Park County Windrider Transit

ADA Complementary Paratransit Service
Dial-A-Ride Application & Instructions

Park County Public Transportation Provider
Park County Transit Office
414 East Callender Street
Livingston, MT  59047

September 2017
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Paratransit Dial-A-Ride Application Instructions

What is Paratransit Dial-A-Ride?

In compliance with the Americans with Disabilities Act (ADA), Windrider Transit provides complimentary paratransit service – also known as Dial-A-Ride (DAR) – to passengers who are typically unable to use the regular fixed-route city bus service without assistance due to a disability or other condition. DAR is a shared ride, appointment-based service that picks up eligible passengers where they are and delivers them to their desired destination within ¾ of a mile from the City of Livingston fixed-route bus service limits. DAR operates the same house and days as the fixed-route bus service. All vehicles are ADA compliant with lift-equipped.

There are no fees for trips. Personal care attendants may accompany passengers at no charge. Service animals*** are welcome.

How Do I Apply?

Complete the attached application form. Please fill out and sign Section 1, then have a health care or social service professional complete Section 2. You, or they, may return the forms to the Windrider Transit office via email or mail.

Examples of professionals who may complete Section 2 include physicians, physician assistants, nurses or nurse practitioners, chiropractors, physical/occupational/speech therapists, social workers, social service agency caseworkers or case managers, mental health professionals, vocational rehabilitation specialists and independent living specialists.

Once your application is received, it will be processed within 15 working days. If approved, you will receive an i.d card in the mail along with a Passenger Guide that explains how to use the service. If your application is denied, you will receive a letter providing the reason for the denial and instructions on how to appeal the determination. Alternative formats for correspondence and materials are available on request.

***Service animals are always welcome. The passenger must have the service animal fully under control at all times so as not to disrupt other passengers, driver or the schedule. Drivers will not assume any responsibility for service animals. If you schedule your ride, please let the dispatcher know if you will have a service animal with you. Windrider Transit does not allow pets or comfort animals on vehicles. An Emotional Support Animal (ESA) is an animal that, by its very presence, mitigates the emotional or psychological symptoms associated with a handler's condition or disorder. The animal does NOT need to be trained to perform a disability-specific task. The only legal protections an ESA has are 1) to fly with their emotionally or psychologically disabled handler in the cabin of an aircraft and 2) to qualify for no-pet housing. No other public or private entity (motels, restaurants, stores, transit, etc.) is required to allow your ESA to accompany you and in all other instances, your ESA has no more rights than a pet.
SECTION 1: To be completed by the applicant

Name of Applicant: ____________________________________________________________

Address: ____________________________________________________________________

Phone Number: __________________________________________________________________

Email Address: __________________________________________________________________

Date of Birth: __________________________________________________________________

Emergency Contact (name and number): ____________________________________________

Relationship to Applicant: _______________________________________________________

To help us serve you better, please check all that apply:

☐ I use a wheelchair or scooter
☐ I use a cane or walker
☐ I use portable oxygen
☐ I have a vision impairment
☐ I have a hearing impairment
☐ I use sign language or other alternative means of communication
☐ I may travel with a personal care attendant or someone to assist me
☐ I may travel with a service animal
☐ Other _________________________________________________________________

Signature: ____________________________ Date: ______________________

My signature authorizes a health care or social service professional below to release information to Park County Windrider Transit concerning limitations I may have in using regular, fixed-route transit services and to submit this form to the Windrider Transit office.

Name of Professional: _______________________________________________________

Questions: transit@parkcounty.org or 922-5683
SECTION 2: To be completed by designated professional

The information provided below will be used by Eagle Transit to determine the applicant’s eligibility for paratransit service, also known as Dial-A-Ride. Dial-A-Ride is an appointment-based, shared ride service where an accessible vehicle picks passengers up from their home or other origin and takes them where they want to go within a defined service area. Eligibility is based on the presence of a disability or other condition that functionally limits the applicant’s ability to use regular, fixed route transit service (predetermined stops on a set schedule). Please note: age, inability to drive or use of a mobility device do not automatically confer eligibility.

1. Does the applicant have a physical, mental, sensory or cognitive disability or other condition that reasonably limits his or her ability to use regular, fixed route public transit services?
   □ Yes
   □ No

2. The applicant cannot reasonably be expected to do the following without assistance to reach a bus stop, wait at a bus stop or ride the bus (please check all that apply)
   □ Travel 3 blocks
   □ Cross a multi-lane intersection
   □ Navigate obstacles such as uneven or steep terrain, lack of or damaged sidewalks, lack of curb cuts
   □ Travel in adverse weather conditions such as snow, ice, or extreme heat/cold
   □ Stand for fifteen minutes at a stop
   □ Stand on the bus if no seat is available
   □ Travel in unfamiliar locations
   □ Transfer from one bus to another

3. The applicant cannot reasonably be expected to do the following without assistance to plan trips and use the service safely (please check all that apply)
   □ Understand how to use a bus schedule
□ Understand how to identify and travel to a bus stop
□ Understand when and how to get on and off the bus
□ Understand what to do or where to go upon reaching a destination

4. The applicant’s disability or other condition that prevents him or her from typically using fixed route service is (check one)

□ Permanent
□ Temporary

If temporary, how long do you expect the applicant to need Dial-A-Ride service?

________________________________________________________________________

5. Is there anything else about the applicant’s condition not addressed above that should be considered in determining his or her eligibility?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Printed Name:

Title/Relationship to Applicant:

Address:

Phone Number:

Signature: Date:

Please return the completed form to:

Email: transit@parkcounty.org
Mail: Park County Windrider Transit
      414 East Callender Street
      Livingston, MT  59047

Questions: transit@parkcounty.org or 922-5683