

# SPECIAL USE PERMIT APPLICATION

for persons with disabilities

## CROSSBOW



*Washington Department of Fish and Wildlife*



## APPLICATION INFORMATION

### DEFINITIONS

**Americans with Disabilities Act (ADA)** - The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including all public and private places that are open to the general public. It provides guidance in determining and accommodating those persons who have lost one of life's basic activities, such as the ability to dress oneself, feed oneself, see, hear, walk, talk, understand and communicate.

**Crossbow** - A ranged weapon using an elastic launching device similar to a bow; it consists of a bow-like assembly called a prod, mounted horizontally on a main frame called a tiller, which is hand-held in a similar fashion to the stock of a rifle. Crossbows shoot arrow-like projectiles called bolts or quarrels. ADA permitted crossbows use cams, pulleys, and a hand crank to help draw the 120 pound pull bow string into the locking mechanism held in a cocked position.

**Modified Bow** - A bow other than a crossbow, that has been physically altered so that the bow may be held, aimed, and shot with an assistive draw-loc or motorized mechanism.

**Advanced Registered Nurse Practitioner (ARNP)** - A practice grounded in nursing and incorporates the use of independent judgment. Practice includes collaborative interaction with other health care professionals in the assessment and management of wellness and health conditions.

**Physician Assistant (PA)** - A person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician.

**Physician** - A doctor of medicine or osteopathic medicine licensed to practice in the State of Washington.

**Consulting Physician** - A physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

**Physical Therapist/Occupational Therapist** - A person licensed/registered to engage in the practice of physical therapy under Chapter 18.74 RCW and Chapter 18.59 RCW.

**Maximum Medical Improvement (MMI)** - Maximum medical improvement occurs when no fundamental or marked change in the impairment condition is expected.

**Permanent Inoperable Disability Impairment** - not treatable or correctable, all surgeries, all treatments, and all mechanical device use have been exhausted; or not curable because of undue risk to the patient. Condition meets MMI under RCW 296-20-2010. Temporary conditions do not meet MMI for this application.

Applicants must be 12 months post-op surgery before physician can certify condition as permanent inoperable (MMI). Pain, swelling, arthritic, or age-related conditions are not a quantifiable impairment for crossbow.

RCW 296-20-2010 - General rules for impairment rating examinations by attending doctors and consultants.

Measurements of joint motion are based on the techniques described in the chapter on the extremities, spine, and pelvis in the current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association and consists of medically accepted standard testing procedures to check for muscle weakness, range of motion, or coordination limitations of the upper extremities. Loss of function must be substantiated.

**NOTE:** A person shall not seek diagnosis from a Physician, ARNP, PA, or a Physical or Occupational Therapist for purposes of meeting the requirements of this accommodation on more than 2 occasions within a 6-month period.



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE  
**SPECIAL USE PERMIT CROSSBOW APPLICATION**

Mail to: WDFW, ADA Program, PO Box 43139, Olympia, WA 98504

Fax to: (360) 902-2392

APPLICANT INFORMATION REQUIRED										
Please Print Clearly										
LAST NAME				FIRST NAME			MIDDLE		SUFFIX JR / SR	
MAILING ADDRESS				PHYSICAL ADDRESS						
CITY		STATE		ZIP		CITY		STATE		ZIP
SEX M / F	HEIGHT FT. IN.		WEIGHT		DOB		EYE COLOR		HAIR COLOR	
WILD ID			EMAIL				PHONE			
<p><i>I hereby certify under penalty of perjury under the laws of the State of Washington that the information provided on this form is true and correct. RCW 77.15.650(1)(a) Penalty Providing False Information</i></p> <p><i>Applicant's Signature _____ Date _____</i></p>										

## APPLICANTS CERTIFICATION OF DISABILITY

**Applicant:** You are applying for a Crossbow Special Use Permit to accommodate your disability during your hunting activities. **State law restricts such permit to persons with permanent inoperable disabilities.** There are no temporary permits. Special Use Permits (SUP) are available to any person who has applied for, receives, and maintains in good standing Disability Status with Washington State Department of Fish and Wildlife (WDFW); and who has a permanent inoperable physical or cognitive disability; and the disability is certified by a licensed physician, ARNP, or PA through this SUP application process.

**Application instructions:**

1. Applicant must complete, sign and date to certify all information requested on page one (1).
2. Take application to licensed physician with intimate knowledge of your disability condition and physical impairment.
3. Review this entire packet with your physician.
4. Physician must review page 1 and then complete page 2, 3, and 4.
5. Physician statements, signatures, address, phone, medical ID number and title are mandatory on this form.
6. Attach supporting documentation to this application, then mail or fax to the location/number provided above.
7. Allow 4 weeks for processing. Incomplete applications will be returned.

