







**CAPITAL AREA TRANSIT SYSTEM
CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY
(CATS ON-DEMAND)**

Instructions: PLEASE READ CAREFULLY and remove this sheet before returning application.

Applicants will receive in-person functional assessments as part of the eligibility process. The following information is provided to assist you in completing the attached application for **CATS on Demand** service. Please note that eligibility is not based on a person's age. This application is divided into two sections listed below:

Policies and Procedures: **KEEP this part for your records. Do NOT return this part to CATS.**

- Section 1 Applicant Information
- Section 2 Health Care Professional Verification

-  Be sure the **entire** application is completed & return **Sections 1 & 2** to **CATS**. Incomplete applications will not be processed. Print clearly in ink and return the original application to CATS at the address below. Copies and/or faxes will **NOT** be accepted.
-  **Section 1** is for applicants to provide demographic information (Identification documents will be verified during the eligibility interview).
-  **Section 2** is to be completed by the health care professional familiar with your disability **ONLY**. The application will be returned to you if answered by anyone other than the healthcare professional. A licensed healthcare professional must be licensed by the state of Louisiana and may include, but is not limited to a physician, nurse, or vocational rehabilitation counselor.
-  Signatures are required from all applicants or their legal guardians on the applications. Healthcare professionals must include their professional license number and signature.
-  The Capital Area Transit System and the Federal Transit Administration for the provision of public transit service will use the information obtained in this certification. This information will be kept confidential and will not be provided to any other person.
-  You may contact our **ADA Coordinator** at **(225) 346-5557**, or by email at OnDemand@BRCats.com

Send your completed application to:
**CAPITAL AREA TRANSIT SYSTEM
ADA PARATRANSIT COORDINATOR
2250 FLORIDA BOULEVARD
BATON ROUGE LA 70802**



Please return to:
CATS On-Demand Coordinator
Capital Area Transit System (CATS)
2250 Florida Blvd., Baton Rouge, LA 70802
(225) 346-5557 (225) 389-8983 FAX
OnDemand@BRCats.com Email

Section 1. Applicant Information. *(Please Print. To Be Completed by Applicant.)*

Last Name _____ First _____ Middle _____

Cell Phone # _____ Home Phone # _____

Date of Birth _____ Age _____ Email Address _____

Mailing Address _____ State _____ Zip _____

Apartment Name _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____

Person to contact in case of an emergency:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____

Cell Phone # _____ Home Phone # _____

Language Preference: English Spanish Braille Large Print Audio

Have you ever been certified to use CATS on Demand? Yes No

If no, have you ever applied for CATS on Demand? Yes No

If yes, give approximate date _____

| For Office Use Only | |
|--|--|
| Date Received _____ | I.D.# _____ |
| Recertification Yes <input type="checkbox"/> No <input type="checkbox"/> | Expiration Date _____ |
| Category _____ | Eligibility Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ |

Applicant Name _____

Date of Birth: _____/_____/_____

Using a mobility aid or on your own, how many blocks can you go on level ground?

- Less than 2 blocks
- 2 to 4 blocks
- More than 4 blocks

How many blocks do you need to go to get to a CATS bus stop from your home?

- Less than 2 blocks
- 2 to 4 blocks
- More than 4 blocks
- Don't know

Assistive device used? Check all that apply:

Manual wheelchair **Electric wheelchair** **Powered Scooter** **Cane** **Portable Oxygen**

Crutches **Walker** **Prosthesis** **Mobility/White Cane**

***Service Animal** what service does animal provide? _____

Do you have a personal care assistant (PCA) to get around? Yes No

If you use a wheelchair or scooter, does your residence have a wheelchair ramp? Yes No

If no ramp, how do you transport your wheelchair to street level?

(Driver will not take wheelchair up or down a step to or from your residence or any other facility in our service area.)

If necessary, can you transfer yourself from a wheelchair to a passenger seat? Yes No

Have you ever used the city bus service (CATS)? Yes No

Have you ever had travel training to use CATS? Yes No

Most frequent destinations-list addresses _____

I certify that the information I have given in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform the services.

Applicant Signature _____ Date _____

(Required)

***Note:** Once we have received a completed application (Sections 1 and 2) with all required information, **it may take up to 21 days to process it.**

Please submit Section 2 to your physician. This section MUST be completed by Physician ONLY.

Section 2**Must be completed by Health Care Professional – Please type or print**

Please remember that the paratransit program is a subsidized shared ride service that provides transportation to persons who have a disability that PREVENTS use of the existing public transit. Keep in mind that we have a high volume of individuals who are interested in service, but the purpose of paratransit is for those qualified persons whose only option for transportation is paratransit. If you have questions regarding eligibility, please call the CATS on Demand office at (225) 346-5557. All decisions regarding eligibility are made by the CATS On-Demand administrative staff.

What is the medical diagnosis that causes the disability? (i.e., if mental retardation, list I.Q.; if seizures, list type and # per month) _____

Date of diagnosis? _____

How does the disability prevent the applicant from riding regular city bus service? What are applicant's functional limitations? _____

List any medications that may impair or aid with mobility _____

Is there any therapy pending? _____ Expected results? _____

If the person has a disability affecting mobility: Is the person (check appropriate box or boxes) able to walk or wheel self without assistance? Yes No (3 blocks = ¼ mile)

Less than 1 block 1 block 3 blocks 6 blocks 9 blocks

Remarks _____

Using a handrail, is applicant able to climb three-12 inch steps without assistance? Yes No

Remarks _____

Is the applicant able to wait outside in all weather conditions without support for at least 20 minutes? Yes No

Remarks _____

Applicant Name _____

Date of Birth: _____/_____/_____

Section 2 -- continued

Must be completed by Health Care Professional – Please type or print

If vision impaired, what is Best Corrected Acuity (Snellen)?

Right eye _____ Left eye _____ Field Restriction: Right _____ Left _____

Does this person use any assistive devices? If so, what? _____

Has this person ever had training to use the city bus service? Yes No Do Not Know

Could this person use regular city bus service -- if wheelchair accessible?

Never Sometimes Always

Could this person benefit from travel training? Yes No

Is disability: Permanent Temporary

If temporary, how long will applicant need service? _____

All certified applicants are allowed to take a guest with them. Is the applicant required to have a personal care attendant to administer assistance?

Yes No (If needed, applicant must provide their own attendant.)

Physician Name, Address, and Telephone

_____(_____)_____/_____
Verifying Physician Name Area Code Phone # Area Code FAX #

Address City State Zip

Signature of Verifying Physician _____ Date _____

Please provide office stamp below. If you have any additional information, please attach. Thank you for taking the time to complete this application.



Physician Official Stamp

Please return Sections 1 and 2 to CATS' On-Demand Coordinator for review.