

Salem-Keizer Transit District CherryLift ADA Paratransit Service Evaluation

What is CherryLift and who is eligible?

CherryLift is the Americans with Disabilities Act (ADA) paratransit transportation service for the Salem-Keizer area. CherryLift is an origin to destination, shared ride public transportation service for individuals with disabilities who are unable to use Cherriots fixed route service due to significant functional limitations.

Age, inability to drive, or difficulty accessing the fixed-route, inconvenience, or the bus not traveling near your home or destination are conditions which are not taken into consideration in making an eligibility determination.

Some riders will require CherryLift for some or all of their transportation needs. The evaluation form will also help identify individuals who need travel training in order to use the fixed route bus system. In some cases riders may be eligible to use CherryLift for some trips on either a conditional or temporary basis. CherryLift ADA Paratransit riders can ride Cherriots buses for free by showing the bus operator a valid ADA eligibility card. ADA eligible visitors to the Salem-Keizer area may use the CherryLift service for 21 days in a 365 day period.

Introduction

The CherryLift Evaluation will be used to determine what Cherriots services best meet your needs. The following features of our fixed route system will allow many individuals with disabilities to use Cherriots fixed routes.

- Cherriots buses are equipped with lifts and a lower step function (kneeling)
- Announcement system that identifies major bus stops and transfers
- Cherriots buses provide a priority seating area for seniors and people with disabilities
- Bus stop improvements include curb ramps at intersections as well as benches and shelters at many locations

Instructions

If assistance is needed in completing the evaluation or the evaluation is needed in an alternate format, please call Cherriots office (503-588-2424) and ask for a Outreach Representative. The evaluation must be complete before we can proceed with the review process. Incomplete forms will be returned to the applicant. Be sure to sign the forms. It is important that all difficulties applicants may have using Cherriots fixed route service are noted so that appropriate

conditions and limitations of eligibility can be determined. Evaluations are available by mail, or can be downloaded from www.cherriots.org.

Evaluations may be mailed, faxed, or delivered to:

Salem-Keizer Transit District
ATTN: Outreach Representative
555 Court St NE Suite 5230
Salem OR 97301-3980
Fax: 503-584-4716

The Outreach Representative may review the evaluation and Medical Professional Verification with the applicant and ask additional questions to assess the individual's abilities to use services provided by Cherriots. A face-to-face interview may be required to determine eligibility. If an interview is deemed necessary, a CherryLift trip will be provided to the applicant free of charge. Some interviews may include boarding a bus and a short walk in the Transit Mall area.

Upon receiving a completed evaluation form, Cherriots has 21 days to inform the applicant of their eligibility status. Final decisions will be in writing and mailed to the applicant. Applicants can utilize CherryLift service after a complete application is received.

Appeal Process

If I'm not eligible can I appeal? You have 65 days after receiving notice to appeal your eligibility determination. A date and time for you to meet with the ADA Appeals Committee will be arranged. You will have an opportunity to meet face-to-face with the Appeals Committee and state your case. You may have someone accompany you. The ADA Eligibility Appeals Committee will review your appeal and notify you of their decision within thirty (30) days of the hearing.

Privacy Statement

The information obtained in the evaluation will only be used by Cherriots, CherryLift, TripLink and Federal Transit Administration for the provision of public transit services. The information will be kept confidential and will not be provided to any other persons or agencies.

Cherriots Transit System Information

Cherriots provides service to the urban growth boundary area of Salem and Keizer, Oregon. Connecting service is also available to Wilsonville and rural Marion and Polk Counties.

All fixed route service is provided using lift equipped buses that comply with the Americans with Disabilities Act (ADA). The fixed route buses also announce major bus stops and transfer points along each route. If you need assistance in planning trips on the fixed route, visit www.cherriots.org for detailed information or call Cherriots Customer Service at 503-588-BUSS (2877).

Cherriots Fixed Route Bus Fares:

	Cash	Day Pass	Monthly Pass	Cherri Card	Annual Pass
Adults (19-59)	\$1.25	\$2.50	\$35.00	\$12.50	\$420.00
Youths (6-18)	\$1.00	\$2.00	\$23.00	\$10.00	\$276.00
Seniors (60+), Disabled and Medicare card holders	\$.60	\$1.20	\$15.00	\$6.00	\$180.00
Eligible ADA CherryLift passengers and children 5 years & under ride Cherriots fixed route buses for F R E E					

CherryLift ADA Paratransit System Information

You may schedule more than one trip at a time and reserve a ride up to 14 days in advance and at a minimum the day before you expect to take the ride. Call TripLink, **503-315-5544**, any day of the week between 8:00 AM and 5:00 PM to reserve your ride for the next service day.

