



D: \_\_\_\_\_  
Initials: \_\_\_\_\_

# Concord Area Transit Special Transit Service

## Eligibility Application

The CAT is committed to ensuring equal access to its services for all individuals, regardless of disability. All of the information provided in this application is confidential and serves to determine eligibility only

**Please note** that we may not be able to accommodate you if your mobility device is longer than 48", wider than 30", or if the total weight of you and your mobility device is more than 600 lbs. Also note that age, distance to a bus stop, lack of bus service, or illiteracy, by themselves do not qualify individuals for the ADA Special Transit Service. Visitors who are eligible under ADA in other cities or states are welcome to use our service while visiting for up to twenty-one (21) days.

**NOTE: PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

**Please Type or Print Clearly**

Applicant Name: (First, Last, Initial) \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Application     Renewal Application     Temporary Application     Visitor Application

Home Phone #: \_\_\_\_\_ Second (Evening) Phone #: \_\_\_\_\_

Male     Female    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    SSN \_\_\_\_\_  
Required for Verification Purposes

I certify that the information provided in this application is true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed if the applicant was helped by another person in the completion of the application.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Will you need future materials in an accessible format? If yes, circle one:

Braille                  Large Print                  Audio Cassette                  Computer Disc

**Person or agency to contact in case of an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ Apt# \_\_\_\_\_ Bldg # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you already have a CAT ID card?  Yes  No

**PART B: APPLYING FOR ADA CERTIFICATION**

1. What are all of your current means of transportation? Please check all that apply.

- Walking
- Mobility aids or equipment
- Public transit bus
- Paratransit van
- Automobile
- Taxi/car service
- Commuter railroad
- Medicaid transportation
- Other \_\_\_\_\_

2. Which of the following mobility aids or equipment do you use to help you get to where you need to go?

Please check all that apply.

- Manual or Power wheelchair
- Power scooter
- Walker
- Cane
- Crutches
- Prosthetic device/brace
- Respirator/Oxygen tanks
- Guide cane
- Service animal (guide dog, etc)
- I do not use a mobility aid
- Other \_\_\_\_\_

(Note: We may not be able to accommodate you if your wheelchair or scooter is longer than 48", wider than 30", or if your total weight with your mobility device is more than 600 pounds)

3. Using a mobility aid, equipment or standing on your own, what is the longest length of time that you can wait for transportation?

- 1-15 minutes
- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- Over 60 minutes
- I cannot wait without assistance

4. Using a mobility aid, equipment or walking on your own, how many blocks can you travel on level ground? Circle the answer below that best describes your situation.

- |               |       |           |        |
|---------------|-------|-----------|--------|
| 1-2 blocks    | Never | Sometimes | Always |
| 2-4 blocks    | Never | Sometimes | Always |
| 4-6 blocks    | Never | Sometimes | Always |
| 6-8 blocks    | Never | Sometimes | Always |
| Over 8 blocks | Never | Sometimes | Always |

5. How far is the closest CAT fixed bus route to your home?
- 0 – 1 block
  - 4 - 6 blocks
  - over 8 blocks
  - 2 - 4 blocks
  - 6 - 8 blocks
  - I don't know

6. Do you currently use the CAT fixed route bus system?

- Yes                       No

• If yes, how many days in one week \_\_\_\_\_

• If no, please check all that apply:

- I have a disability which prevents me from boarding a regular CAT bus which does NOT have a lift
- I have a disability that prevents me from boarding a CAT bus with a lift
- I have a disability that prevents me from getting to some bus stops
- I have a disability that prevents me from getting to ALL bus stops
- I am afraid to ride the CAT bus
- I have no knowledge of or experience with the CAT bus system, so I do not know if I am able to use it
- There is no CAT bus stop near my residence
- I cannot get to a bus stop by myself because I get disoriented or confused
- I have a temporary disability that prevents me from taking a regular CAT bus. I will only need to use the paratransit service until I recover
- If given information, instructions or training on the CAT service, I think I could use it
- My trip by CAT bus would take me too long
- I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days", I cannot

7. Can you reach your destination from where the fixed route bus stops to let you off?

- Yes                       No

• If no, please check all that apply:

- I cannot walk that far
- I become confused or cannot remember where I am going
- I do not want to ride the fixed route bus system
- There are no curb cuts, paved sidewalks, or the ground is too uneven
- Other (please specify) \_\_\_\_\_

