



Americans with Disabilities Act (ADA)
Paratransit Eligibility

CUATS Application / Recertification

Questions about this form?

Call CUATS at (423) 478-1396

Mail applications to: CUATS
65 Edwards Street S.E.
P.O. Box 86
Cleveland, TN 37364

PART A

Complete all parts of the application form. Applications that are not fully completed will be returned, which will delay your eligibility determination.

Applicant Data

Name: _____
First M.I. Last

Street Address: _____ Apt. _____

City: _____ Zip: _____

Day Telephone: (____) ____ - ____ Evening Phone: (____) ____ - ____

Birth Date: ____ / ____ / ____

Do you have a Tennessee state issued ID or Driver's License? Yes No

ID # _____ License # _____ Exp. Date: _____

Mailing Address *(if different from above)*

Street Address: _____ Apt. _____

City: _____ Zip: _____

Emergency Contact Person

1. Which of the following mobility/communication aids do you use?(Please check all that apply)

- Cane Manual Wheelchair Service Animal Transfer Board
 Powered Wheelchair Communication Aid Prosthesis Walker
 Powered Wheelchair w/cart Crutches Portable Oxygen

Other (please specify) _____

If you selected Wheelchair or Scooter, would you prefer/need to use the device while riding in CUATS Vehicles? Yes No

2. Are you able to travel in an automobile? Yes No

3. If you use a wheelchair or scooter:

Is it more than 30 inches wide? Yes No

Is it more than 48 inches long? Yes No

Is the combined weight of device and occupant more than 600 pounds?

Yes No

Travel training is an individualized program designed to teach people with disabilities how to use bus/rail transportation. The SETHRA CUATS Council offers this service at no cost.

If you are interested in learning more about our Travel Training Program please call SETHRA CUATS at 423-478-1396.

4. Does your health condition/disability require you to use paratransit services:

Seasonally (Nov.-Apr.)

Until I successfully complete travel training

Permanently Temporarily If temporarily, how long? _____ weeks/months

5. Does your health condition/disability change from day to day in such a way that would unable your ability to use regular fixed-route bus service? Yes No

If yes, please explain _____

6. When using paratransit service, does your health condition/disability require you to travel with a person care attendant (PCA)? Yes No

PART B

Using Fixed-Route Transit

Complete Part B even if you are unable to use or have never used fixed-route transit. This information will assist us in determining how your disability/health condition affects your ability to use fixed-route bus service.

7. Do you now independently use fixed-route buses? Yes No Occasionally
If yes or occasionally, how often? _____ weeks/months

Under what conditions are you able to ride fixed-route buses? _____

Which of the following best describes how you use fixed-route buses?

- To travel to and from one destination only
- To travel to and from more than one destination
- To travel to and from many different destinations

Explain what prevents you from independently using public transit services.

8. Have you ever had training to use the fixed-route buses? Yes No
If "No", would you like to receive free training? Yes No
9. Using a mobility aid or on your own, how far are you able to travel without assistance? < 3 blocks 3 blocks 6 blocks 9 blocks
10. I can wait for a fixed-route bus (check all that apply)
 Only if there is a bench or shelter
 No more than 15 minutes More than 15 minutes
11. Please check the categories below as they relate to your ability to use fixed-route.
I am:
- A. Able to tolerate high and low temperature weather conditions..... Yes No
 - B. Able to recognize destinations, bus stops or landmarks..... Yes No
 - C. Able to tolerate air pollution (smog, fumes)..... Yes No
 - D. Free from night blindness..... Yes No
 - E. Able to recognize printed information..... Yes No
 - F. Able to hear and process spoken words or auditory information.... Yes No
 - G. Able to communicate needs..... Yes No
 - H. Able to follow directions..... Yes No
 - I. Able to deal with unexpected situations or changes in routine..... Yes No
 - J. Able to safely and effectively navigate crowded/complex facilities. Yes No
 - K. Able to recognize curbs and other drop-offs..... Yes No
 - L. Able to travel independently along sidewalks and pedestrian ways. Yes No
 - M. Able to cross streets independently..... Yes No

- N. Able to find correct bus stops..... Yes No
- O. Able to identify the correct bus..... Yes No
- P. Able to safely enter/exit the bus Yes No
(including climbing/descending three steps with maximum height of 16 inches)
- Q. Able to get on and off a bus that has a lift platform..... Yes No
(either standing or with mobility aid)
- R. Able to deposit fare into the fare box or show bus pass..... Yes No
- S. Able to remain seated while bus is in operation..... Yes No
(either in seat or wheelchair position)
- T. Able to handle missing my bus..... Yes No

If you checked "No" to any of the items in question 11, please explain:

PART C Applicant Signature

I certify to the best of my abilities that the information stated on this application is true and accurate. I understand that misrepresentation of the truth will be cause for denial of ADA paratransit eligibility. I further understand additional information relating to my health condition/disability may be required for eligibility determination. This information may be obtained through an in-person interview or by requesting information from a professional familiar with my condition/disability. Additional information will be required only when information provided is insufficient for ADA paratransit eligibility.

Applicant's Signature: _____ Date: _____

*If under legal guardianship or if prepared by someone other than applicant, please provide the following information.

Guardian's/Preparer's Name: _____ Phone: (____) ____ - _____

Guardian's/Preparer's Signature: _____