Be prepared to give your CherryLift ID Number, the time and place you need picked up, where you wish to go and the time you will need to return. If your trip is to the doctor and you're not sure when you will be through with your appointment, please estimate the time.

Riders must be able to get to and from the CherryLift vehicle independently or make their own arrangements for assistance. Drivers are authorized to help riders get on and off the vehicles but cannot perform the duties of a personal care attendant. If you require a personal care attendant they ride fare free. In the event you have a guest they must also pay the regular fare. Please specify when scheduling a trip.

CherryLift ADA Paratransit Fare:

A CherryLift ride is \$2.50 per one way trip. Riders pay for their trip by purchasing CherryLift tickets in advance or with cash at the time of the ride. Drivers do not make change, please have the correct fare. CherryLift tickets may be purchased at either Cherriots Customer Service office located at 220 High Street NE Salem, OR 97301 or Wheels Community Transportation located at 2755 19th Street SE Salem, OR 97302, Monday-Friday 8:00 AM to 5:00 PM.

Part 2 – Public Fixed Route Transit Information

Please answer the following questions in detail. Your answers will help us determine your ability to use various types of Public Transit.

1. Are you able to ride a Cherriots fixed route bus? See description on page 1 paragraph 3.

Yes _____ No _____ Sometimes _____ I do not know _____

a. What functional limitation(s) or health-related condition(s) make it difficult or prevents you from using Cherriots fixed route buses?

b. Are the limitations/conditions you described permanent _____ or temporary _____? Please check one.

If temporary, how long do you expect this to continue? _____

c. Does your health condition or disability change from day to day in a way that affects your ability to use fixed route buses?

Yes _____ No _____ I do not know _____

If **yes** or **I do not know** is selected, explain why: _____

2. How do you currently travel to your most frequent destinations?

Check all that apply.

Cherriots Buses _____ CherryLift _____ Medicaid _____

Taxi _____ Someone drives me _____ I drive myself _____

Other (specify) _____

For questions 3 through 12, when answering “No” or “Sometimes,” an explanation is required or the application will be considered incomplete.

3. Are you able to understand directions needed to complete a trip? (This doesn't refer to being unaccustomed to the English language.)

Yes _____ No _____ Sometimes _____ If “No” or “Sometimes” is selected, explain why: _____

4. Are you independently able to get to and from the nearest bus stop by your home?

Yes _____ No _____ Sometimes _____ If “No” or “Sometimes” is selected, explain why: _____

5. How far can you independently travel?

To the curb in front of my house	_____	With a mobility aid	_____
3 blocks (1/4 mile)	_____	With a mobility aid	_____
6 blocks (1/2 mile)	_____	With a mobility aid	_____
9 blocks or more (3/4 mile)	_____	With a mobility aid	_____

6. Are you independently able to wait at least 15 minutes at a bus stop or transfer point?

Yes _____ No _____ Sometimes _____ If “No” or “Sometimes” is selected, explain why: _____

7. Are you able to get on or off a bus independently with a lift or when the bus is kneeled (lowers to curb level)?

Yes _____ No _____ Sometimes _____ If “No” or “Sometimes” is selected, explain why: _____

8. Are you independently able to grasp handles or railings, coins or tickets while boarding or exiting a bus?

Yes _____ No _____ Sometimes _____ If “No” or “Sometimes” is selected, explain why: _____

9. Are you able to maintain your balance when seated on the bus?

Yes _____ No _____ Sometimes _____ If **“No”** or **“Sometimes”** is selected, explain why: _____

10. Have you ever had training or instruction on how to use fixed route public bus service? Yes _____ No _____

a. **If yes**, what person or agency provided the training? _____

b. **Do** you want or need training to use a Cherriots bus? Yes or No

11. Can you transfer from your wheelchair to a seat in a vehicle?

Yes _____ No _____ Not Applicable _____

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

Manual wheelchair	_____	Power Wheelchair	_____
Power Scooter	_____	Walker	_____
Cane	_____	White Cane	_____
Prosthetic device	_____	Portable oxygen tank	_____

Other _____

Please note: We may not be able to accommodate the applicant if the mobility device is longer than 48” or wider than 30”, or if the combined weight of the applicant and mobility device is more than 600 pounds.

