



Americans with Disabilities Act (ADA)
Paratransit Eligibility

CUATS Application / Recertification

Questions about this form?

Call CUATS at (423) 478-1396

Mail applications to:

CUATS
165 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

Name: _____
First M.I. Last

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

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

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.

Using Fixed-Route Transit

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: _____