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 persons with specific disabilities have equal access to public transportation. In accordance with ADA, Chatham Area Transit (CAT) must provide a variety of services, including paratransit service. Paratransit service is a specialized service providing 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 the application back to CAT. Once the application is received at CAT, a Transit Customer Advocate will date and time stamp the application, then review it to make sure it is complete. CAT will conduct functional assessments only on an “as needed” basis.

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.

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 ________________

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.

<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>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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</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
   - Hallucinations
   - Delusions
   - Short Term Memory Difficulties
   - Long Term Memory Difficulties
   - Easily Wander Off
   - Easily Taken Advantage of by Others
   - Visual Difficulties
   - Inappropriate Behaviors
   - Confusion
   - Easily Agitated or Angered
   - Experience Paranoia
   - Cannot Identify Pictures
   - Cannot Read or Write
   - Difficulty Understanding Written or Verbal Instructions
   - Anxiety
   - Hear Voices

   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  
_____ Black Out  
_____ 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 if 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  ____ Braces  
   ____ Orthopedic Cane (three or four prong base)  ____ Crutches  
   ____ Standard Cane  ____ Manual Wheelchair  
   ____ Walker  ____ 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   □ Audio tapes   □ Braille   □ Large print   □ 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 PHYSICAN.

(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_________
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.