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503-861-RIDE (7433)
1-866-811-1001

Sunset Empire Transportation District ADA Paratransit Application

Please fill out the application so we can determine if you are eligible for ADA Paratransit Service. If you need assistance in filling out this application or need an alternative format please contact the Mobility Department at 503-861-5372.

Part 1. Personal Information: **Date:** _____

Name _____

Address _____

Date of Birth _____

Home Phone _____ Secondary Phone _____

Emergency Contact _____ Phone Number _____

Part 2. Mobility Status and Needs: Please Circle your answer

Which of these Mobility aids will you be using during transport?

Manual Wheelchair Motorized Wheelchair Scooter Walker Cane

White Cane Portable Oxygen Service Animal Communication aid

PCA (Personal Care Attendant) Other: _____

Part 3. Applicants Abilities and Needs:

A. What is your Disability or Health Condition?

B. What is your need for ADA Paratransit Services? Please circle.

Permanent (Life-long) Temporary (how long) _____

C. In the last 12 months what SETD Services have you used?

Fixed Route Bus Service Dial-A-Ride Services Northwest Ride Center
(Medical Rides)

D. Have you participated in travel training with any transit system including SETD?

Yes No

E. Indicate your ability to do each of the following without assistance:

I can get to the nearest bus stop without assistance

- Yes
- No
- Sometimes

I can wait at a bus stop for up to 15 minutes

- Yes
- No
- Sometimes

I can maintain my balance while standing

- Yes
- No
- Sometimes

I can get on and off the bus using the steps

- Yes
- No
- Sometimes

I can communicate to the driver by myself or with the help of an aid what what my needs are

- Yes
- No
- Sometimes

I can travel _____ city blocks on my best day.

I can travel _____ city blocks on my worst day.

4. Professional Contact Health Care Provider:

My name is _____ and I am a Health Care Provider licensed under the laws of the State of Oregon or Washington. I have examined the person identified in this application and it is my opinion that he or she is within the meaning of the disability definition which follows:

“A person must have impairment due to illness, injury, congenital malfunction or other incapacity or disability that substantially limits one or more of that persons major life activity”. “Permanent impairment means an impairment which has lasted or is expected to last at least 12 months”.

The following statement describes the medical condition that “substantially limits one or more major life activities of my patient. Transportation is identified as a major life function. Describe how your patient’s disability affects their ability to access and utilize public transit.

Signature of Health Care Provider _____

Contact information _____

5. Applicants Certification:

I certify that the information in this application is true and correct. I understand that all information in this application will be kept confidential and disclosed only as needed in order to provide ADA Paratransit Services. I understand that SETD reserves the right to perform a phone or in person assessment in order to determine my eligibility for ADA Paratransit. If SETD requires an in person assessment transportation will be provided to me for that assessment. If someone other than you has assisted with filling out this application please provide the following information.

Name_____

Relationship to Applicant_____

Contact information_____

This application can be mailed to:

Sunset Empire Transportation District
Attention: Paratransit Eligibility
P.O Box 68 Warrenton, Oregon 97146

Or you can fax the completed application to 503-861-1606.

For questions or assistance in filling out this application contact SETD's Mobility Manager at 503-861-5372.