



APPLICATION FOR PARATRANSIT ELIGIBILITY

PLEASE READ BEFORE COMPLETING THE APPLICATION

If you have any questions regarding this application, please contact the Operations Manager at (770) 345-6238.

Dear Applicant:

The questions in PART A of this application represent the first step in the process to certify your application for eligibility to use CATS' Paratransit Service. Please answer each question because your answer will assist us in determining the appropriate service to match your needs. A DISABILITY DOES NOT AUTOMATICALLY MAKE SOMEONE ELIGIBLE FOR PARATRANSIT SERVICE. Eligibility is determined based on how the disability restricts the applicant to travel to and ride the regular, fixed route, accessible bus.

It is your responsibility to return the completed, signed PART A portion of the certification process to CATS. You must sign the Authorization Page of this form, authorizing your Licensed/Certified Professional to release information about your disability. **On the Authorization Page, please be certain to provide complete information on the Licensed/Certified Professional who can appropriately answer questions about your disability and your functional ability to travel.** It is strongly recommended that the Licensed/Certified Healthcare Professional be someone who is familiar with your functional ability. Consequently, a family medical doctor may have less knowledge about a person who has:

- A mental health disability as opposed to a counselor, psychologist or psychiatrist;
- A visual impairment as opposed to a mobility specialist;
- A developmental disability as opposed to a case manager or supportive employment specialist;
- A mobility impairment as opposed to a physical therapist or occupational therapist.

CATS will fax **PART B** of the application on the following business day it is received into our office, to the Licensed/Certified Professional who is listed on Part A. Your application will be considered complete once your Licensed/Certified Professional has completed and returned PART B to CATS. CATS will provide a decision as to your eligibility within 21 days, once the completed application is received.

Please note: The person filling out Part A of this application cannot be the same person who will fill out Part B from the Licensed/Certified Professional.

ALL QUESTIONS ON THIS APPLICATION ARE REFERRING TO THE REGULAR FIXED ROUTE, ACCESSIBLE BUS.

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 (optional): (Name) _____

Alternative emergency number (Other than your home phone) (optional): () _____

Date of Birth (optional): _____

Email address for correspondence (optional): _____

Closest bus stop to your residence. (If you are not sure, please call (770) 345-6238).

Name of subdivision or apartment complex: _____

Nearest major intersection 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"/>		

(1) How does the condition(s) affect your ability to ride the regular fixed route, accessible bus service? Be very specific. _____

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.?)

(2) If yes, 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 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 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 CATS bus stop that **DOES NOT** have seats and a shelter?

- Yes No If yes, please explain: _____

(12) Can you wait 30 minutes at a CATS bus stop that **DOES** have seats and a shelter?

- Yes No If yes, please explain: _____

(13) Can you wait 30 minutes at a CATS bus stop unassisted?

- Yes No If yes, please explain: _____

- (14) How far can you walk without the assistance of another person:
- The length of one football field (300 feet)? Yes No
 - One lap around a ¼ mile track? Yes No
 - Two laps around a ¼ mile track? Yes No
 - Three laps around a ¼ 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 or exit the bus? Yes No

- (16) Do you use a mobility device to travel? Yes No Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Orthopedic Cane (3 or 4 prong base) | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Standard Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Motorized Wheelchair |

- (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 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: _____

Please note: If the contact number is not answered, or if the number is disconnected, DFCS/911 will be called to take custody of the passenger.

(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 format you would like to receive them in? Check only one format:

- 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 Motorized Wheelchair
 Other van service Currently have no means of travel
 Regular, fixed route, accessible bus service

(30) Have you ever ridden a regular, fixed route, accessible bus? Yes No If yes, when was the last time you rode a regular, fixed route accessible bus? _____

(31) Why did you stop using the regular, fixed route, accessible bus? _____

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

(33) Have you ever been trained in the use of the CATS' bus system? Yes No

(34) Who trained you in the use of the CATS 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, fixed route, accessible bus if the paratransit van could get you to a regular, 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, fixed route, accessible bus if your trip involved riding the regular, 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 how your disability restricts this. _____

(38) Please check all that apply to you:

- I am able to board, ride, and disembark from regular, 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 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 COMPLETE AND RETURN THE APPLICATION TO:

CHEROKEE AREA TRANSPORTATION SYSTEM (CATS)
884 Univeter Road
Canton, Georgia 30115

PATIENT CONSENT TO RELEASE & DISCLOSURE OF MEDICAL INFORMATION

This Consent to Release Medical Information is to be provided to:

*(PLEASE GIVE **COMPLETE INFORMATION ABOUT THE HEALTH CARE PROFESSIONAL WHO WILL VERIFY YOUR APPLICATION INFORMATION**)*

YOUR DOCTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ FAX #: () _____

I, the undersigned, do hereby consent to the release and disclosure of any relevant medical information to Cherokee Area Transportation System (CATS) as called for in Part B of this application for the sole purpose of determining ADA paratransit eligibility. I understand that this information will be shared only with persons making decisions related to my eligibility for paratransit services and to other transit providers needing such information to facilitate travel.

I have read this document carefully and understand that I have the right to revoke this release in writing, excepting information that may have previously been released under this authorization.

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:* _____

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 CATS OFFICE USE ONLY:		
APPROVED <input type="checkbox"/>	CONDITIONAL <input type="checkbox"/>	UNCONDITIONAL <input type="checkbox"/>
DENIED <input type="checkbox"/>	LIST SPECIFIC REASON FOR DENIAL THAT WILL BE STATED ON THE DENIAL LETTER	

Signed: _____		DATED: _____



Cherokee County.....Where metro meets the mountain

This is an official publication of the
Cherokee Area Transportation System (CATS)