**Applicant:** Please answer all questions below. Circle the answer that best describes your disability situation.

- |   |     |    |
|---|-----|----|
| 1. I am not able to operate a traditional archery device because of my permanent inoperable disability:       | Yes | No |
| What / Why _____  |     |    |
| 2. I permanently use a wheelchair and cannot ambulate/walk on my own:   | Yes | No |
| 3. I have an amputation of either one arm, forearm, or one hand used to operate a traditional bow:            | Yes | No |
| 4. I have an amputation of the index or middle finger on the hand used to draw and release the bow:           | Yes | No |
| 5. I have a defibrillator/pacemaker implant, heart pump or port that prevents me from using a hunting device: | Yes | No |
| 6. My neck is permanently fused forward and I cannot turn my head to the left or right:                       | Yes | No |
| 7. I have had at least one shoulder surgery:    Right    Left    Date of last shoulder surgery _____          | Yes | No |
| 8. I have had at least one elbow surgery:        Right    Left    Date of last elbow surgery _____            | Yes | No |
| 9. I have had at least one wrist surgery:        Right    Left    Date of last wrist surgery _____            | Yes | No |
| 10. I cannot operate a traditional bow because of a diagnosed disease or disorder (Palsy, Parkinson, ALS, MS) | Yes | No |

## PHYSICIANS MEDICAL CERTIFICATION OF APPLICANTS DISABILITY

**Physician:** The above applicant is applying for a Crossbow Special Use Permit to accommodate them during hunting activities.

**State law restricts such permit to persons with permanent inoperable disabilities. There are no temporary permits.**

**ADA recognized disability impairments not meeting Maximum Medical Improvement (MMI) do not qualify for this permit.**

WDFW is dedicated to improving opportunities for hunters with permanent inoperable disabilities through this reasonable equipment modification process. Special Use Permits (SUP) allow a specific exception to a recreational activity, service, or regulation. This Special Use Permit allows the use of a crossbow device during any hunting season. WAC 232-12-819

Special Use Permits (SUP) are available to any person who has applied for, receives, and maintains in good standing "Disability Status" with Washington State Department of Fish and Wildlife (WDFW); and who has a permanent inoperable physical or cognitive disability; and the disability must be certified by a licensed physician through this SUP application process.

### Application instructions:

1. Licensed MD, ARNP, PA with intimate knowledge of applicant's disability and physical impairment may complete application.
2. Read applicants answers on page 1, then review this entire packet with your patient.
3. Physician must complete, sign, and date to certify all information requested on page 2, 3, and 4.
4. Physician statements, signatures, address, phone, medical NPI number and title are mandatory on this form.
5. A copy of the Impairment Rating Examination (IRE) report (WAC 296-20-2010) may be attached to this application.
6. Incomplete, vague, or illegible statements/application will be returned.

Physician initials required next to each applicable answer and is subject to RCW 9A.72.030

**Physician, the following questions pertain specifically to the applicants permanent inoperable impairment meeting MMI, which renders them unable to utilize a traditional rifle, muzzleloader, or bow hunting device.**

*A permanent inoperable disability impairment means; not treatable or correctable, all surgeries, all treatments, and all mechanical device use have been exhausted; or not curable because of undue risk to the patient. Condition meets MMI, RCW 296-20-2010*

*Applicants must be 12 months post-op all surgeries before physician can certify this condition as permanent inoperable and MMI. Pain, swelling, arthritic, or age-related conditions are not a quantifiable impairment for crossbow.*

*Temporary conditions do not meet MMI.*

**Physicians signature initials are required for each applicable answer and is subject to RCW 9A.72.030.**

1. Is the applicant's diagnosed disease, disorder, or injury disability permanent? YES Initial NO Initial  
a. Indicate diagnosed disease, disorder, or injury: \_\_\_\_\_
2. Is the applicant's impairment from the disability condition permanent? YES Initial NO Initial  
b. Indicate impairment resulting from disability: \_\_\_\_\_
3. Is the applicant's permanent disability: Cognitive Initial and /or Physical Initial
4. Has applicant undergone surgery or other treatment to correct impairment? YES Initial NO Initial  
c. List surgery/treatment date(s) applicable to impairment repair: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
5. Does applicant's permanent impairment meet 12 months post-op requirement? YES Initial NO Initial
6. Does applicant's impairment meet Maximum Medical Improvement (MMI)? YES Initial NO Initial

Physician must complete and certify the following information requested.

