

_____ Called FJ
_____ Called 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 |

(814) 353-7433 - For Reservations

CENTRE RIDE Program Application for Disabled Riders eligible under ADA

Eligibility for the CENTRE RIDE Program, which provides curb-to-curb transportation at reduced fares, is limited to persons in the Centre Region who are aged sixty-five (65) or over OR disabled persons of all ages who are unable to use the public bus system.

This application is to be completed if you have a disability which prevents you from boarding a bus, navigating through the bus system or have a specific disability-related condition which prevents travel to and from bus stops. The disability must make it impossible to use buses, not more difficult than for those without the disability. 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, you may self-certify eligibility in Section I below. If not, complete Section II below. All applicants must complete Sections III and IV. Please return the completed application to CATA for processing. You will be notified of eligibility determination within 21 days from receipt of the completed application.

ADA ELIGIBILITY INFORMATION

NAME: _____ BIRTHDATE _____ / _____ / _____
(Last) (First) (Middle)

ADDRESS: _____ TELEPHONE (____) _____ (Street)
(Apt. #) (City) (Zip)

SIGNATURE: _____ DATE SIGNED _____ / _____ / _____

PLEASE NOTIFY CATA IF YOUR ADDRESS OR PHONE NUMBER CHANGES.

MY DISABILITY IS: _____

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

OR

II. My disability is _____ permanent _____ temporary until _____ / _____ / _____

Do you use a mobility aid? _____ Yes _____ No Specify _____

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 (attached an additional sheet if necessary):

This is page two of two, both pages must be filled out completely.

III. **ALL APPLICANTS:** I require a personal care attendant at all times to board and use CENTRE RIDE vehicles. ____ Yes ____ No

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

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 238-2528 OR 238-0625 IF YOU NEED ADDITIONAL INFORMATION. CALL 353-7433 FOR RESERVATIONS.