



ELIGIBILITY APPLICATION

Dear Customer:

Thank you for inquiring about applying for Charlotte Area Transit System (CATS) Special Transportation Service (STS) eligibility. Enclosed is a copy of an Application for Certification of ADA Paratransit Eligibility, as well as an instruction sheet outlining the certification process.

Please read these enclosed materials carefully before completing the application.

STS is the paratransit service CATS provides to individuals who are unable to use fixed-route bus service because of a disability. An inability to use fixed-route bus service may include being unable to travel to or from bus stops, board or exit buses or understand how to ride and use the bus system.

STS provides van/shared ride service to persons determined to be "ADA paratransit eligible" for those trips that cannot be made using the regular fixed-route service. You may, for example, be able to use bus service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, you might not be able to travel to and use the buses. STS is meant to assist you at these times.

There are three types of eligibility:

Conditional Temporary: You are able to use the fixed route bus sometimes and need paratransit sometimes. The functional limitation is expected to improve.

Conditional Permanent: You are able to use the fixed route bus sometimes and need paratransit sometimes. The functional limitation will not improve and may become worse.

Unconditional: You cannot use the fixed route bus due to a functional limitation.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** The questions are meant to determine the circumstances under which you can use fixed route or paratransit services.



If you need assistance completing the form, or have questions, please contact the STS office. This letter and application is also available in large print, and other alternative formats.

After you have completed the application, please have a licensed health care or rehabilitation professional complete and sign the last page. ***If any sections are left blank the application will be returned to you.*** The information you provide in this application is confidential.

Please do not attach medical documentation or information to this application. You may bring the medical information with you when you have your interview.

Within a few days of receiving your completed application, you will be contacted by telephone to schedule an in-person interview and functional assessment to determine your abilities to use CATS fixed-route service.

Completed applications will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If additional time is required to complete the evaluation and determination, you will be given temporary eligibility.

If we determine that you are able to use CATS fixed route service, and are therefore ineligible for STS, we will notify you of the reason(s) for this determination. You may appeal this decision in writing. However, STS service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days.



Applicant Information

Title: Mr. Mrs. Miss Ms.

Name_____

Address_____

Telephone/ TDD Number (day)_____ (evening)_____

Date of Birth_____/_____/_____ [] Male [] Female

Primary Language: [] English [] Spanish [] Sign [] Other:_____

Accessible Formats: [] Standard Print [] Large Print [] Braille [] Audio Tape
[] Other:_____

Type of Eligibility: [] Conditional [] Unconditional [] Temporary [] Permanent

If this application has been completed by someone other than the applicant requesting certification, that person must complete the following:

Name:_____

Address: _____

Telephone: (day)_____ (evening)_____

Signed:_____

Date:_____

In case of emergency: please list the names of two people, including support professional, agencies or others familiar with you disability that STS can contact:

Name:_____ Work#_____ Home#_____

Address:_____

Relationship:_____

Name:_____ Work#_____ Home#_____

Address:_____

Relationship:_____



About Your Disability

1. What is the disability that prevents you from using the fixed route bus?

2. Explain how your disability prevents you from independently using a fixed route bus:_____

3. Are the conditions you described: permanent vary day to day temporary? If temporary, what is the expected duration? _____

4. Do you have medically defined cold sensitivity? Yes No
Above or below what temperatures?:_____

If Yes, please explain:_____

5. Do you have medically defined heat sensitivity? Yes No
Above or below what temperatures? :_____

If Yes, please explain:_____

6. Do other weather conditions (wind, dusk/dark and/ or glare) affect your disability? If yes, please explain:_____

7. Do you have a visual impairment? Yes No Sometimes
If Yes or Sometimes, please explain:_____

8. Is your breathing affected by weather or environmental conditions?
 Yes No Sometimes



If Yes or Sometimes, please explain: _____

9. Does the extent of your disability change after medical treatment?

Yes No Sometimes

If Yes or Sometimes, please explain: _____

10. Are there any other comments or additional information relating to your disability that you would like to explain?

Traveling To/ From Bus Stop

1. Are you able to locate fixed route bus stops, destinations, locations and/or cross streets independently? Yes No Sometimes

If No or Sometimes, please explain:

2. Are you able to travel independently after dark? Yes No

Sometimes

If No or Sometimes, please explain:

3. Are you able to safely and independently travel ¼ of a mile (4 blocks) without help from another person? Yes No Sometimes

If No or Sometimes, please explain:

4. Are you able to safely and independently travel 200 feet without help from another person? Yes No Sometimes



If No or Sometimes, please explain:

5. Are you able to reach and return your neighborhood bus stop independently? Yes No Sometimes

If No or Sometimes, please explain:

6. Are you able to wait outside without assistance or support for ten (10) minutes? Yes No Sometimes

If No or Sometimes, please explain:

