



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.

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: _____

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?

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 _____ 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.

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair/Scooter | <input type="checkbox"/> Operate my own wheelchair |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Assisted in my wheelchair by a service animal |
| <input type="checkbox"/> Drive myself | <input type="checkbox"/> Assisted in using the wheelchair by caregiver/mobility aide |
| <input type="checkbox"/> Other van service | <input type="checkbox"/> Passenger in someone else's car |
| <input type="checkbox"/> Regular, fixed route,
accessible bus service | <input type="checkbox"/> 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. _____

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 applicate 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.