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 (3) 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 _______ Recertification 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.

<table>
<thead>
<tr>
<th>List the Medical Names of Your Disabilities or Medical Conditions</th>
<th>Is the Condition Permanent?</th>
<th>Duration of Condition</th>
<th>Medications taken for the Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  ____ Easily Agitated or Angered
   ____ Hallucinations  ____ Easily Agitated or Angered  ____ Experience Paranoia
   ____ Delusions  ____ Confusion  ____ Cannot Identify Pictures
   ____ Short Term Memory Difficulties  ____ Cannot Read or Write  ____ Difficulty Understanding Written or Verbal Instructions
   ____ Long Term Memory Difficulties  ____ Anxiety  ____ Hear Voices
   ____ Easily Wander Off  ____ Inappropriate Behaviors
   ____ Easily Taken Advantage of by Others
   ____ Visual Difficulties
   ____ 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?

<table>
<thead>
<tr>
<th>Distance</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 – 400 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>600 – 800 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>800 – 1000 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 1000 feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
_____ Motorized Wheelchair
_____ Walker
_____ 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? ________________________________

________________________________________________________________________________

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

If yes, what type of portable equipment? ____________________________________________

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

Do you require a Personal Care Attendant 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 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. ________________________________________________________________

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
- Walk
- Assisted in my wheelchair by a service animal
- Drive myself
- Assisted in using the wheelchair by caregiver/mobility aide
- Other van service
- Assisted in using the wheelchair by caregiver/mobility aide
- Regular, fixed route, accessible bus service
- Passenger in someone else’s car
- 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 you disability restricts this. ____________________________________________

________________________________________________________________________________

________________________________________________________________________________
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 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 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).

____________________________________________________________________________________

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 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.