Cascades East Transit
343 E Antler Ave
Redmond, OR. 97756
Phone (541) 385-8680
Fax: (541) 548-9548
www.cascadeseasttransit.com

Deschutes River Woods Dial-a-Ride Application

To determine your eligibility for DRW Dial-A-Ride services, an in-person evaluation is required. This evaluation will include an interview and, if necessary, a functional and/or cognitive assessment.

Steps to Complete the Eligibility Process:

1. **Complete and Submit Your Application**: Submit the completed application using the enclosed envelope to:

   Cascades East Transit
   343 E Antler Ave
   Redmond, OR 97756

2. **Temporary 30-Day Service Access**: Applicants are eligible for 30-day Dial-A-Ride services while the application is being processed. To register, call Dial-A-Ride Services at 541-385-8680.
3. **Processing Time**: Allow seven (7) days for processing before calling to schedule your interview. To schedule your in-person interview, call 541-548-9531.
4. **Required Items for Your Interview**: Bring a valid photo ID to the interview. The following forms of identification are accepted:
   - State-issued Driver's License or ID
   - Military ID
   - U.S. Passport

If applicable, also bring the primary mobility device you plan to use in the community.

Notification of Eligibility: You will receive a determination letter within 21 days after completing the interview process.

Need Assistance?: If you need help completing the application, require the application in an alternative format, or have questions about public transportation under the Americans with Disabilities Act, please contact the Dial-A-Ride office at 541-385-8680. For persons with hearing or speech disabilities, contact the Oregon Telecommunications Relay Service at 1-800-735-2900 (TTY-Oregon Relay).

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Are you a new applicant? ☐ Yes ☐ No If yes, ID#: _____

Applicant Contact Information

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ non-binary

Home Street Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alt. Phone Number: _____

****If different from home address****

Mailing Street Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Do you need a translator? ☐ Yes ☐ No If yes, for what language? _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

Disability/ Health Information

Do you have a health condition that prevents you from using regular fixed-route buses independently? ☐ Yes ☐ No If yes, please describe the conditions you have that prevent you from using the CET buses independently: _____

_____

_____

_____

Are these health conditions temporary? ☐ Yes ☐ No

If yes, how many months will it take you to recover? _____ months

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Are you currently undergoing treatment? ☐ Yes ☐ No

If yes, please describe the treatment? _____

_____

What is your PRIMARY mobility aid ? *(If applicable)*

☐ Powered Wheelchair	☐ Manual Wheelchair	☐ Power Scooter
☐ Walker or Rollator	☐ Single or Quad point cane	☐ Crutches
☐ Leg Brace	☐ Arm Brace	☐ Prosthesis
☐ White Cane	☐ Communication Board	☐ Portable Oxygen

☐ Other: _____

****Dial-A-Ride drivers are not permitted to perform the duties of a Personal Care Attendant (a person who provides assistance during the ride or at the destination).*

Will you be accompanied by a Personal Care Attendant when using Dial-A-Ride services?

☐ Yes ☐ No ☐ Sometimes

Will you be traveling on DRW Dial-A-Ride with a service animal that is trained to perform work or tasks related to your disability?

☐ Yes ☐ No ☐ Sometimes

Public Transportation

When did you last ride on a CET bus? _____

What city bus routes did you use? _____

_____

How often do you use the CET bus?

☐ Daily ☐ Weekly ☐ Monthly ☐ Not currently ☐ Never attempted

How many blocks do you live from the closest city bus stop to your home?

☐ Less than 1 block ☐ 1 to 2 blocks ☐ 3 to 4 blocks ☐ 5 or more blocks

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Please share any additional information about your health conditions that you think might be helpful for us to know: _____

_____

_____

_____

_____

Trip Notifications

Would you like to receive a text when your driver is on the way? ☐ Yes ☐ No

Would you like to receive a call when your driver is on the way? ☐ Yes ☐ No

Certification

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I acknowledge that providing false information may lead to the denial of my request for service. I understand that any information I provide will be kept confidential and shared only with those responsible for providing the requested services. I agree to undergo an in-person assessment of my functional abilities to determine my eligibility for ADA paratransit service. Additionally, I acknowledge that consulting with a professional familiar with my abilities may be necessary to determine my eligibility for using public transit.

Applicant/ Responsible Party Signature: _____ Date: _____

Responsible Party

If you need someone to make decisions and act on your behalf, you can designate them as a Responsible Party.

Responsible Party Name: _____ Relationship: _____

Agency Name (if applicable): _____

Phone Number: _____ Alt. Phone Number: _____

Responsible Party Signature: _____ Date: _____