

\_\_\_\_ E-mailed DB/SH  
\_\_\_\_ E-mailed Handy  
\_\_\_\_ Issued Free-Ride Pass

**CENTRE AREA TRANSPORTATION AUTHORITY**  
2081 West Whitehall Road, State College, PA 16801  
(814) 238-2282

For office use only					
CIRCLE CODE:	10	11	12		
	14	15	21	22	24 25

**CATARIDE PROGRAM APPLICATION FOR DISABLED RIDERS ELIGIBLE UNDER ADA**  
**THIS IS A LEGAL-SIZED FORM WHICH MUST BE RETURNED IN ITS ORIGINAL FORMAT. PLEASE DO NOT ALTER OR RE-FORMAT THIS FORM OR RETURN IT BY FAX**

Eligibility for the CATARIDE Program, which provides curb-to-curb transportation at special fares within the area served by buses, is limited to persons who are aged sixty-five (65) or over OR disabled persons of all ages who are unable to use the public bus system.

Complete this application if you have a disability which prevents you from boarding a bus or navigating through the bus system without assistance (except assistance from the driver to board via the lift/ramp and to secure a wheelchair) or have a specific disability-related condition which prevents travel to and from bus stops. A summary of program eligibility requirements is attached.

If you can ride buses some of the time or your disability is temporary, eligibility will be approved only for certain trips or until you are able to use buses. If you permanently use a wheelchair, please complete Section I below. If not, complete Section II below. All applicants must complete Sections III and IV. Please return the completed application to CATA by mail. You will be notified of eligibility determination within 21 days from receipt of completed application materials, which include verification from your physician and other information if required.

**ADA ELIGIBILITY INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
(Street) (Apt. #) (City) (Zip)

SIGNATURE: \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MY DISABILITY IS: \_\_\_\_\_  
-

I. By my signature above, I certify that I use a wheelchair on a **permanent basis** and cannot use buses unless equipped with lifts/ramps.  
\_\_\_\_\_ Check here **NOTE: Eligibility will be approved only for trips not served by accessible buses. If you have a disability-related condition that prevents you from using lift/ramp equipped buses, also complete Section II.**

II. My disability is \_\_\_\_ permanent \_\_\_\_ temporary until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you use a mobility aid (wheelchair, walker, braces, cane, etc)? \_\_\_\_ No \_\_\_\_ Yes Specify \_\_\_\_\_

I can use a bus without assistance by using the lift/ramp: \_\_\_\_ Yes \_\_\_\_ No If no, indicate why not: \_\_\_\_\_

It is impossible to use buses \_\_\_\_ anytime \_\_\_\_ sometimes because: \_\_\_\_\_

If you are able to use buses sometimes, list the specific conditions under which you can do so (attach an additional sheet if necessary): \_\_\_\_\_

III. ALL APPLICANTS: I require a personal care attendant (PCA) when I travel on CATARIDE vehicles because I regularly use an attendant to assist with daily living: \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Sometimes \_\_\_\_ If yes or sometimes, indicate why and/or under what conditions you require a PCA: \_\_\_\_\_

IV. ALL APPLICANTS: The \_\_\_\_ physician \_\_\_\_ health care professional named below is familiar with my disability and is authorized to provide information to CATA to complete eligibility requirements.

Physician/Health Care Professional: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are a senior citizen, you must show proof of age. **Only the following forms of identification can be accepted as proof of age:**

- |                                       |                       |  |
|---------------------------------------|-----------------------|--|
| Drivers License                       | Birth Certificate     | Armed Forces Discharge Papers                  |
| Baptismal Certificate                 | P.A.C.E. I.D.         | Letter from the Social Security Administration |
| PA Non-Driver's Photo ID Card         | Passport              | Veteran's Universal Access Card                |
| Resident Alien Card issued by the INS | Naturalization papers |  |

**FOR OFFICE USE ONLY:** Medical Assistance \_\_\_\_ Yes \_\_\_\_ No

Physician verification required \_\_\_\_ Yes \_\_\_\_ No By: \_\_\_\_\_ Date: \_\_\_\_\_

I.D. SHOWN: \_\_\_\_\_ I.D. # \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required for seniors)

PASS # ISSUED: Sr. \_\_\_\_\_ Non-Sr. \_\_\_\_\_ REPLACEMENT: Yes \_\_\_\_ No \_\_\_\_ Replaces # \_\_\_\_\_

Completion of this application certifies that you have reviewed and agree to comply with program conditions and regulations. Please read your information brochure carefully and be sure you understand all program requirements. You may contact CATA at 238-2282 if you need additional information.