

KETCHUM/SUN VALLEY TRANSIT AUTHORITY
REQUEST FOR CERTIFICATION OF
ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be used only by Ketchum/Sun Valley Transit Authority (KART) and will not be provided to any other person or agency.

1. Name _____

2. Address _____

State _____ Zip _____

3. Telephone Number (home) _____ (Work) _____

4. Date of Birth _____

5. What is the disability which prevents you from using our fixed route service?

Is this condition temporary? _____ If yes, expected duration until _____

6. How does this disability prevent you from using our fixed route service?

7. Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that the Ketchum/Sun Valley Transit Authority (KART) can make an accurate analysis of your trip requests.

8. Do you use any of the following aids to mobility? (Check all that apply)

Manual wheelchair _____ Electric wheelchair _____ Powered
Scooter _____ Cane _____ Crutches _____ Personal care
Attendant _____ Guide dog _____

9. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

Yes ___ No ___ Sometimes _____

Can you travel 1/4 mile without the assistance of another person?

Yes ___ No ___ Sometimes _____

Can you climb three 12-inch steps without assistance?

Yes ___ No ___ Sometimes _____

10. I hereby certify that the information given above is correct.

Signed _____ Date _____

11. If someone has completed this application other than the person requesting certification, that person must complete the following:

Name _____

Address _____

_____ State _____ Zip _____

Daytime Phone _____

Signed _____ Date _____

Request for Professional Verification

In order to allow Ketchum/Sun Valley Transit (KART) to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following physician _____ Health Care professional _____

Rehabilitation professional _____ (check one) is familiar with

my disability and is authorized to provide information to KART

required to complete this certification.

Name _____

Address _____

State _____ Zip _____

Phone Number _____

Print Name _____

Date of Birth _____

Signed _____ Date _____

Request for Professional Verification

Dear _____:

The attached authorization form has been submitted by _____, who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that KART provide para-transit services to persons who cannot utilize available fixed route services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter.

Capacity in which you know the applicant: _____

Medical diagnosis of condition causing disability: _____

Is the condition temporary? No ___ Yes ___

Expected duration until _____

If the person has a disability effecting mobility:

Is the person:

Able to walk 200 feet without assistance? Yes ___ No ___
Sometimes _____

Able to walk 1/4 mile without assistance? Yes ___ No ___
Sometimes _____

Able to climb three 12-inch steps without assistance?
Yes ___ No ___ Sometimes _____

Able to wait outside without support for 10 minutes?
Yes ___ No ___ Sometimes _____

Does this person use any mobility aids? If so, what?

If the person has a visual impairment:

Visual acuity:

right eye left eye

Visual field

Right Horizontal Vertical

Left Horizontal Vertical

If the person has a cognitive disability:

Is the person able to:

Give addresses and telephone numbers upon request?

Yes ___ No ___

Recognize a destination or landmark"

Yes ___ No ___

Deal with unexpected situations or unexpected change in routine?

Yes ___ No ___

Ask for, understand and follow directions?

Yes ___ No ___

Safely and effectively travel through crowded and/or complex facilities?

Yes ___ No ___

If there any other effect of the disability of which KART should be aware? Please describe.

Your Name: _____

Office Address: _____

Office Phone Number: _____

Signature: _____

Here is a brief description of our American's With Disabilities Act (ADA) Para-transit Service.

The van is available free of charge to qualified persons with either temporary or permanent disabilities, which prohibit them from using the fixed route bus service. The curb to curb service is available on a reservation basis every day of the week for the same hours that the fixed route service operates. The service operates within the city limits of Ketchum, and Sun Valley, and within 3/4 miles of any point on the fixed route. Ride request must be made the day before by, calling the KART office (726-7576) during Business hours Monday through Friday, leaving a request on KART'S answer machine (726-7140), faxing a request to KART at 726-7140, or person's with TDD access can call 726-8271 to schedule a ride.

This service is curb to curb. If an assistant is required to get the individual in an out of the house or van, then the individual being pick-up must supply this assistant. The assistant or assistants will be allowed to ride with the person at no charge. Addition space for riders accompanying the individual will be on a space available basis at no charge. For individuals in wheelchairs, the KART driver will perform the loading, securement, and unloading of the person using the lift. Anyone riding in the van will be required to wear a seat belt.

For more information, to request certification, or inquire about the Ketchum / Sun Valley Transit's ADA Para-transit Service you can call the KART Office during business hours, leave a message on the answer machine, fax us your questions, or write us at the address at the bottom of this page. The KART manager is also available for home visit to discuss the different alternatives. Please feel free to contact me, to set up and appointment, or to schedule a ride.