Dial-A-Ride Eligibility Application

GENERAL INFORMATION (Please print)

The information on this form will be used solely for the purpose of determining eligibility for Dial-A-Ride paratransit service. The information that you furnish will be kept strictly confidential.

First Name _____ Middle Initial_____

Last Name _____

Street Address _____Apt. Number_____

Mailing Address (if different) _____

City _____ State_____ Zip Code_____

Date of Birth (month / day / year) _____Sex (M/F) _____

Daytime phone _____ Work phone _____

Name and phone number of a friend or relative we can contact in case of an emergency or unable to reach you at your regular number:

Name _____

Relationship _____ Phone Number _____

Are you elderly (age 65 and older)? Yes _____ No _____

1. **Do you have a disability, which prevents you from using Cedar Area Transportation Service bus fixed route services? Yes_____ No_____**

If yes, please describe any and all physical, mental, visual or functional disabilities, **which prevents** you from using the Cedar Area Transportation Service (CATS) fixed route bus services.

_____

_____

_____

_____

If no, please explain why you feel you are eligible for Dial-A-Ride.

_____

_____

2. **Is your disability a permanent condition? Yes_____ No_____**

If no, how long do you expect to have this disability? _____ (Date)

3. **Do you use any of the following mobility aids?** ***(Please check all that apply)***

- ❑ **Motorized wheelchair**
- ❑ **Manual wheelchair**
- ❑ **Powered scooter**
- ❑ **Personal care attendant**
- ❑ **Walker**
- ❑ **Cane**
- ❑ **Crutches**
- ❑ **Service animal**
- ❑ **Prosthesis**

Other: _____

NOTE: Wheelchair means a mobility aid belonging to any class of three or more wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.

4. Do you need to travel with someone who assists you?

Yes_____ No_____ Sometimes_____

5. Using mobility aid or on your own, how far are you able to travel without the assistance of another person? (check all that apply)

__ ½ block __ 1 block __ 2 blocks

__ 4 blocks __ more than 4 blocks

__ climb three 12-inch steps __ wait outside without support for ten minutes

6. How far is the closest bus stop to where you live?

within a block ___ 1/4 mile ____ 1/2 mile___ 3/4 mile ___ unsure ___

7. Do you currently ride the CATS fixed route bus independently?

Yes ____ No ____Sometimes____

8. If you do not presently use CATS fixed route services, what are the conditions of your disability, which prevent you from riding the bus?

_____

_____

_____

9. Does weather impact your ability to travel? Yes ____ No ____

If yes, please explain how weather condition(s) impact your ability to ride the fixed route bus.

_____

_____

10. List your most frequent destinations and how you get there currently.

_____

_____

_____

11. Can you cross the street? Yes _____ No _____ Sometimes _____

What best describes your ability to use the CATS fixed route bus?

- ❑ **I can get to and from bus stops if the distance is not too great.**
- ❑ **The severity of my disability or health condition can change from day to day. I can ride the fixed route bus when I am feeling well, but not at other times.**
- ❑ **I have a disability or health condition which prevents me from riding the fixed route bus if the weather is too hot or too cold.**
- ❑ **My disability or health condition makes it difficult or impossible to travel when there is snow and ice.**
- ❑ **I cannot climb stairs to get on and off the fixed route bus.**
- ❑ **I can get to and from bus stops only if there are curb-cuts and level sidewalks.**
- ❑ **I have difficulty understanding or remembering all the things I would have to do to use the fixed route bus.**
- ❑ **I can use the fixed route bus if it's someplace I go all the time.**
- ❑ **I can never use the fixed route bus by myself.**
- ❑ **I am not able to use the fixed route bus for other reasons. Please explain:**

  _____

  _____

  _____

In order for CATS to evaluate your request for eligibility, we need to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list two professionals that we can contact for additional information. Examples of qualified professionals include:

Family Physician	Psychiatrist	Rehabilitation Specialist
Physical Therapist	Occupational Therapist	Registered Nurse
Case Manager	Independent Living Specialist	Ophthalmologist

1. **Name of Professional: _____**

   Street Address: _____

   City/Town: _____State: ____ Zip code: _____

   Telephone Number: _____Fax Number: _____

2. **Name of Professional: _____**

   Street Address: _____

   City/Town: _____State: ____ Zip code: _____

   Telephone Number: _____Fax Number: _____

Are you a Medicaid recipient? Yes _____ No _____

If so, we need the following information to verify your Medicaid eligibility for transportation needs:

NAME (as appears on the front of your card) _____

ID NUMBER: _____ DOB: _____

- I hereby affirm that the statements made herein are true and correct and I understand that falsification of information may result in denial of service.

- I authorize the following health care professional to release information about my disability and its affect on my ability to travel, which may be needed in connection with my request for ADA paratransit eligibility certification. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below.

- I authorize Cedar Area Transportation Service (CATS) to have access to my disability information in order to assist me in my travel needs.

Applicant's Signature: _____Date: _____

Applicant's Name: _____
(PLEASE PRINT)

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Send completed application to:

Cedar Area Transportation Service
716 North Airport Road
Cedar City, UT 84721
435-865-4510 phone
435-865-6497 fax