



APPLICATION

Please print and complete the following application for determination of eligibility under the CAT Freedom Taxi Voucher program. Persons eligible for this program include residents of Chatham County that are either certified by CAT to ride the service using the same requirements as the Teleride (paratransit) program or any persons age 65 or older. Sign your name in the space provided and mail it to:

CAT Freedom
900 E. Gwinnett Street
Savannah, GA 31401

PART I: CONTACT INFORMATION

Last Name _____ First Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Date of Birth _____

Phone (Day) _____ (Night) _____

In case of emergency, contact _____

Relationship to Applicant _____

Phone (Day) _____ (Night) _____



PART II: ELIGIBILITY INFORMATION

★ I am already certified to ride Chatham Area Transit’s Teleride Services.

_____ Yes _____ No

If YES, please skip ahead to Part IV (Page 6) of this application form.

If certifying by Age Requirement ONLY, please skip ahead to Part IV (page 6).

Please answer the following questions if you are applying to certify for CAT Freedom under the Disability qualification.

1. What is the health condition or disability that prevents you from using the CAT bus service? Please list all applicable conditions and/or disabilities. _____

2. Is this condition and/or disability temporary? _____ Yes _____ No

If YES, what is its expected duration? _____ Years _____ Months

If NO, continue to question 3.

3. Does your condition/disability change from day to day in ways that affect your ability to use the CAT bus service? _____ Yes _____ No

If YES, please explain. _____

If NO, continue to question 4.

4. The disability that prevents me from using CAT buses places me in the following category:

_____ I need a lift or ramp to board the bus.

_____ My disability prevents me from getting to the bus stop.

_____ My disability does not prevent me from riding CAT buses.

5. Which of the following mobility aids do you use? Check all that apply.

_____ Cane _____ Manual Wheelchair _____ Service Animal

_____ White Cane _____ Powered Wheelchair _____ Picture Board

_____ Crutches _____ Powered Scooter/Car _____ Alphabet Board

_____ Prosthesis _____ Boarding Chair _____ Portable Oxygen

_____ Transfer Board _____ Other, please describe: _____

6. If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds?

_____ Yes _____ No



7. Do you travel with someone who assists you (a Personal Care Attendant)?

_____ Always _____ Sometimes _____ Never

8. If you travel with someone who assists you, does this person assist you in:

_____ Getting to or from bus stops _____ Getting on or off the bus
_____ Helping me to get where I am going _____ Other, please describe: _____

9. Please explain how your disability prevents you from using the CAT bus service.

10. Can you use a telephone to make calls and get information about the CAT bus service? _____ Yes _____ Sometimes _____ No

If "SOMETIMES" or "NO," please explain: _____

11. Are you able to ask for, understand, and follow written or spoken directions either independently or with help of an aid (such as a letter board/bus ID card)?

_____ Yes _____ Sometimes _____ No

If "SOMETIMES" or "NO," please explain: _____

12. Are you able to deal with unexpected situations and unexpected changes in routine?

_____ Yes _____ Sometimes _____ No

If "SOMETIMES" or "NO," please explain: _____

13. Can you (the applicant) recognize landmarks and travel on the transit system independently? _____ Yes _____ Sometimes _____ No

If "SOMETIMES" or "NO," please explain: _____

14. Have you ever had any training to learn how to use a regular CAT bus?

_____ Yes _____ Sometimes _____ No

If "YES," the training was at: _____

15. Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?

_____ Less than 200 feet _____ Less than 1/4 mile (3 blocks)
_____ Less than 1/2 mile (6 blocks) _____ More than 3/4 mile (9 blocks)



16. Are you unable to get to or from bus stops without the assistance of another person for any of the following reasons? Check all that apply:

- I cannot travel up or down steep hills.
- I cannot cross busy intersections.
- I cannot travel in areas without curb cuts or sidewalks.
- I cannot travel at night due to night blindness.
- Very hot/cold weather is dangerous to my health.
- High air pollution is dangerous to my health.
- Other, please explain: _____

17. Are you able to wait for a bus at a bus stop? Yes Sometimes No
If "SOMETIMES" or "NO," please check all of the following statements that apply:

- I can wait only if there is a bench or shelter.
- Waiting outside in very hot or cold weather is dangerous to my health.
- I can wait only if it is not longer than ___ minutes.

18. Are you able to get on and off a bus that does not have a lift or ramp?

Yes No

19. Are you able to get on and off a bus that has a lift? (Please note: persons who cannot climb the bus steps but who are not using wheelchairs are permitted to enter the bus by standing on the lift.) Yes No

20. Once inside, can you get to a seat or wheelchair position without assistance?

Yes No

21. Are there any other reasons why you cannot get on or ride the bus?

Yes No

If "YES," please explain: _____



PART III: REQUEST FOR PROFESSIONAL REFERENCE

In order to allow Chatham Area Transit to evaluate your request for ADA paratransit eligibility certification, it may be necessary to contact a health care or rehabilitation professional for additional information about your disability. Please read the following statement, sign, and, if possible, identify a professional who is familiar with your particular disability. This could include:

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

I authorize the following professional to release to Chatham Area Transit information about my disability, which may be needed in connection with my request for CAT Freedom eligibility certification. It is my understanding that the information released will be used solely to determine my CAT Freedom eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below.

Name of Professional: _____

Title/Profession: _____

Street Address: _____

City _____ State _____ ZIP Code _____

Telephone Number: (_____) _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Please note: Failure to complete and submit this form will render the application incomplete/unsatisfactory, and eligibility may be denied.



PART IV: VERIFICATION OF AGE

I am 65 years of age or older (proof required).

_____ Yes _____ No

Please submit a photocopy of a government issued ID with your application (driver’s license, state issued ID card, Medicare card, etc.).

PART V: STATEMENT OF AUTHENTICITY

I hereby certify that the information given in this application is true and correct. I expressly acknowledge that Chatham Area Transit will rely upon the information contained herein in making a determination as to my eligibility to participate in the program. I agree that if any of the information given to Chatham Area Transit is materially false or misleading, Chatham Area Transit shall have the right to reconsider my ability to participate in the CAT Freedom program, in addition to pursuing any other right or remedy which Chatham Area Transit may have under the circumstances.

_____ Signature of Applicant or Person Assisting Applicant

_____ Date

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

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP Code _____

Relationship to Applicant _____

Phone: (Day) _____ (Night) _____