



RVTD Valley Lift Application and Para transit Certification Form

PLEASE READ THIS SECTION BEFORE YOU BEGIN

About this application - The Americans with Disabilities Act (ADA) ensures that people with disabilities receive public transportation comparable to the public transportation available to people without disabilities. *RVTD* provides curb-to-curb service - called *VALLEY LIFT* - to people who are unable to use a regular lift-equipped bus because of a disability. The *VALLEY LIFT* service is intended only for those trips that an individual cannot make on the bus system. This application form is intended to determine when and under what circumstances the applicant can use buses and when *VALLEY LIFT* service is required.

Who should apply? Anyone with a disability which **prevents** them from getting to or from a regular bus stop, or from independently (without the assistance of another person besides the driver) boarding, riding or getting off a regular lift-equipped bus.

Instructions - The applicant (or someone assisting them) must complete PAGES 1 - 5. A Licensed Professional **must** complete and sign the PROFESSIONAL VERIFICATION section (page 6). In addition, an in-person interview with *VALLEY LIFT* staff may be scheduled to determine eligibility. Information regarding the *VALLEY LIFT* program and its services will be explained to applicants at that time. Applicants will then be informed of *RVTD*'s determination by mail. If you have any questions about completing this application, call *RVTD* at **(541) 842-2080** or **(541) 734-9292** - TTY (tele-typewriter for the hearing impaired).

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETE.
INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

For Valley Lift information, including additional applications
Please visit our website: WWW.RVTD.ORG

When completed, return the entire application to:

**Rogue Valley Transportation District
Valley Lift Program
239 E. Barnett Rd.
Medford, OR 97501**

Telephone #: (541) 842-2080

Fax #: (541) 618-6377

Applicants, who are reapplying for the *VALLEY LIFT* service, please include your *VALLEY LIFT* card number and expiration date in the spaces below. This will assist RVTD in processing your application more efficiently.

Valley Lift Card Number: _____

Expiration Date: _____

Last Name _____ First Name _____ M. I. _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Date of Birth: Month _____ Day _____ Year _____

E-Mail Address: _____

Please list the Name and Number of person to contact in case of Emergency:

Which of the following mobility aids (supplied by you) do you use when traveling?

- a. Motorized wheelchair Scooter Manual wheelchair
Can you transfer to a non lift-equipped vehicle? Yes No
- b. Cane White cane Walker Crutches
- c. Oxygen
- d. Service animal Type of animal _____
- e. Personal Care Attendant (PCA) - someone designated by you to assist you with one or more daily life functions and as necessary to your mobility as a mobility device (such as a wheelchair or walker).
- f. Other _____
- g. None of the above

Office Use Only:

CAT:	1	3
PCA:	YES	NO

Can you use the bus stop nearest your home? Yes No
If no, why not? (Example: no shelter, no curb cut, no bench, etc.) _____

How far, in city blocks, is the nearest bus stop to your home? _____

Please check a box for each question:

- | | Always | Never | * Sometimes |
|--|--------------------------|--------------------------|--------------------------|
| a. I can ride <i>RVTD</i> buses by myself
(Without assistance from someone
Other than the driver). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I need a lift to board the bus. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I can walk (or travel with my
Mobility device) to the bus stop. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could probably ride the regular
bus with some training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Please explain any boxes checked "Sometimes."

Have you ever ridden a regular *RVTD* bus? Yes No
Have you ridden a regular *RVTD* bus in the past six months? Yes No
If yes, how many times a month do you usually ride? _____
What bus route(s) do you usually ride? _____

What are the major factors in your decision to apply for the Valley Lift service?

DISABILITY INFORMATION

1. Are you able to complete the following tasks without assistance from another person? (Check a box for each question.)

		Always	Never	Sometimes*
a.	get to/from a bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	walk (or travel using a mobility device) 5 blocks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	get on and off a regular bus without using the lift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	get on and off a regular bus using the lift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	climb three 10-inch steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	wait at a bus stop for 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	maintain your balance entering, exiting, and riding a regular bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	understand and follow verbal directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	recognize correct stops and landmarks to complete a trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	hear stops announced by the driver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	read and understand informational signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	plan a trip using public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	communicate information about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please explain any boxes checked "Sometimes."

CERTIFICATIONS

2. a. What is your disability?
 Visual Impairment _____
 Mobility Impairment _____
 Cognitive/Psychological _____
 Cardiovascular/Respiratory _____
 Other _____
- b. If you have a visual impairment, please check each box that describes your disability.
 Totally blind Light perception
 Severely blurred/distorted vision Night blindness
 Mildly blurred/distorted vision Severe glare sensitivity
 Central visual field loss Tunnel vision
 Half-field loss Loss of depth perception
 Other _____
- c. How does your disability prevent you from using a regular lift-equipped bus? _____

- d. Is your disability (check one) permanent temporary until?
 episodic (please describe) _____

- e. Do you have other health problems that RVTD needs to be aware of: shortness of breath, seizures, dizziness, muscle weakness, fatigue, lack of coordination, etc. _____

3. In city blocks:
a. How far can you walk? _____
b. If you use a wheelchair or scooter, how far can you travel in blocks?

4. Is your ability to walk or travel using a mobility device affected by weather?
 No Yes explain: _____
5. Is your ability to walk or travel using a mobility device affected by terrain?
 No Yes, explain: _____

CERTIFICATIONS

A. APPLICANT

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services that I request will be disclosed to those who perform those services.

Applicant Signature: _____ Date: _____

B. **PERSON COMPLETING FORM IF OTHER THAN APPLICANT** (please check one):

- I certify that the information provided in this application is true and correct, based on information given me by the applicant.

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

Exceptions or additions:

Signature _____	Date _____
Name _____	Daytime Phone _____
Address _____	
City _____	State _____ Zip _____
Relationship to Applicant _____	

PROFESSIONAL VERIFICATION

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law, which bans discrimination against people with disabilities. To meet their needs, public transportation entities must provide a variety of services. *Based on functional ability*, the applicant may be found eligible for Para transit services for all trips he or she requests, some trip requests but not for others, or ineligible because he or she is capable of using fixed-route bus service. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

This page MUST be completed by one of the following currently licensed professionals ONLY, and must be someone other than the person completing Section B of Page 5 (please check one).

- Vocational Rehabilitation Counselor
- Special Education Teacher
- Physician
- Respiratory Therapist
- Registered Nurse
- Travel Trainer
- Orientation/Mobility Instructor for the Visually Impaired
- Psychiatrist
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Nurse Practitioner
- Social Worker

➔ Diagnosis (es) _____

➔ Functional Limitation _____

➔ Is this condition temporary? Yes, for _____ weeks/months No
Exceptions/Additional _____

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

➔ Signature _____ Date _____
Print Name _____ Phone _____
Clinic/Agency _____
Address _____
Fax Number _____