13. Does a Personal Care Attendant (PCA) accompany you when you travel outside your home (example, to push your wheelchair, carry oxygen, etc.)?
Please check one:

Yes _____ No _____ Sometimes _____

I certify that the information in this Transportation Evaluation is true and correct. I understand that falsification of the information may result in denial of some CherryLift eligibility services and/or discounts. I understand that the information in this evaluation will be kept confidential, and only the information required to provide the services for which I am eligible will be disclosed to those who perform the services. I understand that I might be asked to provide additional information necessary for a proper determination of eligibility for paratransit services.

Name of applicant (Please print)

Date signed

Applicants Signature

Signature of Person Completing the Form, if other than applicant

Name (Please print)

Date signed

Signature

Relationship to the applicant



555 Court Street NE, Suite 5230, Salem, OR 97301-3980
Phone: 503-588-2424

QUESTIONNAIRE FOR TRANSIT ELIGIBILITY TO BE FILLED OUT BY YOUR MEDICAL PROFESSIONAL

Date

Dear _____ :
Medical Professional

I, _____, have asked the Salem-Keizer Transit District to
Applicant's Name

determine my eligibility to use their fixed route service or their paratransit service.

Please respond to the following questionnaire and mail or fax the completed form to:

SALEM-KEIZER TRANSIT DISTRICT
Outreach Representative
555 Court St NE, Suite 5230
Salem, OR 97301-3980
FAX # 503-584-4716

HIPAA Statement: I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain health care treatment from you, however it may impact the ability of Salem-Keizer Transit District to determine my eligibility for paratransit services. I understand that I may cancel this authorization in writing at any time. The cancellation will not affect any information that you disclosed prior to cancellation. This authorization will expire one year from the date of this letter.

I understand that the information released may be subject to re-disclosure and no longer protected under federal and state law.

Signature of Patient or Legal Representative

(If applicable) Relationship to Patient

If I revoke this authorization, I will send a written request with a copy of this form to you at the address above.

APPLICANT NAME _____



1. Capacity in which you know this applicant:

2. Does the applicant use any mobility devices?

Manual Wheelchair	_____	Cane	_____
Power Wheelchair	_____	Walker	_____
White Cane	_____	Prosthetic device	_____
Oxygen tank	_____	Other	_____

3. Can the applicant independently ambulate 200 feet?

Yes _____ No _____ Sometimes _____ With a mobility device _____

4. Can the applicant independently ambulate ¼ mile (3 blocks)?

Yes _____ No _____ Sometimes _____ With a mobility device _____

5. Can the applicant independently climb three 12 inch steps?

Yes _____ No _____ Sometimes _____

6. Can the applicant wait outside independently for 10 minutes?

Yes _____ No _____ Sometimes _____ With a mobility device _____

7. Visual acuity with best correction:

Right Eye _____ Left Eye _____ Both Eyes _____

8. Visual Fields:

Right Eye _____ Left Eye _____ Both Eyes _____

9. Is the applicant able to state address and telephone numbers on request?

Yes _____ No _____ Sometimes _____ Why _____

10. Is the applicant able to recognize destinations or landmarks?

Yes _____ No _____ Sometimes _____ Why _____

APPLICANT NAME _____



11. Is the applicant able to deal with unexpected situations or unexpected changes in routines:

Yes _____ No _____ Sometimes _____ Why _____

12. Is the applicant able to ask for, understand and follow directions?

Yes _____ No _____ Sometimes _____ Why _____

13. Is the applicant able to safely and effectively travel through crowded and/or complex facilities?

Yes _____ No _____ Sometimes _____ Why _____

14. Are these functional limitations permanent _____ or temporary _____
If temporary, how long _____

15. Is there any other information of which Salem-Keizer Transit District needs to be aware of? Please describe:

Date: _____ Phone: _____

Signature of Health Care Provider: _____

Print Name of Health Care Provider: _____

Office Address: _____

The Professional Verification form may be mailed or faxed to:

Salem-Keizer Transit District
Outreach Representative
555 Court St NE, Suite 5230
Salem, OR 97301-3980
Fax: 503-584-4716