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Office Use Only –  
Date Stamp

## Salem-Keizer Transit District CherryLift ADA Paratransit Service Evaluation

### Part 1 – General Information

**It is important to complete all parts of this form. Please type or print.  
Evaluations that are not fully completed or legibly written will be returned.**

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

Date of Birth (Month/Day/Year): \_\_\_\_\_ Primary Language: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Closest Cross Street(s): \_\_\_\_\_

Mailing Address (if not home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you need this evaluation and future written information provided in an alternate  
format?  No  Yes:  Large Print  Braille  
 Other \_\_\_\_\_

#### OFFICE USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Input Date: \_\_\_\_\_  
ID: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Eligibility: F C T D PCA: Yes No  
Conditions: \_\_\_\_\_

## 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?

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?

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b. Are the limitations/conditions you described  permanent or  temporary?  
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  Sometimes  I do not know

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

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

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Cane        | <input type="checkbox"/> Prosthetic Device | <input type="checkbox"/> Power Scooter   | <input type="checkbox"/> Picture Board  |
| <input type="checkbox"/> White Cane  | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Crutches    | <input type="checkbox"/> Power Wheelchair  | <input type="checkbox"/> Alphabet Board  | <input type="checkbox"/> Walker         |
| <input type="checkbox"/> Other _____ |  |  |   |

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

Yes  No  Sometimes

4. 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     I do not know

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

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

Yes     No     Sometimes     I do not know

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

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a. What is your nearest bus stop? \_\_\_\_\_

6. How far can you **independently** travel?      **Using a mobility aid?**

<input type="checkbox"/> To the curb in front of my house	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 1 block	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3 blocks (1/4 mile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6 blocks (1/2 mile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 9 blocks or more (3/4 mile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Are you **independently** able to wait at least 15 minutes at a bus stop?

Yes     No     Sometimes     I do not know

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

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8. 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     I do not know

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

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

- Yes     No     Sometimes     I do not know

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

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

- Yes     No     Sometimes     I do not know

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

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

- Yes     No     Not Applicable

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

- Cherriots Buses     CherryLift     I drive myself     Medicaid  
 Someone drives me     Taxi     Other: \_\_\_\_\_

13. 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     No

Last Name: \_\_\_\_\_

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): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Signature of person completing the form, if other than applicant:**

Name (Please print): \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_