

### SMART ADA and 60+ Dial-A-Ride Application

It is important to complete all parts of this form.  
Evaluation forms that are not fully completed or legibly written will be returned.

**Please allow up to 21 days for evaluation.**

**Both Parts 1 and 2 must be received for ADA service needs evaluation.**

*(If you are applying for Non-ADA Dial-A-Ride service, only complete Part 1)*

#### Part 1. – General information *(to be completed by applicant).*

Name: \_\_\_\_\_  
First
Middle Initial
Last

Physical Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Name of facility or apartment building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Would you like to be notified when your driver is on their way? (Please **X** the applicable box)

No	Yes- Call	Yes- Text

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  F  M  X

Date of Birth: \_\_\_\_\_ Preferred language? \_\_\_\_\_

Contact Person(s): *(You may list additional emergency contacts on an additional sheet.)*

Emergency Contact Person: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Emergency phone number(s) *(list below)*:

Primary Phone: \_\_\_\_\_ Is this a cell phone?  Yes  No

Secondary Phone: \_\_\_\_\_ Is this a cell phone?  Yes  No

SMART use only:  ADA Application  ADA-limited duration Application  60+ Application

**Please answer the following questions as complete and accurately as possible. Your answers will help us determine your ability to use various types of public transit.**

**SMART Fixed-Route buses: Operate on a predetermined route according to a predetermined schedule.**

**SMART Dial-A-Ride buses: Is our paratransit and demand response door-to-door service.**

1. Are you currently approved to ride with other transit agencies' complementary paratransit service? Yes No If yes, which transit agency? \_\_\_\_\_

2. Are you able to ride SMART Fixed-Route buses?  
Yes No Sometimes I do not know

3. What limitation(s) make it difficult or prevent you from using SMART Fixed-Route buses?

---

---

---

4. If the limitation(s) you described are temporary, how long do you expect these to continue?

---

---

---

5. Does your limitation(s) change from day to day in a way that affects your ability to use SMART Fixed-Route buses?

Yes No Sometimes I do not know

6. If yes or I do not know is selected, explain why: \_\_\_\_\_

---

---

7. How do you currently travel to your most frequent destinations? (Check all that apply.)

SMART Fixed-Route buses Drive myself Someone drives me  
SMART Dial-A-Ride Taxi NEMT Other: \_\_\_\_\_

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

Cane Power scooter Power wheelchair Service animal  
Crutches White cane Manual wheelchair Respirator  
Walker Portable oxygen Extended footrests Alphabet Board  
Picture Board Prosthetic Device Other: \_\_\_\_\_

9. Are you proficient in using these mobility aids or equipment? Yes No N/A

10. Does a Personal Care Attendant (PCA) accompany you when you travel outside your home (Example: push your wheelchair, carry your oxygen, etc.)? Yes No Sometimes

11. Please indicate by marking yes, no, or not applicable/not sure regarding "limitations" that may make it difficult or prevent you from using SMART Fixed-Route buses:

<u>Travel skills and abilities:</u>	YES	NO	N/A Unsure
Is your walking speed "normal"; not unusually fast or slow?			
Are you able to independently walk or wheel one-quarter mile? <i>If not, how far can you walk/wheel? _____</i>			
Do you have the endurance to safely and independently complete a bus trip?			
Are you stable standing and walking?			
Can you independently climb three 12-inch steps?			
Are you able to step up and down curbs?			
Are you able to walk or wheel up and down curb cuts?			
Can you wait independently outside for 15 minutes?			
Are you able to wait at a bus stop without a bench?			
Can you travel up or down moderately steep terrain?			
Are you able to travel on uneven or broken surfaces?			
Are you independently able to grasp handles and railing while boarding and exiting a bus?			
Can you transfer from your wheelchair or mobility device to a seat in a vehicle?			
Are you able to detect or feel changes on surfaces?			
Are you able to <b>hear</b> well enough to safely travel?			
Are you able to <b>see</b> well enough to safely travel?			
Is your <b>short-term</b> memory adequate for safe, independent travel?			
Is your <b>long-term</b> memory adequate for safe, independent travel?			
Are you able to travel safely and independently on a SMART Fixed-Route bus?			
Are you able to maintain appropriate behavior in public?			
Are you able to ask for, understand, and follow directions?			
Are you able to recognize destinations or landmarks?			

*(Continued on next page)*

<u><b>(Continued)Travel skills and abilities:</b></u>	YES	NO	N/A Unsure
Are you able to recognize and respond to dangerous situations?			
Are you able to deal with unexpected situations or changes independently, without assistance?			
Are you able to seek, understand, and act on directions needed to complete a trip?			
Are you able to provide or say a street address and telephone number upon request?			
Are you able to safely and effectively travel through crowded or complex facilities?			
Are you able to cross streets with various widths and with various controls safely?			
Are you able to find and remember transit system information?			
Are you able to walk or wheel the distance from your residence to the nearest bus stop?			
Are you able to locate and recognize the correct bus to take?			
Are you able to get on and off a bus independently when the bus is lowered to a curb and/or use a ramp?			
Are you able to get to a seat or wheelchair securement area on a SMART Fixed-Route bus?			
Are you able to find your way in familiar and unfamiliar settings?			
Are you able to manage unexpected situations?			
Are you able to travel alone outside your home?			
Are you able to read, tell time, and follow a schedule, or instructions allowing for safe and independent travel?			
Are you unable to adequately manage snow, ice, rain, heat, humidity, cold, bright light, low light, and/or noise? <i><b>(Circle those that you are unable to manage.)</b></i>			
Have you ever had travel training or instruction on how to use SMART Fixed-Route bus service?			
Would you like to receive travel training for SMART Fixed-Route bus service?			

**Please read the following and sign the application.**

**For the applicant:** Applications must be signed. Unsigned applications will be returned. I understand that the purpose of this application is to determine whether I am eligible to use SMART Dial-a-Ride services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for Dial-a-Ride paratransit, and to provide Dial-a-Ride services if I am determined to be eligible, unless I give other specific authorization. I understand that it may be necessary for me to participate in an in-person evaluation at SMART's expense, to determine my eligibility for Dial-a-Ride services. I understand that SMART may review my current ADA Dial-a-Ride eligibility status at any time whatsoever where circumstances may warrant that I am no longer eligible to receive ADA Dial-a-Ride transportation service.

**If a legal representative signs this application:** I acknowledge that I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If someone other than the applicant assisted in completing this application, that person must complete and sign the following:**

**Relationship to Applicant:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Organization or Agency Affiliation:** \_\_\_\_\_  
**Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail To:**

**SMART  
ATTN: Transit Supervisor  
29799 SW Town Center Loop E.  
Wilsonville, OR 97070**

If you have any questions or need assistance in completing the application, please contact us at **(503) 682-7790.**

**Applications will be reviewed within 21 days once received.**