



Casper Area Transportation Coalition (CATC)
1715 East 4th Street
Casper, Wyoming 82601

Dear Applicant,

Thank you for your interest in CATC ADA service for people with disabilities. Enclosed is an application packet including:

1. Application Instructions (1 page)
2. Application (4 pages)

CATC is a shared ride service that provides origin-to-destination transportation for paratransit eligible individuals under the Americans with Disabilities Act (ADA). To qualify for CATC ADA services you must have a temporary or permanent disability and are unable to get on, ride, or get off an accessible fixed route (The Bus) bus, or travel to or from a bus stop, some of the time or all of the time.

You may be able to access buses operating on fixed routes. All CATC/The Bus buses are accessible and have equipment (including wheelchair lifts/ramps) to assist individuals with disabilities. Bus operators are required to make bus stop announcements so you'll know where you are and to assist you with boarding and exiting upon request.

If you have any questions about the application, the review process or require information in alternative format, please contact CATC at (307) 265-1313 or 711 (TDD/Relay).



APPLICATION INSTRUCTIONS

Step 1: Read the entire application and answer all questions contained in the application. Questions requiring explanations should be brief, but accurate. **Failure to answer any questions may delay processing your application.** The application can be completed by you alone or with the assistance of another person.

Step 2: When you have completed the application you may drop it off in person at CATC offices or mail the application to:

**Casper Area Transportation Coalition, Inc.
ATTN: ADA Eligibility Applications
1715 East 4th Street
Casper, Wyoming 82601**

You will be advised of your eligibility status in writing no later than 21 days after our receipt of the fully completed application.

If you are denied eligibility, the reason for the denial and procedures to appeal the denial of eligibility will be detailed in the denial letter.

Your eligibility will be carefully determined through a certification process in compliance with the regulations of the Americans with Disabilities Act of 1990. An accurate determination depends on the answers and information provided by you. Inaccurate or false information may lead to delay, denial, or suspension of service.

If you have any questions about the application, the review process, or require information in alternative format please contact CATC, at (307) 265-1313 or 711 (TDD/Relay).



APPLICATION FOR PARATRANSIT SERVICE
TO BE COMPLETED BY THE APPLICANT

New Application

Renewal Application

PERSONAL INFORMATION

Name: _____

Home Address: _____
Number Street Apt. #

City: _____ Zip Code: _____

Alternate Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____
Month/Day/Year last four digits only

Please answer all questions in detail, your specific answers will assist us in determining your eligibility for CATC service. Information on this form will be used for the sole purpose of determining eligibility for CATC. The information that you provide will be kept strictly confidential.

DISABILITY INFORMATION

1. Please describe any physical, mental, visual or cognitive disabilities, which **prevent** you from using The Bus fixed route system. _____

2. How does this disability prevent you from boarding, riding, exiting or navigating The Bus fixed route system without the help of another person? Be specific. _____

(Please attach any additional documentation which you feel will support your inability to travel to and from a boarding or disembarking location, or to board, ride or exit a fixed route bus.)

3. Are the conditions you described: permanent temporary
If temporary, how long do you expect to have this disability? _____

MOBILITY INFORMATION

4. Can you walk/travel 200 feet without the assistance of another person?

- Yes No Sometimes

Can you walk/travel ¼ mile (2 to 4 city blocks) without the assistance of another person?

- Yes No Sometimes

Can you walk/travel ¾ mile (6 to 8 city blocks) without the assistance of another person?

- Yes No Sometimes

Can you climb three 12-inch steps without assistance?

- Yes No Sometimes

Can you wait outside without assistance or support for ten minutes?

- Yes No Sometimes

Can you deposit your fare independently?

- Yes No Sometimes

5. Where is the closest bus stop to where you live? _____

6. How far is this stop from where you live?

- Within a city block ¼ mile 1/2 mile
 ¾ mile unsure

7. Does weather impact your ability to travel?

- Yes No

If yes, please explain how weather conditions impact your ability to ride the fixed route bus system.

8. Which of these mobility aids or equipment do you use to get where you need to go?

(Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> motorized wheelchair | <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> Personal Care Attendant (PCA) | <input type="checkbox"/> walker | <input type="checkbox"/> cane |
| <input type="checkbox"/> crutches | <input type="checkbox"/> service animal | <input type="checkbox"/> white cane |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> prosthesis | |

TRAVEL INFORMATION

9. Do you currently ride The Bus fixed route system independently?

- Yes No Sometimes

10. Have you ever received training or instruction to learn how to use The Bus system?

- Yes No

If yes, when and where: _____

If you completed this training and are able to use certain bus routes, please list them below:

If available, would you like to receive training or retraining to learn how to use the fixed-route buses?

- Yes No

11. Do you require someone to accompany you to travel outside the home, for example, a Personal Care Attendant (PCA)?

- Yes No Sometimes

If you answered yes or sometimes to needing someone to accompany you to travel outside the home, what type of assistance does the person provide?

Help me get to and from the bus stop/station.

Help me get on and off the bus stop/station.

Help me while I ride the bus.

Other: _____

12. How do you currently travel?

Van Service(s)

Agency Transportation

The Bus

Passenger in someone's vehicle

Taxi

Other: _____

I hereby affirm that the information given above is true and correct. I expressly acknowledge that CATC will rely on the information in making a determination as to my eligibility to participate in this program. I understand that falsifying information or providing misleading information may result in denial of service. I authorize the completion of this form and/or the release of related information to CATC.

Signature of Applicant

Date

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Printed Name: _____

Phone: _____ Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I affirm that the information provided in this application is true and correct based on information given to me by the applicant and/or based on my own knowledge of the applicant's disability. I have the authorization to complete this form on behalf of the applicant.

Signature

Date

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