



**Dial-A-Ride Paratransit
Eligibility Application
Revised 04/2026**

Thank you for your interest in Yakima Transit's Dial-A-Ride paratransit service. Paratransit service is not a taxi service. It is a door-to-door, shared-ride, public transportation service for people who have a disability or diagnosis that affects their ability to use the fixed route bus system. To determine eligibility, please explain how your disability or diagnosis affects your ability to use the fixed route bus system. You may qualify for temporary, conditional or full service.

To apply:

- Fill out **PART 1 in its entirety** with the exception of questions identified as "optional". Add extra pages if necessary.
- Read **PART 2** completely. A signature is **REQUIRED** before an application can be processed. The applicant, parents of minors, legal guardians and/or power of attorney must sign the application.
- Professional Verification is **PART 3**. This section must be **completed and signed by a licensed medical or mental health professional**. (See list of approved professionals at top of page 8.)
- Return the completed application to the address on the form. (See the bottom of page 9.)
- Yakima Transit may need specific information about the effects of your disability. You may be asked to provide additional information and/or participate in a physical or cognitive functional assessment.

Your application will not be considered complete until all requested information has been provided to Yakima Transit.

Yakima Transit will process your application and notify you within 21 calendar days of receipt of your completed application. If the application is not processed within 21 days, presumptive eligibility is granted on the 22nd day until and unless the application is denied in writing. If the application is denied, you may appeal the decision. The Eligibility Appeal Process is on the YakimaTransit.org website.

Upon request, alternative formats of this information will be produced for people with disabilities. If you have any questions or need assistance in completing this application, please call (509) 575-6054 or dial 711.



DIAL-A-RIDE PARATRANSIT APPLICATION

Revised 04/2026

<p><u>For Office Use Only</u> New Recertification</p> <p>ID # _____</p>

Please print clearly

Applicant's Name (Last, First, Middle Initial) _____

Pick-Up Address _____ Apt./Sp. # _____

City _____ State _____ Zip _____

Mailing Address _____ Apt./Sp. # _____
(If different from pick-up address)

City _____ State _____ Zip _____

Phone Number _____

<p>This box is optional but the information provided is used for identification purposes.</p> <p>Optional: Date of Birth (month/day/year) ____/____/____</p> <p>Male _____ Female _____</p>
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Language Ability: Do you speak and understand English?

Yes No - If no, specify spoken language: _____

Emergency Contact _____

Relationship _____ Phone _____

The following will be used to determine eligibility. Please note, disability alone does not determine Paratransit eligibility; the decision is based on the applicant's functional ability to use the fixed route bus and is not a medical decision.

It is important that all parts of this application are completed. An incomplete application will be returned to you and will result in a delay.

Part 1 Please complete all questions thoroughly.

1. Can you ride the fixed route bus without someone's help?

Yes

No

Sometimes

2. What health condition(s) would prevent you from riding the fixed route bus?
(physical, cognitive, mental health disability, or other)

3. Explain how your disability prevents you from doing any of the following:

a. Getting on or off a ramp-equipped fixed route bus.

b. Getting to or from a bus stop.

c. Successfully completing a bus trip.

Be as clear and specific as possible. Use an extra page if needed.

4. Is your need for Paratransit service **long term** (can be up to 3 years) or **temporary**?

Long term

Temporary - How long? _____

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

No

Yes - How? _____

6. Do **weather conditions** (such as heat, cold, rain, snow, or ice) prevent you from using a fixed route bus without someone else's help?

No

Yes - Which conditions? _____

How? _____

7. Do **terrain conditions** (such as hills, uneven surfaces, or curbs) prevent you from using the fixed route bus without someone's help?

No Yes - Which conditions? _____

How? _____

8. How far is your residence from the nearest bus stop?
(**For bus stop information, call 509 575-6175.**)

Number of blocks _____ Less than a block

9. Could you ride the **fixed route bus** if there was a bus stop near your home?

Yes, always Yes, sometimes No

Please explain: _____

10. How many steps can you go up or down without someone's help?

none 1 step 2 or more steps

11. Please answer the following questions:

a. Can you stand for 10 minutes while you wait for your ride?

