



## Paratransit Dial-A-Ride Application Instructions

### What is Paratransit Dial-A-Ride?

In compliance with the Americans with Disabilities Act, Eagle Transit provides complementary paratransit service, also known as Dial-A-Ride, to passengers who are unable typically to use the regular fixed-route city bus service without assistance due to a disability or other condition. Dial-A-Ride is a shared ride, appointment-based service that picks eligible passengers up where they are and takes them where they want to go within a service area  $\frac{3}{4}$  of a mile from city bus routes in Kalispell, Whitefish and Columbia Falls. It operates the same days and hours as the city buses. All vehicles are ADA compliant and lift-equipped.

The fare is \$1 per one-way trip. Personal care attendants may accompany passengers at no charge. Service animals are welcome.

For those who are eligible for Dial-A-Ride service but want to travel from origins or to destinations outside the  $\frac{3}{4}$  of a mile service area, Eagle Transit offers a separate service called Country Dial-A-Ride that runs on a more limited basis for a premium fare based on miles traveled.

### 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 and sign Section 2. You or they may return it to the Eagle Transit office via fax, 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.

**Important:** You don't have to live in the Dial-A-Ride service area ( $\frac{3}{4}$  of a mile from city bus routes) to be eligible for paratransit service. However, if you don't live in the service area and you want to travel to and from your home, you will only be able to do so using the more limited, premium fare Country Dial-A-Ride service. **Please call the Eagle Transit Dispatch office at 758-5728 to confirm if your home address is within the Dial-A-Ride service area.**



## Dial-A-Ride Paratransit Application/Renewal

### SECTION 1: To be completed by the applicant

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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 the health care or social service professional below to release information to Flathead County Eagle Transit concerning limitations I may have in using regular, fixed route transit services and to submit this form to the Eagle Transit office.

Name of professional: \_\_\_\_\_

## 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
    - TemporaryIf temporary, how long do you expect the applicant to need Dial-A-Ride service?
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5. Is there anything else about the applicant's condition not addressed above that should be considered in determining his or her eligibility?

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Printed Name:

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Title/Relationship to Applicant:

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Address:

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Phone Number:

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Signature:

Date:

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***Please return the completed form to:***

**Fax:**

758-5734

**Email:**

[kstone@flathead.mt.gov](mailto:kstone@flathead.mt.gov)

**Mail:**

Eagle Transit

c/o Flathead County Agency on Aging

40 11<sup>th</sup> Street West

Kalispell, MT 59901