



Americans With Disabilities Act (ADA) Eligibility Application

All questions must be answered before your application will be considered.

PLEASE PRINT:

Part 1: General Information

Last Name _____ First Name _____ MI _____

Street Address: _____ Apt.# _____ Building _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone Home: _____ Cell: _____

If someone assisted you in completing this form, please identify him/her below:

Name: _____

Telephone Home: _____ Cell: _____

Part 2: Applicant Information:

1. Are you a: Current CARTS Rider New Applicant Visitor
2. Are you able to access the City Fixed Route System? Yes No
3. If you answered no to question 2 what type or types of disabilities prevent you from using the CARTS city fixed routes?
 Physical Disability Developmental Disability Visual Impairment/Blindness
 Mental Illness Other/Explain _____
4. Describe how your disability prevents you from riding CARTS City Fixed Routes.

5. Does your disability or condition change from day to day in ways that affect your ability to use the CARTS City Fixed Routes?
 No
 Yes, if so please explain _____
6. Does the weather keep you from using the CARTS City Fixed Routes? Yes No
7. Is the disability temporary or permanent?
 Permanent Temporary Expected to last how long? _____
8. What type of mobility aids do you use? (Check all that apply)
 Braces Cane Communication Board Crutches
 Manual Wheelchair Prosthesis Portable oxygen Scooter
 Motorized wheelchair Service Animal Walker White Cane
 Other _____
 I do not use a mobility aide
9. If you use a manual or powered wheelchair or scooter please give the dimensions.
_____.
10. Do you need assistance to get to the bus from your door? Yes No
11. Do you require a lift to board the bus? Yes No
12. Do you require a Personal Care Attendant to help you travel? Yes No
13. Can you climb three steps with a hand rail, without assistance? Yes No

14. What accommodations would assist you in being able to ride the CARTS City Fixed Routes?

- Help with trip planning
- Help communicating
- Someone to teach me (Travel Training)
- Bus stop closer to my home
- Other _____
- None

15. Please put a check mark in the boxes for your usual destinations:

(This information helps CARTS better plan to service all customers)

	At least 3-5 times /week	Once a week	Monthly	Occasionally
Work				
Medical				
School				
Shopping				
Recreation				
Other				

16. How are your transportation needs being met now? (Please check all that apply)

- Public Transit
- Personal Transportation
- Other/Explain _____
- Walking
- Agency Sponsored Trip
- Friend/Relative

17. How far can you travel/walk on your own or using a mobility device?

- I can travel up to _____ feet or _____ blocks.

18. How long can you wait for a bus at a bus stop?

- Unassisted _____ minutes
- Bus stop with bench _____ minutes
- Bus Stop with shelter _____ Minutes

I understand that the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct.

Applicant's Signature _____ Date _____

This concludes the applicant's portion of the application packet.

May request Physician's Verification at a later date.

Mail this form back to: Chautauqua Area Regional Transit System
234 Hopkins Ave
Jamestown, NY 14701

American's with Disabilities Act (ADA)

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services for persons with disabilities who live within ¼ of a mile of the fixed route system. The ADA Transportation (Paratransit) is a service of CARTS for people with physical, cognitive or visual disabilities who are functionally unable to independently use the CARTS fixed route bus service either all of the time, or temporarily under certain circumstances.

In order to obtain access to this service, individuals must complete the attached application with CARTS. An eligibility determination will be made within 21 days of receipt of the completed application.

If eligibility is denied or limited, they may appeal their decision to the County ADA Coordinator.

Fares for ADA transportation are as follows:

TICKETS:	ONE WAY	ROUND TRIP	10-TRIP	MONTHLY
1-ZONE	\$4.50	\$7.75	\$31.00	\$108.50
2-ZONE	\$5.50	\$9.50	\$37.50	\$131.25

Please contact the CARTS office if you have any questions.

South County	716-665-6466
North County	716-366-4500
Toll Free	800-388-6534

Visit our website: www.co.chautauqua.ny.us/799