Yes No Sometimes

b. Can you sit for 10 minutes while you wait for your ride?

Yes No Sometimes

c. Can you ask for directions, understand directions, and follow directions?

Yes No Sometimes

d. Can you cope with unexpected problems or changes in your routine?

Yes No Sometimes

e. Can you recognize landmarks (i.e. bank, grocery store)?

Yes No Sometimes

f. Can you tell time?

Yes No Sometimes

g. Can you cross a busy street at a crosswalk without someone's help?

Yes No Sometimes

h. Can you use a telephone to make and receive calls?

Yes No Sometimes

i. Can you see well enough to navigate to a bus stop?

Yes No Sometimes

Always Daylight only - Please explain: _____

j. Do you use a service animal to assist you? (Please note, comfort or emotional support animals are not allowed on Paratransit service.)

Yes No Sometimes

If yes, what type of animal? _____

k. Do you travel with portable oxygen?

Yes No Sometimes

l. If you are determined to be eligible for Paratransit service, will you need to bring a helper (Personal Care Attendant - PCA) with you?

Yes No Sometimes

If you checked "sometimes", please explain (use additional sheet if necessary.)

Which of the following mobility aids or equipment do you use when you travel outside your home? Check **all** that apply and indicate the **percentage of time** you use the aid (example: support cane for 90%, no aids for 10% = 100%).

- | | | | |
|---------------------------------------|---------|---|---------|
| <input type="checkbox"/> No aids | _____ % | <input type="checkbox"/> Motorized wheelchair | _____ % |
| <input type="checkbox"/> White cane | _____ % | <input type="checkbox"/> Motorized scooter | _____ % |
| <input type="checkbox"/> Support cane | _____ % | <input type="checkbox"/> Manual wheelchair | _____ % |
| <input type="checkbox"/> Crutches | _____ % | <input type="checkbox"/> Other (please specify) | _____ % |
| <input type="checkbox"/> Walker | _____ % | | |

If you checked more than one box, explain when/how you use the aids:

12. How many city blocks can you independently travel with or without a mobility aid?
Number of blocks _____ Less than a block Not able to travel any distance

13. Do you use a **wheelchair** or **motorized scooter**?

Yes No

14. If you use a **manual wheelchair**, are you able to self-propel?

Yes How far? _____ # blocks _____ Less than 1 block

No Please explain: _____

15. Does the distance you can travel in a **manual wheelchair** change because of health conditions?

Yes No If yes, please explain: _____

16. If you use a **motorized scooter**, how far are you able to travel outside on your own?

_____ # blocks _____ Less than 1 block _____ Not able to travel any distance

If 1 block or less, please explain: _____

17. To help determine eligibility, is there any additional information regarding your condition or travel restrictions that has not been addressed? (use an additional sheet if necessary)

18. Do you currently use or have ever used a Yakima Transit fixed route bus?

Yes No

If yes, how recent? _____

19. If you haven't used a fixed route bus, why? (**Check all that apply**):

- I don't know how to use the fixed route bus system.
- I have difficulty getting on or off a ramp-equipped bus.
- I have difficulty riding specific bus routes.
- I have difficulty traveling to and from the bus stops.
- I have difficulty recognizing bus stops.

Please explain **any** checked: _____

20. Would you be interested in having someone contact you to learn about travel training? Travel training will assist in learning how to find your closest bus stop, how to read a bus schedule, and how to use the fixed route bus system to get to your destinations. Travel training is a free service and voluntary.

- Yes No If no, please explain: _____
-
-
-

21. Can you find your way to and from the fixed route bus stop without someone's help? Yes No (If No, **Check all that apply**)

- I get confused.
 - I can't remember where I'm going.
 - I need help to make sure I get to the stop.
 - I need help to transfer to a different bus stop.
 - Other: _____
-

Representative:

If a person other than the applicant filled out this application, complete the following (**please print**):

Name _____ Daytime Phone # _____

Relationship to Applicant _____ Agency _____

Signature _____ Date _____

Part 2: Paratransit Service Applicant Agreement & Authorization for Release of Information

By signing below, you authorize the release of verification information and any other information to Yakima Transit or its representatives needed to evaluate your eligibility to receive Paratransit service.