7. Are you able to leave and return to your regular destinations (local bus stops) independently? Yes No Sometimes

If No or Sometimes, please explain:

8. Are you able to wait longer than 15 minutes? Yes No Sometimes
If so, how long: _____minutes.

9. Are you able to travel on flat surfaces in good weather?
 Yes No Sometimes

If No or Sometimes, please explain:

10. Are you able to travel on slight inclines in good weather?
 Yes No Sometimes

If No or Sometimes, please explain:

11. Are you able to get to and from the nearest public transit stop?
 Yes No Sometimes

If No or Sometimes, please explain:



12. Could you wait if there were a seat or a bus shelter?

Yes No Sometimes

If No or Sometimes, please explain:

13. Could you wait if there were **no** seat or bus shelter? Yes No

If No, please explain: _____

14. How long are you able to wait for a bus to arrive? _____ minutes.

Boarding and Alighting the Bus

1. Can you safely and independently walk up and down three (3) 12- inch steps? Yes No Sometimes

If No or Sometimes, please explain:

2. Are you able to board, ride or exit a wheelchair accessible bus without assistance? Yes No Sometimes

If No or Sometimes, please explain:

3. Are you able to grasp handles or railings, coins or tickets while boarding or exiting a bus? Yes No Sometimes

If No or Sometimes, please explain:

4. Are you able to board or exit a vehicle if it has a lift or kneeler that lowers the front of the bus? Yes No Sometimes

If No or Sometimes, please explain:

5. Are you able to get on and off a bus without assistance?

Yes No Sometimes

If No, or Sometimes, please explain:



Service Delivery

1. Do you use wheel chair or scooter? Yes No
How wide is it? _____ inches

How heavy is it when occupied? _____ pounds.

This information is not used to determine paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and whether it exceeds the definition of a common wheelchair.

The Americans with Disabilities Act of 1990 defines a common wheelchair as **no more than 30 inches wide, 48 inches long and 600 pounds when occupied.**
If your mobility device exceeds these dimensions, the ADA does not guarantee paratransit service.

2. Do you use any of the following mobility aids or specialized equipment when traveling? Check all that apply.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Large Power Chair (exceeds ADA) |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Power Scooter (3 -wheeled) | |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other Aid: _____ |

3. If you use a wheelchair or scooter, will you use it on paratransit?
 Yes No Sometimes
If No or Sometimes, please explain: _____

4. Are you able to wait 15 minutes at a public bus stop with your mobility device? Yes No Sometimes
If No or Sometimes, please explain: _____



5. Do you require an attendant (personal care, sighted guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street; navigating stairs, etc. Yes No Sometimes
If Yes or Sometimes, please explain the type of assistance this person provides: _____

6. Do you travel with children under the age of 10? Yes No

Release of Information

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Special Transportation Service (STS). I agree to release the information requested to Carolinas Rehabilitation, on behalf of the Charlotte Area Transit System, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that Carolinas Rehabilitation, on behalf of the Charlotte Area Transit System, reserves the right to request additional information at its discretion. I agree to notify STS of any changes in the status of my disability that affects my ability to use complementary paratransit service. I also understand that this may affect my eligibility as a rider.

I hereby certify that I am the individual requesting certification for ADA complementary paratransit service and that the above information is true and accurate:

Signed _____ Date _____

Printed Name of Applicant _____

Printed Name of Preparer _____

If preparer represents an agency, please print the agency name here:
_____ Phone# _____

Signature of Parent or Legal Guardian _____
Date _____



Thank you for completing this application.

You will be notified in writing within 21 days of the receipt of this application of the determination that has been made and the reason(s) for that determination.

Any person denied eligibility or granted conditional eligibility may file a written request for an appeal within 60 days. STS service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. Eligibility for STS is granted for a period of up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.



Professional Verification

To properly evaluate this application, Carolinas Rehabilitation, on behalf of the Charlotte Area Transit System, will contact your health care or rehabilitation professional to confirm the information provided. Please have your health care or rehabilitation provider complete and sign the following authorization.

Note: If possible, please give the name of a professional who is familiar with your particular disability and who also understands your ability or inability to travel using the public transit system. This could include:

- a rehabilitation specialist
- an independent living counselor
- a social worker
- a psychologist
- a vocational rehabilitation counselor
- a mental health counselor
- an occupational or physical therapist
- a physician or registered nurse

The following Health Care or Rehabilitation professional is familiar with my disability and is authorized to provide Carolinas Rehabilitation, on behalf of the Charlotte Area Transit System, with any information required to confirm any information contained in this application; or to clarify the limitations of my disability.

To Be Completed By Healthcare or Rehabilitation Professional

Name_____
Address_____

Telephone / TDD Number (day)_____ fax ____
E-Mail address _____
Signature_____ Date_____