Application For CARTA Care-A-Van ADA Paratransit Service

Informational Sheet

Thank you for inquiring about eligibility for CARTA Care-A-Van. Eligibility for these services is based on an individual's functional ability to use CARTA fixed-route bus service.

CARTA operates fixed-route bus services transporting people with physical, cognitive, and visual disabilities on a daily basis. All CARTA buses are equipped with ADA accessible features, such as lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and hand rails.

CARTA also provides the Care-A-Van Paratransit Service for customers with disabilities who are functionally unable to use the CARTA fixed-route bus services. If you are functionally unable to use the fixed-route bus service, you may be eligible for the Care-A-Van service. Care-A-Van is a public transportation paratransit service for customers with disabilities who are unable to use the fixed-route bus system. Concerns such as diagnosis, age, distance to bus stop, lack of bus service, overcrowded buses, inability to drive, personal finances, inconvenience, and/or discomfort are not the sole basis of Care-A-Van eligibility determination.

Care-A-Van is provided in accordance with the Americans with Disabilities Act (ADA) and is an origin to destination, shared ride, advanced reservation public transit service. Consistent with the ADA, Care-A-Van is comparable to CARTA's fixed-route bus system including service characteristics (such as on time performance and travel time) and service area (¾ mile of a regular CARTA fixed bus or route).

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How To Apply:

1. Review the eligibility information supplied on this ADA application.
2. If you believe you qualify for ADA paratransit services:
    a. Complete the **entire ADA paratransit** application **Part A**.
    b. **Sign The Application**
    c. Have a medical professional familiar with your health condition or disability and your functional abilities and limitations complete the **Health Care Provider Certification Form – Part B** of the application. **The Health Care Verification Form** must be completed **prior** to applying.
    d. * **East Ridge Residents** must supply a copy of their state issued ID with the East Ridge residential address that matches the application.
3. When you have both sections completed, please send all completed forms to email: CAVEligibility@gocarta.org ,Fax (423) 698-8555 or mail to:
   Care-A-Van
   1617 Wilcox Blvd.
   Chattanooga, TN. 37406

This application is available in alternative formats. If you would like additional assistance, please call (423) 698 - 9038

Before I start this application and the certification process, I understand all information provided must be true, accurate, and correct. I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services, or if at times, I can ride the CARTA fixed-route bus service. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.

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Part A – Applicant Information and Release

Eligibility for: **City of Chattanooga** ◯
City of East Ridge * ◯
City of Red Bank ◯

Personal Data:

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Do you require TDD services? ◯ Yes ◯ No

Email Address: _____

Mailing Address: _____

_____

City: _____ State _____ Zip _____

Home Address: _____

_____

City: _____ State _____ Zip _____

◯ New Application ◯ Recertification (Required Every 5 Years)

If recertification: Exp. Date: _____

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Please give us the name and phone number of a friend or relative we can call in case of emergency or if we are unable to reach you at your regular number:

First Name: _____ Last Name: _____

Phone: _____ Other Phone: _____

Relationship _____

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Transit Usage:

1. Do you currently use fixed-route (large public) buses independently? ◯ Yes ◯ No ◯ Sometimes

2. When was the last time you rode the fixed-route bus? _____

3. How frequently do you ride the fixed-route bus? _____ per month

4. Which fixed-route bus routes do you currently use?

_____

6. Have you ever had travel training to learn how to travel around the community and/or on how to use fixed-route buses? ◯ Yes ◯ No

7. Would you like information about travel training to use the fixed-route buses? ◯ Yes ◯ No

Disability/Health Condition Information:

8. Please describe the disability or health condition which prevents you from using fixed-route buses.

9. Is this a temporary disability or health condition? ◯ Yes ◯ No

10. If yes, how long you do expect it to prevent you from using fixed-route bus service? _____ Months

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11. Are you currently receiving any treatment? ◯ Yes ◯ No

If yes, check what treatment(s) apply to you:

- ☐ Medications
- ☐ Physical Therapy
- ☐ Chemotherapy
- ☐ Radiation Therapy
- ☐ Dialysis
- ☐ Psychotherapy
- ☐ Non-weight Bearing Immobilization
- ☐ Surgery
- ☐ Rehabilitation
- ☐ Weight Bearing Immobilization
- ☐ Convalescence
- ☐ Other: _____

