



**CATS**  
**ADA 资格申请**

Dear Applicant:

Thank you for inquiring about applying for Charlotte Area Transit System (CATS) ADA paratransit eligibility. This application is to apply or renew the ability to ride the CATS paratransit service.

**Please read these enclosed materials carefully before completing the application.**

The CATS paratransit service provides individuals who are unable to use fixed-route bus or rail services 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.

CATS provides curb-to-curb shared ride service to persons determined to be ADA paratransit eligible for those trips that cannot be made using the regular fixed-route or rail 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.

There are 5 categories of eligibility:

*Unconditional*

This service level has no restrictions on when or why a trip can be scheduled for the passenger. This level is reserved for those who cannot use the fixed/rail system at any level. Temporary or permanent certification will have no impact on the quantity or reason for the trip scheduled.

1. Unconditional-Temporary

This certification level will require recertification and reassessment more frequently based on the passenger's abilities.

2. Unconditional-Permanent

This certification level will be for those whose situation will not improve.

*Conditional*

This service level is for those who have the ability, at times, to utilize fixed/rail services. The passenger is to be offered travel training in order to understand



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how to effectively use the fixed/rail portions of service to travel to their destinations. Travel training is not required.

### 3. Conditional-Temporary

This level of service is intended for those who can use the fixed/rail system with only some necessary use for paratransit. The condition affecting the passenger is expected to improve. This level could have a shorter than normal timeline for expiration before recertification would be necessary. These trips are to be screened at the time of scheduling to assure conditions are met for the trip.

### 4. Conditional-Permanent

Occasionally the passenger can use the fixed/rail system. The limitations are not expected to improve or may worsen.

### 5. Ineligible

If found to be ineligible and denied service a letter will be mailed detailing the reasons for the denial. The letter will be accompanied by instructions of the appeals process.

To enable us to accurately determine your eligibility for this service, **please complete the following application information 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 CATS office. This letter and application are also available in large print, and other alternative languages and formats.

After you have completed Part A application, please have a licensed health care or rehabilitation professional complete Part B of the application. ***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 may be contacted by telephone to schedule an in-person interview and functional assessment to determine your abilities to use CATS fixed-route service.



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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 ADA para-transit, we will notify you of the reason(s) for this determination. You may appeal this decision in writing. However, ADA service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days.

This application can be either submitted electronically by pressing the submit button on the last page (the submit button will only work if all required fields are filled) or can also be emailed or printed and mailed after your healthcare provider has completed part B of this application. Please mail the application to:

**CATS Paratransit - Eligibility**  
**901 North Davidson Street**  
**Charlotte NC 28206**

You can email the application or questions to:  
[CATSADAEligibility@ci.charlotte.nc.us](mailto:CATSADAEligibility@ci.charlotte.nc.us)



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**Part A (This section must be completed by all applicants)**

**Applicant Information**

<b>Have you applied for before*?</b> (* -Indicates Required Field)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Passenger ID# [Internal Use Only]	
<b>First Name*:</b>		<b>Middle Name</b>		<b>Last Name*</b>	
<b>Home Address</b>		Street*:		Apt/Ste #	
City*:		State*:		Zip*:	
<b>Mailing Address (if different)</b>					
Street:					
City:		State:		Zip:	
<b>*Telephone</b> (Mark Primary)		Mobile:		Home:	
<b>Email*:</b>					
<b>Demographics</b>					
Date of Birth*: (mm/dd/yyyy)				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Language*:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Specify other: _____	
Accessible Formats:		<input type="checkbox"/> Standard <input type="checkbox"/> Large Print <input type="checkbox"/> Other		Specify other: _____	
		<input type="checkbox"/> Braille <input type="checkbox"/> Audio tape or .mp3			
<b>Emergency Contact</b>					
Name*:		Relationship:			
Cell#		Home#		Work#	



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If this application has been completed by someone other than the applicant requesting certification, that person must complete the following:						
Name:						
Address:	Street:					
	City:		State:		Zip:	
Relationship:			Telephone (day):			
Agency:						
Signature:				Date:		

**About Your Disability\***

1.	What is the disability or health condition that prevents you from using the fixed route bus system?	
2.	Explain how your disability prevents you from independently using a fixed route bus:	
3.	Are the conditions you described:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Temporary, How Long?
4.	Do you have medically defined temperature sensitivity?	<input type="checkbox"/> Yes <input type="checkbox"/> No Temperature Range:
5.	Do other weather conditions (wind, dusk/dark and/ or glare) affect your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
6.	Do you have a visual impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
7.	Is your breathing affected by weather or environmental conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
8.	Does the extent of your disability change after medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:





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**Boarding and Exiting the Bus\***

17.	Can you safely and independently walk up and down three (3) 12- inch steps?	<input type="checkbox"/> Yes If no explain:	<input type="checkbox"/> No
18.	Are you able to board, ride or exit a wheelchair accessible bus without assistance?	<input type="checkbox"/> Yes If no explain:	<input type="checkbox"/> No
19.	Are you able to grasp handles or railings, coins or tickets while boarding or exiting a bus?	<input type="checkbox"/> Yes If no explain:	<input type="checkbox"/> No
20.	Are you able to board or exit a vehicle if it has a lift or kneeler that lowers the front of the bus?	<input type="checkbox"/> Yes If no explain:	<input type="checkbox"/> No
21.	Are you able to get on and off a bus without assistance?	<input type="checkbox"/> Yes If no explain:	<input type="checkbox"/> No
22.	Do you require an attendant (personal care, sighted guide) or service animal to travel with you?	<input type="checkbox"/> Yes If yes explain the type of assistance they provide:	<input type="checkbox"/> No
23.	Do you travel with children under the age of 10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**Release of Information\***