Please be advised that Yakima Transit will use your statements to determine your eligibility for Paratransit service as provided by law. The statements contained herein are material to Yakima Transit’s determination and Yakima Transit may act in reliance thereon.

Providing false information is punishable by fine or imprisonment (RCW 9A-72.085 and RCW 40.16.030).

Yakima Transit may share your eligibility determination with other transportation providers, on request, to facilitate travel in Yakima and other transit districts.

Documents used by Yakima Transit regarding your Paratransit eligibility, with the exception of information provided by your medical professional, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. Yakima Transit will attempt to notify you should there be a public records request for your eligibility documents.

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.

SIGNATURE: _____ **DATE:** _____

Applicant Designated Power of Attorney Legal Guardian

Printed name: _____ Contact number _____

I hereby certify under the penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct.

A licensed medical or mental health professional who is familiar with you and your disability must complete the remaining questions of pages 8 & 9 of this application.

Applicants Name (Last, First, Middle Initial) _____

Part 3: Licensed Medical or Mental Health Professional Verification

For the purpose of this application, licensed medical or mental health professionals are limited to:

Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Medical Doctor (MD / DO) | <input type="checkbox"/> Optometrist or Ophthalmologist |
| <input type="checkbox"/> Psychologist (PhD) | <input type="checkbox"/> Physician Assistant or ARNP |
| <input type="checkbox"/> Mental Health Professional or Social Worker | <input type="checkbox"/> Physical or Occupational Therapist |
| <input type="checkbox"/> Licensed Practical or Registered Nurse (LPN / RN) | <input type="checkbox"/> Certified Orientation & Mobility Specialist |

INSTRUCTIONS: If the Applicant is your current patient or client, please answer the following questions. All health care information will be kept confidential.

Please note that Paratransit is a costly, tax-supported service. We need your assistance to assure that eligibility is limited to people who, because of the effects of their disabilities, are not able to ride the substantially less expensive fixed route bus. Age, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for Paratransit service. Please call (509) 575-6054 if you have any questions.

In completing the required information, please list only the disability/diagnosis that would prevent the Applicant from independently getting to or from or successfully utilizing the fixed route bus system. Please define the degree of impairment and how it affects the Applicant's ability to use the fixed route bus system.

DIAGNOSIS/DISABILITY (That affects applicant's ability to use a fixed route bus)	DEGREE OF IMPAIRMENT (Check one)	DATE OF ONSET (If known)
_____	mild moderate severe _____	_____
_____	mild moderate severe _____	_____
_____	mild moderate severe _____	_____
_____	mild moderate severe _____	_____
_____	mild moderate severe _____	_____
_____	mild moderate severe _____	_____

Is the Applicant's need for Dial-A-Ride service temporary? No Yes - until _____

Are any of these conditions episodic or variable in their severity? No Yes - provide details below:

Please provide any additional information that you deem relevant as to **why the Applicant cannot use fixed bus route services: Age, convenience/benefit of the service, fear of falling and inability to drive are not qualifying factors for Paratransit service.**

Please review the information contained in **Part 1**, as provided by the Applicant or Applicant's Representative. Based on your knowledge of the Applicant's condition, is the information provided accurate?

Yes No Somewhat

If you checked No or Somewhat, please explain: _____

I HEREBY CERTIFY under penalty of perjury under the laws of the State of Washington that the information provided on the Professional Verification portion of this application is true and correct.

Licensed Professional's Signature WA Medical License # Date

Printed Name _____

Organization _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Would you like additional information regarding Paratransit Services and eligibility criteria?

Yes No

Thank you for your assistance in completing this form. Yakima Transit, in accordance with the Americans with Disabilities Act of 1990, will use the information provided to determine the applicant's eligibility for Paratransit Services.

Return application to: Yakima Transit Paratransit
 2301 Fruitvale Blvd.
 Yakima, WA 98902
Phone: (509) 575-6054 Fax: (509) 576-6414

----- Please Fold in Half -----

Return Address:

1st Class
Postage
Required

**Yakima Transit - Paratransit
2301 Fruitvale Blvd.
Yakima, WA 98902**