

# 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.

**Eligibility is not based on your age, inability to drive or the lack of availability or inconvenience of fixed-route service.**

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 an 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](http://www.cherriots.org).

**Evaluations may be mailed, faxed, or delivered to:**

Salem-Keizer Transit District  
ATTN: Outreach Representative  
925 Commercial St SE Suite 100  
Salem OR 97302-4173  
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 the 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. Eligible ADA CherryLift passengers and children 5 years & under ride Cherriots fixed-route buses for FREE. If you need assistance in planning trips on the fixed route, visit [www.cherriots.org](http://www.cherriots.org) for detailed information or call Cherriots Customer Service at 503-588-BUSS (2877).

## **CherryLift ADA Paratransit System Information**

You may schedule more than one trip at a time, reserve a ride up to 14 days in advance and at a minimum by 5:00 PM the day before you expect to take the ride. Call TripLink at **503-315-5544**, any day of the week between 6:00 AM and 7:00 PM to reserve your ride.

Be prepared to give your CherryLift ID Number, the time and address you need to be 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, we recommend that you estimate the return 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 \$3.00 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 Cherriots Customer Service office located at 285 Church Street NE Salem, OR 97301, Monday-Friday 6:15 AM to 8:00 PM. Please make checks payable to:

Salem-Keizer Transit  
925 Commercial St SE, Suite 100  
Salem OR 97302-4173



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**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.**

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Name of applicant (Please print)

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Date signed

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Applicants Signature

**Signature of Person Completing the Form, if other than applicant**

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Name (Please print)

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Date signed

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Signature

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Relationship to the applicant

**THE FOLLOWING FORM  
NEEDS TO BE FILLED OUT  
BY YOUR MEDICAL  
PROFESSIONAL**



925 Commercial Street SE, Suite 100, Salem, OR 97302-4173  
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  
925 Commercial St. SE, Suite 100  
Salem, OR 97302-4173  
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  
925 Commercial St SE, Suite 100  
Salem, OR 97302-4173  
Fax: 503-584-4716