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Charlotte Area Transit System ADA paratransit services. I authorize the professional who has completed **Part B** of this application to release the information about my disability or medical condition to, the Charlotte Area Transit System, and any eligibility review panel, and I understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that the Charlotte Area Transit System, reserves the right to request additional information at its discretion. I agree to notify Charlotte Area Transit System 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:**

<b>Printed Name of Applicant*:</b>		<b>Date*:</b>	
<b>Applicant Signature*:</b>			
Signature of Parent or Legal Guardian (if applicant cannot sign)			
Printed Name of Parent/Guardian:			
Signature:			
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. ADA service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. Eligibility for paratransit service is granted for a period of up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.*





**\*\*Incomplete applications will be returned to the applicant\*\***

**Part B**

**Healthcare Professional Verification**

**This section must be completed by a licensed health care or rehabilitation professional familiar with your disability or medical condition and your functional abilities.**

Patient Information	
Patient Printed Name:	
Patient Date of Birth (mm/dd/yyyy):	
Patient Address:	
Patient Phone:	
(Passenger ID# Internal Use Only)	

In accordance with: The Americans with Disabilities Act (ADA) of 1990, 49 CFR 37.121, Subpart F, you are being asked by the applicant in Part A and above of this application to provide information regarding his/her abilities to use the Charlotte Area Transit Systems (CATS) fixed route transit service. CATS may provide ADA Paratransit services to individuals who have a disability or medical condition that prevents him/her from sometimes or always using the fixed route bus or rail system. The inability to used fixed route bus or rail service may include being unable to travel to or from bus/rail stops, board or exit buses/rail cars or understand how to ride and use the transit system. The information you provide will allow us CATS to evaluate the request and determine this individual’s specific needs. Thank you for your cooperation.

**Please note:** The CATS fixed route bus and rail system is accessible to persons with disabilities who need ramps to board and exit buses/ rail cars, vehicles which kneel to the curb, and/or need audio announcements of transit stops. The individual applying for ADA paratransit **must be unable to access these services** due to:

- Conditions which prevent him/her from getting to or from a CATS fixed route bus stop, or transferring between vehicles and/or
- Conditions which prevent him/her from being able to get on, ride, or get off a bus with a ramp.

Individuals for whom performing these tasks is inconvenient or uncomfortable are **Not Eligible** for paratransit services, and you are asked to verify this.

1. Please read Part A of this application in its entirety.
2. Fill out Part B of the application completely, using the criteria provided.
3. Return the application to the applicant



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4. You may be contacted for additional information if questions remain about the applicant's abilities.

If you have any questions, contact CATS at (704) 336-5055.

<b>Healthcare Professional Attestation</b>				
I have read <b>PART A</b> in its entirety:		Yes	<input type="checkbox"/>	No
I have seen this applicant previously:		Yes		No
<i>If No explain:</i>				
Date I last saw or treated the applicant?				
Applicant's disabling condition(s) in layman's terms:				
If cognitively impaired, what is their cognitive age and IQ level?				
In my opinion, the applicant can travel independently from his/her house to the sidewalk:				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <i>If No or Sometimes please explain:</i>				
List any mobility aids used by the applicant:				
Assuming the use of a mobility aid, if applicable, and with no major barriers in their path, how far can the applicant independently travel without assistance? Up to:				
<input type="checkbox"/> < 1/4 mile <input type="checkbox"/> 1/4 mile <input type="checkbox"/> 1/2 mile <input type="checkbox"/> 3/4 mile <input type="checkbox"/> > 3/4 mile				
If visually impaired, list their best corrected acuity				
Snellen:	R:	L:		
Field Restriction:	R:	L:	Date tested:	
Does the applicant's ability to travel change due to medical treatments, environmental conditions (heat, humidity, cold, snow and ice) or other related factors?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sometimes <i>If Yes or Sometimes please explain:</i>				
Their conditions are		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	(months) _____



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Additional Comments:	

Please initial the statement below that best represents your opinion regarding this individual's use of public transportation:	
	This individual should be able to access the fixed-route bus services successfully.
	This individual cannot use the fixed-route bus service due to multiple functional limitations.
	This individual can use the fixed-route bus service under certain situations as stated below:

<p><b><i>I certify that the information I have provided herein is a fair representation of this applicant's medical impairment or condition and is accurate to the best of my knowledge. I understand that the information provided herein will be used for the sole purpose of determining the applicant's eligibility for paratransit services. I also agree that CATS may contact me for clarification of any information I have provided and that I will reply in good faith.</i></b></p>			
Health Professional's Full Name (Print)			
Company or Agency			
Address			
License, or Certificate #			
Phone		Fax	
Completion of this application by any other profession will not be accepted. Professional affiliation (Check the appropriate designation):			
<input type="checkbox"/> Licensed Physician	<input type="checkbox"/> Licensed Physical Therapist	<input type="checkbox"/> Licensed Occupational Therapist	
<input type="checkbox"/> Certified Social Worker	<input type="checkbox"/> Certified Orientation/Mobility Specialist	<input type="checkbox"/> Certified Psychologist/Psychiatrist	
<input type="checkbox"/> Certified Rehabilitation Counselor	<input type="checkbox"/> Other:		
Signature:		Date:	