



Dear Applicant:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that prohibits discrimination against people with disabilities. The intent of ADA is to ensure that persons with specific disabilities have equal access to public transportation. In accordance with ADA, Chatham Area Transit (CAT) must provide a variety of services, including paratransit service. Paratransit service is a specialized service providing an origin to destination shared-ride service for eligible individuals with disabilities who are unable to use the regular fixed route bus service.

CAT is required to determine the eligibility for paratransit service for individual applicants. Categories of eligibility for paratransit service are as follows:

“UNCONDITIONAL ELIGIBILITY” (or “ALL TRIP ELIGIBILITY”)

This outcome would be appropriate if it is determined that it is not reasonable to expect the applicant to use fixed route service for any trips, under all conditions

“CONDITIONAL ELIGIBILITY” (or “SOME TRIP ELIGIBILITY”)

This outcome might be appropriate if the individual can reasonably be expected to use fixed route service for some trips (when barriers that prevent travel are not present) but cannot be expected to use fixed route service under some conditions.

“TEMPORARY ELIGIBILITY” (or “TRANSITIONAL ELIGIBILITY”)

This outcome might be appropriate if the applicant’s disability is only temporary or if his or her functional abilities are expected to change in the short-term. A term of eligibility that is less than the term typically granted might be appropriate. Temporary eligibility can be unconditional or conditional.

“NOT ELIGIBLE” (or “FIXED ROUTE ELIGIBLE”)

This determination would be appropriate if the applicant can reasonably be expected to use fixed route service for any trips under all conditions.

If you believe your disability may fit into one of the categories described above, you must apply for certification by completing the attached “Paratransit Application” form. Please see the following page for an overview of the process.

Eligibility Review and Determination Process

1. Once the application is completed, the applicant should mail in or fax the application back to CAT. Once the application is received at CAT, a Transit Customer Advocate will date and time stamp the application, then review it to make sure it is complete. CAT will conduct functional assessments only on an “as needed” basis.
2. The completed application is reviewed in an attempt to make an eligibility decision based just on information on the application. Follow-up phone calls might be made to supplement the information in the application. Applicants are only asked to participate in a functional assessment if a determination cannot be made based on the application.
3. Verification of disability is also obtained as part of the process. The applicant must provide contact information for a professional familiar with his or her disability and functional abilities, along with a release form. CAT staff will contact the professional once the applicant has provided this contact information.
4. CAT will send the eligibility determination in writing within 21 days of completion of the application process. If an application is not approved for paratransit services, CAT will send a written statement including the reason for ineligibility and full description of the process for appeal.
5. If CAT does not make a determination within 21 days, the applicant will be granted temporary eligibility and allowed to ride paratransit service until such time as a determination is made. Please note, the submission of this application does not guarantee eligibility.

Thank you,

Mobility Services Manager



PARATRANSIT APPLICATION
(Confidential)

Chatham Area Transit (CAT) will use the information contained in this application for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services may be shared with other transit providers. This application must be signed and dated. **Incomplete applications cannot be processed.**

PART- A APPLICANT INFORMATION (PLEASE PRINT) DATE:

Please check one: Initial Application _____ Re-certification Application _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone number () _____ Cell phone number () _____

In case of emergency contact: Name _____

Alternative emergency number (Other than your home phone): () _____

Date of Birth _____ Male _____ Female _____

Email address for correspondence (OPTIONAL): _____

Closest bus stop to your residence. (If you are not sure, please call (912) 354-6900.)

Name of subdivision or apartment complex: _____

Nearest major intersecting street: _____

Nearest cross street to your residence: _____

Please fill out the requested information.

List the Medical Names of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	Medications taken for the Condition
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

1. How does the condition(s) affect your ability to ride the regular (big), fixed route, accessible bus service? Be very specific. _____

2. Do you have a **Cognitive Disability**? (Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Mental Retardation, Borderline Intelligence, Down's syndrome, Autism, etc.?) Yes No

Please explain: _____

3. Do you experience any of the following? Please check all that apply and explain:

- | | |
|--|--|
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Easily Agitated or Angered |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Experience Paranoia |
| <input type="checkbox"/> Short Term Memory Difficulties | <input type="checkbox"/> Cannot Identify Pictures |
| <input type="checkbox"/> Long Term Memory Difficulties | <input type="checkbox"/> Cannot Read or Write |
| <input type="checkbox"/> Easily Wander Off | <input type="checkbox"/> Difficulty Understanding Written or Verbal Instructions |
| <input type="checkbox"/> Easily Taken Advantage of by Others | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Visual Difficulties | <input type="checkbox"/> Hear Voices |
| <input type="checkbox"/> Inappropriate Behaviors | |

Please explain: _____

4. Do you experience **Seizures**? Yes No If yes, please check all that apply and explain:

- Grand Mal Petit Mal Temporal Lobe Epileptic Lobe

Please explain: _____

5. When having a seizure, I... (Please check all that apply):

_____ Am Difficult to Arouse

_____ Need Immediate Medical Attention

_____ Black Out

_____ Stare Blankly into Space

_____ Fall Asleep

Please explain: _____

6. How often do they occur? _____

7. Are you currently taking medication to control them? Yes No

8. Do you have a **Visual Disability** (to include Blindness)? Yes No

Please check all that apply and explain in detail:

_____ I wear contacts or glasses.

_____ I can recognize my stop if announcements are made.

_____ I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal or any assistive device.

_____ I use a guide dog or other service animal, but I need paratransit to get to destinations that I cannot safely travel to on the route.

_____ I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.

_____ I cannot easily hear environmental sounds that help me to determine traffic flow.

_____ I cannot always get out of the roadway before the traffic signal changes.

_____ I require a sighted guide to assist me with the following tasks:

9. Do you have a **Mental/Psychological Disability**? Yes No If yes, please state the disability and explain how it affects you. _____

10. Are there any other physical or mental disabilities that impact your **FUNCTIONAL ABILITY** to ride the regular (big), fixed route, accessible bus service? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop, and notifying the driver that you need to get off) Yes No If yes, please explain. _____

11. Can you wait 30 minutes at a fixed route bus stop that **DOES NOT** have seats and a shelter?
Yes No If no, please explain. _____

12. Can you wait 30 minutes at a fixed route bus stop that **DOES** have seats and a shelter?
Yes No If no, please explain. _____

13. Can you wait 30 minutes at a fixed route bus stop unassisted? Yes No If no, please explain. _____

14. How far can you walk without the assistance of another person?

The length of one football field (300ft)? Yes No

One lap around a 1/4 mile track? Yes No

Two laps around a 1/4 mile track? Yes No

Three laps around a 1/4 mile track? Yes No

Are you able to walk up 12-14 inch steps unassisted? Yes No

If unassisted, can you grip a handrail to support yourself? Yes No

15. Do you require walking on a bus lift and gripping the handrail in order to board/exit the bus?
Yes No

16. Do you use a mobility device to travel? Yes No Please check **all** that apply.

_____ White Cane

_____ Braces

_____ Orthopedic Cane (three or four prong base)

_____ Crutches

_____ Standard Cane

_____ Manual Wheelchair

_____ Walker

_____ Motorized Wheelchair

_____ Scooter

17. What is the height/width of your unoccupied wheelchair/scooter?

Height _____ Width _____

18. What is the weight of your wheelchair/scooter while it is occupied by you? _____

19. Do you require the use of a service animal? Yes No If yes, what type of animal is used?

20. What function does the animal provide for you? _____

21. Do you travel with portable medical equipment? Yes No If yes, what type of portable medical equipment? _____

22. Do you require a personal care assistant (PCA) to travel with you to provide transportation assistance? Yes No If yes, please explain the specific assistance you require. _____

23. If you do not require a personal care assistant for bus travel, are you required to be met by a caregiver when exiting the bus? Yes No

24. If the bus arrives at your destination and the caregiver is not there to assist you off the bus, who must be contacted? Name: _____ Telephone: _____

25. Are there situations when your caregiver will not be required to meet the bus? Yes No If yes, please explain. _____

26. Do you need assistance recognizing your stop? Yes No If yes, please explain. _____

27. Do you use a communication device to communicate with others such as a driver? Yes No Please check **all** that apply.

_____ Letter Board

_____ Route ID card

_____ Picture Board

_____ Other Form of Augmentative Communication

Please explain: _____

28. Do you require an alternate format for the Passenger Guide, Fixed Route schedules, or any written correspondence? Yes No Please check the **one** format you would like to receive them in:

_____ CD

_____ Braille

_____ Large print

_____ Audio tapes

_____ Email

29. How do you travel now? Please check **all** that apply.

_____ Wheelchair/scooter

_____ Operate my own wheelchair

_____ Walk

_____ Assisted in my wheelchair by a service animal

_____ Drive myself

_____ Passenger in someone else's car

_____ Assisted in using the wheelchair by a caregiver or mobility aide

_____ Other van service

_____ Regular (big), fixed route, accessible bus service

_____ Currently have no means of travel

30. Have you ever ridden a regular (big), fixed route, accessible bus? Yes No
If yes, when was the last time you rode a, regular (big), fixed route accessible bus?

31. Why did you stop using the regular (big), fixed route, accessible bus? _____

32. Would you be able to ride the regular (big), fixed route, accessible bus system if you receive mobility training? Yes No

33. Have you ever been trained in the use of CAT's bus system? Yes No If yes, please explain. _____

34. Who trained you in the use of the CAT bus system? _____

35. Have you ever been trained in the use of any other public bus system? Yes No

36. Do you feel that you could ride the regular (big), fixed route, accessible bus if the paratransit van could get you to a regular (big), fixed route, accessible bus stop? Yes No If no, please explain how your disability restricts this. _____

37. Do you feel that you could ride the regular (big), fixed route, accessible bus if your trip involved riding the regular (big), fixed route, accessible bus, getting off at a bus stop and the paratransit van could pick you up at the bus stop to take you the remainder of your trip? Yes No If no, please explain why. _____

38. Please check all that apply to you:

_____ I am able to board, ride, and disembark from regular (big), fixed route, accessible bus.

_____ I need assistance understanding and navigating the fixed route system.

_____ I can stand on a moving bus, holding the handrail, if no seat is available.

_____ I do not have the stamina to travel long distances.

_____ I can use a telephone to get bus schedule information.

_____ I can find my way to the bus stop after being shown where it is based.

_____ I can hear and understand the automatic location announcement system on the bus.

Please explain those items checked above. _____

To the best of my knowledge, the information I have provided as part of this application has been properly recorded. I have reviewed all answers and certify that the information is complete and correct. I understand that any intentional false or misleading information may be grounds for denial of service.

Signature of applicant, representative, or guardian

Date: _____

Please mail or bring your completed application to:

Chatham Area Transit
PARATRANSIT DIVISION
900 East Gwinnett Street
Savannah, GA 31401

PATIENT CONSENT TO RELEASE & DISCLOSURE OF MEDICAL INFORMATION

Chatham Area Transit will request the appropriate information from your Licensed/ Certified Professional. This authorization shall remain in effect for the entire period of service covered by this or any certification used.

NOTE: DO NOT GIVE FORM TO PHYSICIAN.

*(PLEASE GIVE **COMPLETE INFORMATION ABOUT THE LICENSED/CERTIFIED PROFESSIONAL** WHO WILL VERIFY YOUR APPLICATION INFORMATION)*

YOUR DOCTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ FAX #: () _____

“I hereby authorize Chatham Area Transit or its representatives to obtain, from the Licensed/Certified Professional listed above, medical information related to my health or treatment for the purpose of evaluating my ADA eligibility for paratransit service. I certify that the information provided on this application is true and correct. I understand that giving false information is against the law and could result in losing Paratransit services as well as a penalty under the law” (RCW 9A.72.085 and RCW 40.16.030).

Signature of applicant, representative, or guardian Date

Witness Date

If someone other than the applicant has completed this application/authorization, that person must complete the following:

Name _____

Relationship _____

Address _____

Home phone _____

Work phone _____

TDD/TTY _____

I certify to the best of my knowledge that the information provided in this application is complete and correct based upon the information given me by the applicant or my own knowledge of the applicant's health condition or disability.

Signature _____ Date _____

FOR TELERIDE OFFICE USE ONLY:

APPROVED _____ CONDITIONAL _____ UNCONDITIONAL _____
CODE(S) _____

DENIED _____
LIST SPECIFIC REASON FOR DENIAL THAT WILL BE STATED ON THE DENIAL
LETTER _____

SIGNED _____ DATED _____



Applicant Checklist

Before calling to schedule your in-person interview, please complete the following checklist:

- Did you read the application letter in its entirety?
- Did you review the application carefully?
- Did you review the eligibility requirements carefully?
- Did you understand the eligibility requirements?
- Did you complete all questions in the application?
- Have you signed and dated the application?
- If applicable, has the person who assisted you signed and dated the application?

If you have any questions about the application form, call the Customer Service Ride Line at (912) 233-5767 for assistance. If you need help filling out the application form, the interviewer will assist you at your interview.

Once you have completed all the items on the checklist, please call CAT to schedule your in-person interview at (912) 233-5767.