



APPLICATION FOR

**CITIZEN'S ACCESSIBLE TRANSIT SERVICE
(CATS)**

Complementary Paratransit Services

If mobility difficulties prevent the use of the fixed route accessible buses, passengers may be eligible to participate in the CATS program.

Please return completed application to:

Coast RTA

1418 Third Avenue • Conway, SC 29526
Phone: (843) 488-0865 ext. 241 • www.ridecoastrta.com
Email: info@coastrta.com

Eligibility Criteria for CATS

Coast RTA Paratransit service is for individuals with disabilities or conditions that prevent the use of Coast RTA's fixed route system. Service is provided with lift equipped buses utilizing demand response and subscription routes. An individual with a disability that are unable to independently board, ride or exit a bus may qualified to enjoy Coast RTA's Paratransit Service. Also, people with either a disability related condition or an environmental barrier that makes it impossible to independently travel to or from a fixed route bus stop may be entitled to use Coast RTA's Paratransit services.

Applicant Information

Last Name	First Name	M.I.	Date of Birth
Street Address	Apartment/ Unit #	<input type="checkbox"/> Male	<input type="checkbox"/> Female
City	State	Zip	Email:
Mailing Address if Different From Above:			
Home Phone	Work Phone	Emergency Phone	
Optional Information** Requested by Federal, State and Local Funding sources			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian /Other Pacific Islander			
<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White			
<input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Other /list			

Emergency Contact

For scheduling changes and in case of emergency please notify:		
First Contact Name	Relationship	Phone
Second Contact Name	Relationship	Phone

Transportation Information

After reading the above eligibility criteria, please answer the following questions:

1. What prevents the passenger from using the Coast RTA's lift-equipped fixed route buses?
2. A Is the above inability to use the fixed route service a temporary or permanent situation?

2. B If temporary, how long?

3. What assistive devices or equipment is required to maintain passenger's mobility? (Check all that apply)

- Braces Crutches Walker Cane
- Manual wheelchair Standard wheelchair Long wheelchair Wide wheelchair
- High wheelchair Stroller type chair Amigo type (3 wheels)
- Certified guide/ Service animal Other (please specify): _____

4. Are there concerns about the vehicles (Goshen Van 10" in height) ability to safely access passenger's residence for pick up, please explain (ex: Low trees, awnings, steep hills, archways, etc.)

5. Will passenger be accompanied by additional passengers (other than a Certified guide/ Service animal)?

- Yes No If yes how many?

If additional passengers are children please indicate if children will be in car seats and/or strollers. _____

Additional Comments:

Acknowledgement

I agree that I will pay the exact fare, if required, for each trip. I agree to notify Coast RTA's CATS office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program. I understand and agree to hold Coast RTA (Waccamaw Regional Transportation Authority) harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to maintain the safety measures of the adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined above and agree to abide by them.

Applicant's Signature

Date

The Professional Certification Information below must be completed and returned to Coast RTA. Coast RTA will notify passenger if authorization is approved or disapproved within 21 days.

Certification of Eligibility Release

I hereby authorize the release of the certification information and any additional information to Coast RTA (Waccamaw Regional Transportation Authority) for the purposes of evaluating my eligibility to participate in the CATS program. I further understand that the information will be kept confidential.

Applicant's Signature

Date

Professional Certification Information

A Qualified Professional that has knowledge of passenger's impairment must complete this section.

Person Completing certification (Please Print)

Date

Professional Title (Please Print)

Agency/Affiliation (Please Print)

State of SC Certification ID # Title (Please Print)

Business Address (Please Print)

City

State

Zip

Business Phone

Fax Number

I verify that the information provided for certification is true and correct to the best of my knowledge.

Qualified Professional Signature

Date

Mail completed form to : Coast RTA, 1418 Third Street, Conway SC 29526 or Fax 843-488-4329

Coast RTA Authorization

Application: Accepted

Rejected

Reason for Rejection: _____

Date of Annual Review: _____

Coast RTA Authorization Signature: _____

Date: _____