



# 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 \_\_\_\_\_ Walker \_\_\_\_\_

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: \_\_\_\_\_

## 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.

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 \_\_\_\_\_

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.
- 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. Additional 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.
- To appeal a denial of service, please contact Wally Morgus, Executive Director, at 208-788-7433 or [info@mountainrides.org](mailto:info@mountainrides.org)

For more information, to request certification, or inquire about the Mountain Rides ADA Para-transit Service, please contact:

**Mountain Rides**  
**PO Box 3091**  
**800 1<sup>st</sup> Ave N**  
**Ketchum, ID 83340**  
**208-788-7433 x103**  
**Fax: 866-554-1103**  
[www.mountainrides.org](http://www.mountainrides.org)

**Updated: March 2024**