



**CHATHAM AREA TRANSIT**

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**912.233.5767**

900 E. Gwinnett Street  
Savannah, Georgia 31401

**[www.catchacat.org](http://www.catchacat.org)**

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 people with specific disabilities have equal access to public transportation. In accordance with the ADA, Chatham Area Transit (CAT) must provide a variety of services, including paratransit service. Paratransit service is a specialized service that provides 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 (912) 629-3960 the application back to CAT. Once the application is received at CAT, the eligibility coordinator will date and time stamp the application, then we will forward a licensed professional form to your primary physician, social worker or any other licensed professional that is able to sign off on your disability. You will also be called to set up an appointment for an in-person interview.
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.
6. Certification/Recertification eligibility extends for three years from certificate date.

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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_

Cell phone number ( ) \_\_\_\_\_

In case of emergency contact: Name \_\_\_\_\_

Alternative emergency number (Other than your home phone):

( ) \_\_\_\_\_

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:

\_\_\_\_\_ **Panic attacks**

\_\_\_\_\_ **Confusion**

\_\_\_\_\_ **Hallucinations**

\_\_\_\_\_ **Easily agitated or angered**

\_\_\_\_\_ **Delusions**

\_\_\_\_\_ **Experienced paranoia**

\_\_\_\_\_ **Short-term memory difficulties**

\_\_\_\_\_ **Cannot identify pictures**

\_\_\_\_\_ **Long-term memory difficulties**

\_\_\_\_\_ **Cannot read or write**

\_\_\_\_\_ **Easily wander off**

\_\_\_\_\_ **Difficulty understanding  
written or verbal instructions**

\_\_\_\_\_ **Easily taken advantage of by  
others**

\_\_\_\_\_ **Anxiety**

\_\_\_\_\_ **Visual difficulties**

\_\_\_\_\_ **Hear voices**

\_\_\_\_\_ **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 determine traffic flow.

\_\_\_\_\_ I cannot always get out of the road before the traffic signal changes

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

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9. Do you have a **mental/psychological disability**? Yes  No

If yes, please state the disability and explain how it affects you.

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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, board 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 \_\_\_\_\_

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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 \_\_\_\_\_

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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?

Less than 100 feet Yes  No

200 – 400 feet Yes  No

600 – 800 feet Yes  No

800 – 1000 feet Yes  No

Over 1000 feet 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                      \_\_\_\_\_ Crutches

\_\_\_\_\_ Orthopedic cane (three or four prong base)                      \_\_\_\_\_ Walker

\_\_\_\_\_ Manual wheelchair                      \_\_\_\_\_ Motorized wheelchair

\_\_\_\_\_ Standard cane                      \_\_\_\_\_ Scooter

17. If applicable, what is the height/width of your unoccupied wheelchair/scooter? Height \_\_\_\_\_ Width \_\_\_\_\_

18. If applicable, what is the weight of your wheelchair/scooter while it is occupied by you? Weight \_\_\_\_\_

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?

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21. Do you travel with portable medical equipment? Yes  No

If yes, what type of animal is used? \_\_\_\_\_

22. A Personal Care Attendant is someone you may bring with you to assist you while traveling or with personal care or activities.

A Personal Care Attendant to travel with you to provide transportation assistance? Yes  No

If yes, please explain the specific assistance you require. \_\_\_\_\_

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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 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

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

27. 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

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

\_\_\_\_\_ Wheelchair/Scooter

\_\_\_\_\_ Operate my own wheelchair

\_\_\_\_\_ Assisted in my wheelchair by a service animal

\_\_\_\_\_ Assisted in using the wheelchair by a caregiver/mobility aide

\_\_\_\_\_ Walk

\_\_\_\_\_ Drive myself

\_\_\_\_\_ Other van service

\_\_\_\_\_ Passenger in someone else's car

\_\_\_\_\_ Regular, fixed-route, accessible bus service

\_\_\_\_\_ Currently have no means of travel

29. 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? \_\_\_\_\_

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

31. 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.

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32. Please check all that apply to you:

\_\_\_\_\_ I am able to board, ride, and disembark from a 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 on the previous page. \_\_\_\_\_

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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.

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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 representative 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).**

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Signature of applicant, representative, or guardian

Date

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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 to me by the applicant or my own knowledge of the applicant's health condition or disability.

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

FOR CAT MOBILITY 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.