**Physician:** This section identifies that applicable extreme loss of function experienced today which renders the applicant from utilizing a traditional hunting device. The loss must meet Maximum Medical Improvement (MMI) - WAC 296-20-2010

**My patient(s);** *Circle either Yes or No for each answer below*

- |  |       |      |                                     |     |    |
|--|-------|------|-------------------------------------|-----|----|
| 1. permanently utilizes a wheelchair and cannot ambulate/walk on their own:                                    |       |      |                                     | Yes | No |
| 2. has an amputation of either one arm, forearm, or one hand used to operate a traditional bow:                |       |      |                                     | Yes | No |
| 3. has an amputation of the index or middle finger on the hand used to draw and release the bow:               |       |      |                                     | Yes | No |
| 4. has a defibrillator/pacemaker implant, heart pump or port that prevents them from using a hunting device:   |       |      |                                     | Yes | No |
| 5. neck is permanently fused forward and cannot turn their head to the left or right to sight a bow device:    |       |      |                                     | Yes | No |
| 6. had at least one shoulder surgery:  | Right | Left | Date of last shoulder surgery _____ | Yes | No |
| 7. had at least one elbow surgery:   | Right | Left | Date of last elbow surgery _____    | Yes | No |
| 8. had at least one wrist surgery:   | Right | Left | Date of last wrist surgery _____    | Yes | No |
| 9. cannot operate a traditional bow because of a diagnosed disease or disorder (ie: Palsy, Parkinson, ALS, MS) |       |      |                                     | Yes | No |

**DISABILITY CRITERIA AND REQUIRED TEST STANDARDS RCW 296-20-2010**

**NOTE TO EXAMINER:** *Except where otherwise indicated, you may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the upper extremities. You should ascertain from the applicant or physician which muscle group or joint is the source of the disability. Loss of function must be substantiated through a Functional Draw, Manual Muscle, Range of Motion or Coordination Test. Sub-standard scoring is sufficient proof to grant the SUP permit.*

Physicians signature initials are required for each applicable answer below and is subject to RCW 9A.72.030.

**FUNCTIONAL DRAW TEST:** *Used to allow for simulation of the drawback posture / position with a weight equivalent to 40 pounds of resistance for a 4 second duration to successfully simulate the motion, strength and duration of hold requirements necessary to use conventional / traditional archery bow equipment.*

**Applicant's score meets extreme substandard scoring:** YES NO Initial Initial

**MANUAL MUSCLE TEST:** *Shoulder flexion, shoulder extension, shoulder abduction (horizontal plane) elbow flexion and elbow extension are graded equal to or less than 3 of 5 using a standardized manual muscle grading scale or an equivalent test.*

**Applicant's score meets extreme substandard scoring:** YES NO Initial Initial

**IMPAIRED RANGE OF MOTION TEST:** *Range of motion disability is assessed utilizing a standard goniometer or an equivalent test. Goniometric Evaluation: shoulder flexion: equal to or less than 90 degrees, shoulder extension: equal to or less than 10 degrees, shoulder abduction: equal to or less than 70 degrees, elbow flexion: equal to or less than 90 degrees, elbow extension: equal to or less than (negative) -20 degrees.*

**Applicant's score meets extreme substandard scoring:** YES NO Initial Initial

**COORDINATION TEST:** *If the applicant is being tested for a "coordinative" disability and is given the "nine (9) hole peg test" and the score falls below the age-sex adjusted 10th percentile, the permit can be granted. If the "Mathiowetz" scoring tables are used, age and sex adjusted scores higher than 1.4 times the mean are sufficient for granting the permit.*

*If age and sex adjusted percentile scoring tables are used (such as the grip or pinch tests), scores falling under the 10th percentile are sufficient proof to grant the crossbow hunting permit. If the "Mathiowetz" scoring tables are used, scores falling below 55% of the age and sex adjusted mean scores are sufficient proof to grant the permit.*

**Applicant's score meets extreme substandard scoring:** YES NO Initial Initial

Date above measurements were conducted: \_\_\_\_\_ Initial Initial

PHYSICIAN MEDICAL INFORMATION AND SIGNATURE CERTIFICATION

I Print Physician's Name am a licensed MD, ARNP, or PA for the above named person, and by my signature do certify under penalty of perjury according to the laws of the State of Washington RCW 9A.72.030, the above applicant has a permanent inoperable disability meeting MMI as I have indicated and verify the disability condition is extreme enough to render them unable to operate a hunting device without this permit. I understand conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of a Special Use Permit. Therefore, I confirm the information I have provided on this form is correct and true.

Medical Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Medical License Number (NPI) \_\_\_\_\_ Title \_\_\_\_\_

Please have your licensed MD, ARNP, or PA sign to certify the permanent disability information.

WDFW use below

APPROVED

NOT APPROVED

Requested accommodation \_\_\_\_\_

Special Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Processed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Received  
Date  
Stamp