



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) 338-3247 www.pullmantransit.com
pullmantransit@pullmantransit.com

Dial~A~Ride “Renewal” 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)

Are you applying for: (check one)

Senior Service (Age 65 or over)

Para Transit (Doctor-verified disability that prevents utilization of our fixed route bus service)

ADA – Certified Paratransit (Also doctor-verified disability that denies the rider access to our fixed route bus service. But, more stringent requirements that make the rider eligible in other cities with this service, and guaranteed next-day trips).

If previously certified through another agency, list agency and certification #

Please refer to the accompanying ADA material for additional information. You may request this information from Pullman Transit at any time, if you choose not to apply for ADA certification at this time.

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

Explain:

- Mood Disorder

Explain:

- Phobia or Psychosis

Explain:

Bone and Joint Conditions

- | | | |
|-------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Rheumatoid Arthritis |
| | <input type="checkbox"/> Osteo-Arthritis | <input type="checkbox"/> Osteoporosis |
| | <input type="checkbox"/> Fusion | <input type="checkbox"/> Hip Disarticulation |
| | <input type="checkbox"/> Scleroderma | <input type="checkbox"/> Prosthesis |
| | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Broken Bone |

Location:

Amputation: Location:

Other:

Brain/Nerves/Muscle Conditions

- | | | |
|-------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Amyotrophic |
| | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Cerebral Palsy |
| | <input type="checkbox"/> Dementia | <input type="checkbox"/> Epilepsy/Seizures |
| | <input type="checkbox"/> Friedreich's Ataxia | <input type="checkbox"/> Gullian-Barre |
| | <input type="checkbox"/> Huntington's Chorea | <input type="checkbox"/> Lateral Sclerosis |
| | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Muscular Dystrophy |
| | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Post-polio |
| | <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Spina Bifida |
| | <input type="checkbox"/> Vertigo/Dizziness | |

Other:

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

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Power Scooter |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | Other: <input type="text"/> |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Personal Care Attendant | |

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?

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 physician's name(s) go in this section.)

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

Name:
Address:
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: