

# TELERIDE - PARATRANSIT APPLICATION

Please print and complete the following Application for Determination of ADA Eligibility, sign your name in the space provided and mail it to:

**TELERIDE**  
900 E. Gwinnett Street  
Savannah, GA 31401

## PART I: General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

## PART II: Please answer the following questions.

01. Do you need written information given to you in a different way?

Large Print  Braille  Audio Tape

Other, please specify: \_\_\_\_\_

02. Language Ability (Check all that apply)

English  Spanish  Other, please specify: \_\_\_\_\_

03. What is the health condition or disability which prevents you from using the CAT bus service? Please list all applicable conditions and/or disabilities. \_\_\_\_\_

04. Is this condition and/or disability temporary? If yes, what is its expected duration? If no, leave blank. Duration:

Years  Months

05. Does your condition/disability change from day to day in ways that affect your ability to use the CAT bus service? If yes, please explain. If no, leave blank. \_\_\_\_\_

06. The disability that prevents me from using CAT buses places me in the following category:

I need a lift or ramp to board the bus.

My disability prevents me from getting to the bus stop.

My disability does not prevent me from riding the CAT bus.

07. Which of the following mobility aids do you use? Check all that apply.

- Cane       Manual Wheelchair       Service Animal  
 White Cane       Powered Wheelchair       Picture Board  
 Crutches       Alphabet Board       Powered Scooter/Car  
 Boarding Chair       Portable Oxygen       Prosthesis  
 Transfer Board       Other, Please describe: \_\_\_\_\_

08. If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds?

Yes     No

09. Do you need to travel with someone who assists you?

Yes     Sometimes     Never

10. If you travel with someone who assists you, does this person assist you in:

- Getting to or from bus stops     Getting on or off the bus  
 Helping me to get where I am going     Other, describe: \_\_\_\_\_

**PART III: Please answer the following questions.**

01. Please explain how your disability prevents you from using the CAT bus service.

\_\_\_\_\_  
\_\_\_\_\_

02. Can you use a telephone to make calls and get information about the CAT bus service?

Yes     Sometimes     No

If "No" or "Sometimes", please explain: \_\_\_\_\_

03. Are you able to ask for, understand, and follow written or spoken directions either independently or with help of an aid (such as a letter board or bus ID card) ?

Yes     Sometimes     No

If "No" or "Sometimes", please explain: \_\_\_\_\_

04. Are you able to deal with unexpected situations and unexpected changes in routine?

Yes     Sometimes     No

If "No" or "Sometimes", please explain: \_\_\_\_\_

05. Can you (the applicant) recognize landmarks and travel on the transit system independently?

Yes  Sometimes  No

If "No" or "Sometimes", please explain \_\_\_\_\_

06. Have you ever had any training to learn how to use a regular CAT bus?

Yes  No

If "Yes", the training was at \_\_\_\_\_

07. Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?

Less than 200 feet  Less than 1/4 mile (3 blocks)

Less than 1/2 mile (6 blocks)  More than 3/4 mile (9 blocks)

08. Are you unable to get to or from bus stops without the assistance of another person for any of the following reasons? Check all that apply:

I cannot travel up or down steep hills

I cannot cross busy intersections

I cannot travel in areas without curb cuts or sidewalks

I cannot travel at night due to night blindness

Very cold weather is dangerous to my health

Very hot weather is dangerous to my health

High air pollution is dangerous to my health

Other, Explain: \_\_\_\_\_

09. Are you able to wait for a bus at a bus stop?

Yes  No  Sometimes

If "No" or "Sometimes", please check all of the following statements that apply to you:

I can wait only if there is a bench

I can wait only if there is a shelter

Waiting outside in very hot weather is dangerous to my health

Waiting outside in very cold weather is dangerous to my health

I can wait only if it is not longer than \_\_\_minutes

10. Are you able to get on and off a bus that does not have a lift or ramp?

Yes  No

11. Are you able to get on and off a bus that has a lift? (Please note that persons who do not use wheelchairs but who cannot climb the bus steps are permitted to enter the bus by standing on the lift.)

Yes  No

12. Once inside, can you get to a seat or wheelchair position without assistance?

Yes  No

13. Are there any other reasons why you cannot get on or ride the bus?

Yes  No

If "Yes", please explain: \_\_\_\_\_

### IDENTIFICATION CARD INFORMATION

If you are determined eligible for paratransit service by Chatham Area Transit, you are eligible for paratransit service in other cities. In order to use paratransit service in other cities, you must present an identification card showing your eligibility. You do not need an identification card to use Teleride. Would you like Chatham Area Transit to send an identification card to you?

Yes  No

### SIGNATURE

I hereby certify that the information given above is true and correct. I expressly acknowledge that Chatham Area Transit will rely upon the information contained herein in making a determination as to my eligibility to participate in the program. I agree that if any of the information given to Chatham Area Transit is materially false or misleading, Chatham Area Transit shall have the right to reconsider my right to participate in the paratransit program, in addition to pursuing any other right or remedy which Chatham Area Transit may have under the circumstances.

**Signature of Applicant or Person Assisting Applicant:**

\_\_\_\_\_ **Date** \_\_\_\_\_

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

## REQUEST FOR PROFESSIONAL REFERENCE

In order to allow Chatham Area Transit to evaluate your request for ADA paratransit eligibility certification, it may be necessary to contact a health care or rehabilitation professional for additional information about your disability and ability to use regular bus service. Please complete and sign the following authorization. Note: It is important that, if possible, you identify a professional who is familiar not only with your particular disability but who also understands your ability or inability to travel on the CAT bus service. This could include:

- . • a rehabilitation specialist
- . • an occupational or physical therapist
- . • an independent living counselor
- . • a vocational rehabilitation counselor
- . • a social worker
- . • a physician or registered nurse
- . • a psychologist
- . • a mental health counselor

I authorize the following professional to release to the Chatham Area Transit information about my disability and its affect on my ability to travel which may be needed in connection with my request for ADA paratransit eligibility certification. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below.

Name of Professional: \_\_\_\_\_ Title/Profession: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

**Failure to complete and submit this form will render the application incomplete and eligibility will be denied.**