes

No

Sometimes _____

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

Yes No - Explain _____

N. Can you stand for 10 minutes while you wait for your ride? Yes No

O. Can you sit for 10 minutes while you wait for your ride? Yes No

PART II: MOBILITY AIDS

P. Do you use any of the following mobility aids? (check all that apply)

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Support/Quad Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> I do not use any | <input type="checkbox"/> Other - please specify _____ | | |

P1. If your mobility device is other than a standard manual wheelchair, please list the make, model, width, and length.

Make _____ Model _____ Width _____ Length _____

P2. **Due to ADA guidelines as well as the weight capacity limits of our 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 III: FUNCTIONAL ABILITIES

Q. 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 in your community? |

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

R. How far can you walk/wheel (unsupervised and with the use of a mobility aid if needed) in the community without someone's help?

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

S. Do you use a service animal to assist you? If so, what kind of service animal?

- No Yes Sometimes Type: _____

S1. Are you able to independently control your service animal? Yes No

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

PART IV: VISION SPECIFIC ABILITIES

Please answer the following questions:

T. I have a Visual Impairment: Yes No Legally Blind No Vision
(If you answered "No" to this question, please skip to Part V)

T1. I am able to see:
 Forward Peripheral No Vision _____ Feet/Inches

T2. I am able to distinguish:
 Shapes Color Words/Numbers Landmarks

T3. I am able to travel in my community:

- Unable without assistance
 Independently
 With the use of a mobility aid:
 White Cane
 Service Animal
 Other

PART V: OTHER

U. Please explain as completely as possible how your disability prevents you from getting on (boarding), riding, or getting off (deboarding) a regular bus or how it prevents you from getting to the bus line. Add another page if needed.

V. 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:

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Address numbers not visible | <input type="checkbox"/> Narrow street, driveway, cul-de-sac |
| <input type="checkbox"/> Low over hanging branches, etc. | <input type="checkbox"/> Dirt road | <input type="checkbox"/> Hill |
| <input type="checkbox"/> Stairs - How many? _____ | <input type="checkbox"/> Gravel | <input type="checkbox"/> No turn around |
| <input type="checkbox"/> Hard to locate _____ | _____ | |
| <input type="checkbox"/> Pick up in back _____ | _____ | |
| <input type="checkbox"/> Other _____ | _____ | |

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that the purpose of this form is to determine if I am eligible to use Dial-A-Ride (paratransit) services. I understand that Ben Franklin Transit or its contracted agents may need to contact me or see me later to get more information. I further understand that I must be truthful in answering questions on this form. Giving false or misleading information is against the law and could result in denial of Dial-A-Ride eligibility and services. I agree to immediately notify Ben Franklin Transit if I no longer need Dial-A-Ride services.

Print Name _____

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 Code _____

Daytime Telephone Number _____

Relationship to applicant _____

Signed _____ Date _____

RELEASE OF INFORMATION

Ben Franklin Transit may need to contact your Health Care Professional, Rehabilitation Professional, Treatment Provider, or other Professional for additional information about your condition and your ability to use regular bus service.

Please provide the information requested below for each treatment provider most familiar with you and your disability or condition affecting your use of public transportation.

YOUR TREATMENT PROVIDER DOES NOT NEED TO SIGN THIS FORM.

I authorize the individuals listed below, as well as their office staff, to furnish any information regarding my health, diagnosis, functional capabilities, and treatments that may help Ben Franklin Transit evaluate my application for Dial-A-Ride service. I understand that the information will be kept confidential and used solely to determine my eligibility for ADA Paratransit services. This release is valid for 6 months, unless revoked in writing earlier.

1. Physician/Health Care Professional _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

2. Physician/Health Care Professional ___ Donna Tracy _____

Address ___ 1455 Fowler St. _____

City ___ Richland _____ State ___ WA ___ Zip Code ___ 99352 _____

Telephone Number ___ 509-783-1131 ext. 105 _____ 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 Name _____ D.O.B. _____

Your Signature _____ Date _____

Applicant

Designated Power of Attorney

Legal Guardian

Please return completed Application and Release of Information to:
The Arc of Tri-Cities
1455 Fowler, Richland WA 99352

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.

- **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) days. When your eligibility has been determined, we will notify you by mail, sending you an information packet. Transportation services will not begin until your eligibility has been established.

- **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.

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: 8:00 am to 5:00 pm Daily

Dial-A-Ride Phone Number (509) 735-0160

Dial-A-Ride Fax Number (509) 734-5195

Dial-A-Ride Service Hours:

| | |
|-----------------|--------------------|
| Monday - Friday | 6:00 am to 8:00 pm |
| Saturday | 7:00 am to 7:00 pm |

There is no service on Sundays

Dial-A-Ride Fares

| | |
|------------------------|---------|
| Cash | \$1.50 |
| 10 Single Ride Tickets | \$12.00 |
| Monthly Pass | \$25.00 |
| Freedom Pass | \$50.00 |