12. How long will you be receiving treatment?

- ◯ < 3 months
- ◯ 3-6 months
- ◯ 6-9 months
- ◯ 9-12 months
- ◯ > 12 months
- ◯ Unknown duration

13. Have you had a recent fall which required medical attention? ◯ Yes ◯ No

If yes, what is your fall frequency per week? _____

If yes, did the fall occur while using mobility aid/device? ◯ Yes ◯ No

14. Do you live in an assisted living facility or nursing facility? ◯ Yes ◯ No

15. Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")? ◯ Yes ◯ No

16. Do you use any mobility aids or equipment? (check all that apply)

- ☐ Powered/Electric Wheelchair
- ☐ Manual Wheelchair
- ☐ Powered Scooter
- ☐ Walker
- ☐ Cane
- ☐ Communication Board
- ☐ Brace
- ☐ Prosthesis
- ☐ Portable Oxygen in Cart
- *Type of Brace:* _____
- ☐ Service Animal
- ☐ Portable Oxygen in Bag
- ☐ White Cane
- ☐ Crutches
- ☐ None
- ☐ Other: _____

17. If you use a wheelchair or scooter, what is the width and length?

Width: _____ inches Length: _____ inches

18. If you use a wheelchair or scooter, what is the total weight of your mobility device when you are using it? Weight: _____ pounds

If your wheelchair or scooter is larger than 30 inches wide, 48 inches long and 600 pounds when occupied, the Care-A-Van paratransit vehicle may be unable to accommodate your trip.

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Transit Skills:

Please read the following statements and check those which best describe your abilities to use fixed-route buses (check all that apply). **At least one box needs to be checked.**

- ☐ I can get to and from bus stops if the distance is not too great.
- ☐ I can ride buses when I am feeling well. There are other times, when my disability or health condition worsens, that I cannot ride the buses.
- ☐ I have a disability or health condition that prevents me from riding the buses and if the weather is very hot or cold.
- ☐ My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- ☐ I can get to and from bus stops only if there are curb cuts and sidewalks.
- ☐ I can get to and from bus stops and light only if there are no hills.
- ☐ I have difficulty understanding or remembering all the things I would have to do to use the buses.
- ☐ I can use the buses if it is someplace that I go all of the time.
- ☐ I can never use buses by myself.
- ☐ I am not sure if I can use buses.
- ☐ I am not able to use buses for other reasons.

If you checked any of the above boxes, please explain:

_____

_____

_____

_____

_____

Functional Skills:

The following questions will give us more information about your functional abilities. Please select Always (A), Sometimes (S), or Never (N) in response to the following questions and provide an explanation.

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Without the help of someone else can you:

Ask for and understand written or spoken instructions? ◯A ◯S ◯N

If Sometimes or Never, please explain:

To Cross the street? ◯A ◯S ◯N

If Sometimes or Never, please explain:

Stand for 15 minutes if there is no place to sit? ◯A ◯S ◯N

If Sometimes or Never, please explain:

Step on and off a sidewalk from a curb? ◯A ◯S ◯N

If Sometimes or Never, please explain:

Walk up and down three steps if there is a handrail? ◯A ◯S ◯N

If Never, please explain:

Walk on uneven surfaces? ◯A ◯S ◯N

If Never, please explain:

Stand on a moving bus if there is a handrail? ◯A ◯S ◯N

If Never, please explain:

Transfer from one bus to another? ◯A ◯S ◯N

If Never, please explain:

Under the best conditions, what is the farthest that you can travel outdoors (using your mobility aid if you use one) without the help of another person? ◯< 1 block ◯1-4 blocks ◯> 4 blocks

Please provide any other information about your disability or health condition that would help us better understand your travel abilities:

Certification and Consent:

I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services (Care-A-Van), or if I can ride the CARTA fixed-route buses. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law. I agree to notify Care-A-Van if my condition changes, if I am using a new mobility device, or if I no longer need to use ADA paratransit service.

Applicant/Responsible Party Signature: _____ Date: _____

Authorization for Release of Information:

I _____ authorize my health care professional to release any and all information about my disability or health condition and its effect on my ability to travel on the CARTA fixed-route system (**Part B**). I understand that I may revoke this authorization at any time. I understand that CARTA Staff may contact the health care professional who completed the verification attached to this application, in order to confirm this information. I understand that all medical information will be kept strictly confidential.

Applicant/ Responsible Party Signature: _____ Date: _____