



**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

\_\_\_\_\_ Orthopedic Cane (three or four prong base)

\_\_\_\_\_ Standard Cane

\_\_\_\_\_ Walker

\_\_\_\_\_ Braces

\_\_\_\_\_ Crutches

\_\_\_\_\_ Manual Wheelchair

\_\_\_\_\_ 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                                       | _____ Assisted in using the wheelchair by a caregiver or mobility aide |
| _____ Passenger in someone else's car                    | _____ Currently have no means of travel                                |
| _____ Other van service                                  |  |
| _____ Regular (big), fixed route, accessible bus service |  |

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 \_\_\_\_\_