



CAT ADA Dial-A-Ride Application

Client Application – Part 1

It is important to complete all parts of this form. Evaluation forms that are not fully completed or legibly written will be returned. **Please allow up to 21 days for evaluation.**

Parts 1 and 2 must be received to evaluate ADA service needs.

Application for: New permanent eligibility (1-3 years) Recertification (1-3 years)
 New temporary eligibility (maximum of 12 months)

Part 1. General Information (to be completed by applicant).

Name: _____
First M.I. Last

Physical Street Address: _____

Name of Facility/Apartment building: _____ Apt. No. _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____ Apt. No. _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Gender: F M

Date of Birth: _____ Preferred language? _____

Contact person (required): (You may list additional emergency contacts on additional sheet).

Emergency Contact Person: _____

Relationship to Applicant: _____

Primary Phone: _____ Is this a cell phone? Yes No

Secondary Phone: _____ Is this a cell phone? Yes No

Do you need information provided in an alternate format?

Large Print Spanish Other _____

OFFICE USE ONLY

Reviewed by: _____ Date: _____ Input Date: _____

ID# _____ Exp. Date: _____ ADA Application ADA-limited duration Application

Please answer the following questions as complete and accurately as possible. Your answers will help us determine your ability to use various types of public transit.

CAT Fixed Route buses: Canby Loop and 99X operate on a predetermined route according to a predetermined schedule.

CAT Dial-A-Ride buses: Paratransit and demand response door-to-door service.

1. Are you currently approved to ride with other transit agencies' complementary paratransit service? Yes No If yes, which transit agency? _____
2. Are you able to ride CAT Fixed-Route buses? Yes No Sometimes I do not know
3. What limitation(s) make it difficult or prevent you from using CAT Fixed-Route buses?

4. If the limitation(s) you described are temporary, how long do you expect these to continue?

5. Does your limitation(s) change from day to day in a way that affects your ability to use CAT Fixed-Route buses? Yes No Sometimes I do not know

6. If yes or I do not know is selected, explain why: _____

7. How do you currently travel to your most frequent destinations? (Check all that apply.)

- CAT Fixed-Route buses Drive myself Someone drives me CAT Dial-A-Ride
 Taxi NEMT (non-emergency medical transportation) Other: _____

8. Do you use any of the following mobility aids or equipment? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Extended footrests | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Chest restraint | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Prosthetic device | <input type="checkbox"/> Other (Please describe): _____ | |

9. Are you proficient in using these mobility aids or equipment? Yes No N/A

10. Does a Personal Care Attendant (PCA) accompany you when you travel outside your home (Example: push your wheelchair, carry your oxygen, etc.)? Yes No Sometimes

11. Do you want or need training to use a CAT Local bus? Yes No

12. Please indicate by marking yes, nor, or not applicable/not sure, regarding “limitations” that may make it difficult or prevent you from using CAT Fixed-Route buses:

Travel skills and abilities:	Yes	No	N/A Unsure
Is your walking speed “normal”, not unusually fast or slow?			
Are you able to independently walk or wheel on-quarter mile? <i>If not, how far can you walk/wheel? _____</i>			
Do you have the endurance to safely and independently complete a bus trip?			
Are you stable standing and walking?			
Can you independently climb three 12-inch steps?			
Are you able to step up and down curbs?			
Are you able to walk or wheel up and down curb cuts?			
Can you wait independently outside for 15 minutes?			
Are you able to wait at a bus stop without a bench?			
Can you travel up or down moderately steep terrain?			
Are you able to travel on uneven or broken surfaces?			
Are you independently able to grasp handles and railing while boarding and exiting a bus?			
Can you transfer from your wheelchair or mobility device to a set in a vehicle?			
Are you to detect or feel changes on surfaces?			
Are you able to hear well enough to safely travel?			
Are you able to see well enough to safely travel?			
Is your short-term memory adequate for safe, independent travel?			
Is your long-term memory adequate for safe, independent travel?			
Are you able to travel safely and independently on a CAT 99X or Canby Loop bus?			
Are you able to maintain appropriate behavior in public?			
Are you able to ask for, understand and follow directions?			
Are you able to recognize destinations or landmarks?			
Are you able to recognize and respond to dangerous situations?			
Are you able to deal with unexpected situations or changes independently, without assistance?			
Are you able to seek, understand and act on directions needed to complete a trip?			

<i>(continued)</i> Travel skills and abilities:	Yes	No	N/A Unsure
Are you able to provide or say a street address and telephone number upon request?			
Are you able to safely and effectively travel through crowded or complex facilities?			
Are you able to find and remember transit system information?			
Are you able to walk or wheel the distance from our residence to the nearest bus stop?			
Are you able to locate and recognize the correct bus to take?			
Are you able to get on and off a bus independently when the bus is lowered to a curb and/or use a ramp?			
Are you able to get to a seat or wheelchair securement area on a CAT Fixed-Route bus?			
Are you able to find your way in familiar and unfamiliar settings?			
Are you able to manage unexpected situations?			
Are you able to travel alone outside your home?			
Are you able to read, tell time, and follow a schedule, or instructions allowing for safe and independent travel?			
Are you unable to adequately manage snow, ice, rain, heat, humidity, cold, bright light, low light, and/or noise? (<i>Circle those that you are unable to manage,</i>)			

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION.

I understand that the purpose of this application is to determine whether I am eligible to use Canby Area Transit Dial-A-Ride services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for Dial-A-Ride paratransit, and to provide Dial-A-Ride services if I am determined to be eligible, unless I give other specific authorization.

I understand that it may be necessary for me to participate in an in-person evaluation at Canby Area Transit's expense, to determine my eligibility for Dial-A-Ride services. I understand that Canby Area Transit may review my current ADA Dial-A-Ride eligibility status at any time whatsoever where circumstances may warrant that I am no longer eligible to receive ADA Dial-A-Ride transportation service.

If a legal representative signs this application: I acknowledge that I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

Signature - Applicant or *Legal Representative _____
Date

*A power of attorney must be included if application is signed by someone other than applicant.

**If someone other than the applicant assisted in completing this application,
the person must complete and sign the following:**

Relationship to Applicant: _____

Name: _____ Date: _____

Address: _____

Phone: _____

Organization or Agency Affiliation: _____

Mail, Fax or Email To:

Canby Area Transit
ATTN: Transit Manager
195 S. Hazel Dell Way Suite C
Canby, OR 97013

FAX: 503-263-6284
Email: cat@canbyoregon.gov

If you have any questions or need assistance in completing the application, please contact us at (503) 266-4022. *Applications will be reviewed within 21 days once received.*

