MOUNTAIN RIDES TRANSPORTATION AUTHORITY

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be used only by Mountain Rides Transportation Authority and will not be provided to any other person or agency.

Applicant's Name _____

Address _____

City _____State _____Zip _____

Telephone Number (home) _____ (Work) _____ (cell) _____

Date of Birth _____

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

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

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

a. 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 Mountain Rides can make an accurate analysis of your trip requests.

b. 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 _____

Please answer the following questions:

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

Can you travel 1/4 mile without the assistance of another person? Yes _____ No _____

Can you climb three 12-inch steps without assistance? Yes _____ No _____

I hereby certify that the information given above is correct.

Applicant signature: _____

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

Name _____ Date _____

Address _____ Phone _____

City_____ State _____ Zip _____

Request for Professional Verification

In order to allow Mountain Rides Transportation Authority 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: (check one)

Physician _____

Health Care professional _____

Rehabilitation professional _____

is familiar with
my disability and is authorized to provide information to Mountain Rides required to complete this certification.

Physician or Professional's Name _____

Office Address _____

City _____State _____ Zip _____

Office Phone Number _____

Signed _____ Date _____

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 Mountain Rides 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 ___

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 is any other effect of the disability which Mountain Rides should be aware? Please describe.

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. A Ride request must be made the day before by calling the Mountain Rides office at 788-7433 or by faxing a request to Mountain Rides at 1-866-554-1103 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 and out of the house or van, then the individual being picked-up must supply this assistant. The assistant or assistants will be allowed to ride with the person at no charge. Addition al space for riders accompanying the individual will be on a space available basis at no charge. For individuals in wheelchairs, the Mountain Rides 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 Mountain Rides ADA Para-transit Service, please contact:

Mountain Rides
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