8. If you do not ride the fixed route bus system, what would help you?

- Please check all that apply:

- Lift accessible buses.
- Knowing more about the fixed route bus system
- I would travel if there were accessible fixed bus routes where I need to go.
- Other (please specify)\_\_\_\_\_

9. Please list the last two trips you took and how you got there:

- Origin:\_\_\_\_\_ Destination:\_\_\_\_\_

Transportation:\_\_\_\_\_

- Origin:\_\_\_\_\_ Destination:\_\_\_\_\_

Transportation:\_\_\_\_\_

10. Can you follow written or oral instructions to use the fixed route bus system?

- Yes  No

11. Do you need transportation at least three times each week for regularly scheduled trips to a particular destination?

- Yes  No

- If yes, please check all that apply:

- Dialysis  Work
- Therapy  Adult Day Care
- School  Senior Center
- Volunteer Work  Other:\_\_\_\_\_

Please list the most common addresses to which or from which you travel.

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12. Can you transfer from one regular fixed bus route to another?

- Yes  No

- If no, please check all that apply:

- I get too confused and might become lost
- I do not like to transfer
- I cannot hold a paper transfer
- I do not want to use the fixed route bus system
- Other:\_\_\_\_\_

13. Can you climb three 12-inch steps without assistance?  
 Yes       No
- If no, please explain: \_\_\_\_\_
14. Can you communicate with the bus driver by yourself?  
 Yes       No
- If no, please check all that apply:  
 I cannot understand the driver  
 Other people cannot understand me  
 I need a communication aid and do not have one  
 Other (please specify): \_\_\_\_\_
15. Do you travel with a Personal Care Attendant (PCA, e.g., a person such as a home attendant or friend who assists you when you travel outside your home)?
- Yes       No
- If yes, please check all that apply to you:  
 Personal Care Attendant (PCA) helps me get to or from a bus stop  
 Personal Care Attendant (PCA) helps me get on or off the bus  
 Personal Care Attendant (PCA) helps me while I ride the bus  
 Other (please specify): \_\_\_\_\_
16. Is your disability temporary?
- Yes       No
- If yes, please indicate how long you believe the temporary disability will continue:  
 1 month  
 2 months  
 Other (how many months?) \_\_\_\_\_
17. Is your condition affected by the weather?
- Yes       No
- If yes please explain: \_\_\_\_\_
18. Is your disability permanent?
- Yes       No
19. What kind of place do you live in? Please check one.
- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> House      | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Apartment  | <input type="checkbox"/> Rehab Hospital  |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Other: _____    |

## PART C: APPLICANT AGREEMENT AND INFORMATION

If you are not the applicant, but you completed this application on behalf of the applicant, you must provide the following information (please print or type):

Applicant's Name: \_\_\_\_\_

Name of person filling out this application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify that the information given in this application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

*(All applicants must sign this agreement)*

I understand that my application will be returned if it is incomplete and this will delay the processing of my application. I affirm that all information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to revocation of my registration. I also understand that failure to adhere to the policies and procedures for using the CAT Special Transit Service will be grounds for suspending my eligibility in this program.

X \_\_\_\_\_

*Applicants Signature*

*Date*

### AMERICANS WITH DISABILITIES (ADA) APPEAL PROCESS

If your ADA paratransit eligibility determination results in a finding of ineligible to receive paratransit service or in a determination of limited or conditional eligibility and you feel that this determination has been made in error, you have the right to appeal this determination.

To file this appeal you must notify the CAT in writing within 60 days of the date on the determination letter. After your appeal is received, a hearing will be scheduled to evaluate your case. The hearing process (which should not take more than 30 days) will allow you to present information and arguments on your behalf. You may have others present who are knowledgeable of your physical or mental impairment and who can speak on your behalf, but you must pay the cost for these other spokespersons. After the hearing you will be advised in writing of the decision of the appeal board. The decision of the appeal board is final.

The CAT is not required to provide you with paratransit service while your appeal is under consideration. If the appeal board has not made its decision within 30 days of receiving your appeal, you are entitled to paratransit service from that time until a final decision is made.

FOR CAT USE ONLY - DO NOT WRITE IN THIS BOX

Application Received: \_\_\_\_\_ Certification Date: \_\_\_\_\_ Status:  Eligible  Denied

Entered Para Plan: \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Appeal Date: \_\_\_\_\_

Eligibility Period:  3 years  1 year  Visitor  Temporary to: \_\_\_\_\_

PCA Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_