CITY OF PULLMAN

Pullman Transit and Dial-A-Ride

775 N.W. Guy Street, Pullman, WA 99163
Transit (509) 332-6535 Dial-A-Ride (509) 332-5471
Fax (509) 332-6590 www.pullmantransit.com
pullmantransit@pullmantransit.com

Temporary Dial~A~Ride Application

The information obtained in this certification process will be utilized for the provision of transportation services. This agency will not share your application with other transportation agencies or providers unless you request us to do so. If you need help completing this application, please call Pullman Transit at 332-5471, or TDD Relay (800) 833-6388 or 7-1-1.

Name: _____ Birth Date: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Are you a **WSU**: ☐ student ☐ staff ☐ faculty ☐ retiree ☐ none

I certify that the information I gave in this application is true and correct. Falsification of information may result in denial of service. I understand all healthcare information will be kept confidential except as needed for verification. Only the information required to provide services I request will be disclosed to those who perform those services. I have read and agree to comply with the policies and procedures set forth by Pullman Transit. I understand this document is a public record and may be subject to disclosure under RCW 42.17 upon request.

Applicant Signature _____ Date _____

(If Applicant is a minor, or incapable of signing this application, please complete page 7)

From the following list please check any condition or disability that prevents you from using the fixed route bus service:

General Medical Conditions

☐ *None* ☐ Kidney Failure/Dialysis ☐ Diabetes
☐ Immunity Suppression ☐ Cancer Treatment
Other:

Heart and Circulatory Conditions

☐ *None* ☐ Peripheral Vascular Disease ☐ Stroke
☐ Edema ☐ Heart Attack
☐ Congestive Heart Failure ☐ Heart Surgery
Other:

Lung and Breathing Conditions

☐ *None* ☐ Emphysema ☐ Asthma
☐ Lung Cancer ☐ Cystic Fibrosis
☐ Chronic Obstructive ☐ Pulmonary Disease
Other:

Vision/Hearing/Speech Conditions

☐ *None* ☐ Dysarthria ☐ Blind
☐ Aphasia ☐ Cataracts
☐ Night Blindness ☐ Deaf
☐ Glaucoma ☐ Partially Sighted
☐ Hearing Impaired ☐ Diabetic Retinopathy
Other:

Developmental/Mental/Behavioral Conditions

☐ *None* ☐ Inability to Communicate/Nonverbal
☐

Autism

☐ Learning Disability

Explain:

☐ Mental Disability: **Mild** ☐ **Moderate** ☐ **Severe** ☐

☐ Short Term Memory Loss

☐ Thought Disorder/Confusion

Explain:

☐ Aggressive toward:

Property ☐ **Other People** ☐ **Self** ☐ **Verbal Only** ☐

Explain:

☐ Difficulty Controlling Behavior

Exp

☐ Mood Disorder

Explain:

☐ Phobia or Psychosis

Explain:

Bone and Joint Conditions

☐ *None*

☐ Arthritis

☐ Osteo-Arthritis

☐ Fusion

☐ Scleroderma

☐ Dwarfism

☐ Rheumatoid Arthritis

☐ Osteoporosis

☐ Hip Disarticulation

☐ Prosthesis

☐ Broken Bone

Location:

Amputation: Location:

Other:

Brain/Nerves/Muscle Conditions

- [ ] *None*
- [ ] Alzheimer's Disease
- [ ] Amyotrophic
- [ ] Brain Injury
- [ ] Cerebral Palsy
- [ ] Dementia
- [ ] Epilepsy/Seizures
- [ ] Friedreich's Ataxia
- [ ] Gullian-Barre
- [ ] Huntington's Chorea
- [ ] Lateral Sclerosis
- [ ] Multiple Sclerosis
- [ ] Muscular Dystrophy
- [ ] Parkinson's Disease
- [ ] Post-polio
- [ ] Quadriplegia
- [ ] Spina Bifida
- [ ] Vertigo/Dizziness

Other: _____

Please explain as completely as possible how your disability prevents you from boarding, riding and exiting a regular fixed route bus.

_____

_____

_____

_____

_____

How would you best describe your disability or condition as it impacts your transportation needs?

- [ ] Permanent
- [ ] Deteriorating
- [ ] Changeable
- [ ] Temporary

If temporary, until what date: _____

Are there other effects of your disability or condition that we need to be aware of in order to provide you with appropriate service?

_____

Which of these aids or equipment do you usually use to help you get where you need to go?

☐ Cane	☐ Manual Wheelchair	☐ Service Animal
☐ White Cane	☐ Electric Wheelchair	☐ Power Scooter
☐ Crutches	☐ Walker	Other:
☐ Oxygen	☐ Personal Care Attendant	

Do you ever need the assistance of another person to be able to travel on Pullman Transit, either on the bus or Dial~A~Ride?

☐ Yes ☐ No ☐ Sometimes

When do you need help?

☐ Getting to/from vehicle ☐ Getting on or off the vehicle

What is the longest distance you can walk/travel on level ground without the assistance of another person? (Example 370 feet = 1 block)

Can you travel this distance in snow, ice, and uneven or steep ground?

☐ Yes ☐ No ☐ Sometimes, explain:

Please provide the name, address and contact information for your health care providers who can verify the information contained in this application. ***(Your personal physicians name(s) go in this section.)***

Name:

Address:

City, State, Zip:
Phone: FAX Number:
(TO EXPEDITE APPL.)
Name:
City, State, Zip:
Phone: FAX Number:
(TO EXPEDITE APPL.)

I hereby certify that the information given above is correct. I authorize the release of my personal information to Pullman Transit for the purpose of verifying my information.

Signature of Applicant Date

If someone has completed this application other than the person applying for certification, that person must complete the following:

☐ I certify that the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

☐ I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

Signature: Date:

Print Name: Daytime Phone:

Address:
Relationship to Applicant:

Local Contact Person

This is a person who is authorized to make day-to-day and/or emergency decisions regarding service for the applicant. (In most cases this will be a provider or family member)

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evenings: _____

Relationship: _____