



APPLICATION FOR CATS SERVICE

CITIZEN'S ACCESSIBLE TRANSIT SERVICE

A complementary paratransit service for persons with disabilities

Please return completed application to:

Waccamaw Regional Transportation Authority
1418 Third Avenue • Conway, SC 29526
Phone: (843) 488-0865 • www.ridecoastrta.com

If you have mobility difficulties that limit you from using the fixed route accessible buses, you may be eligible to participate in the CATS program. Please complete all the information below so that the Coast may assist you with your transportation needs.

Applicant Information

| | | |
|------------------------|---------------|---|
| Last Name | First Name | M.I. |
| Street Address | | Apartment/ Unit # |
| City | State | Zip |
| Mailing Address | | |
| City | State | Zip |
| Home Phone | Work Phone | Other Phone |
| Social Security Number | Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female |

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 attached eligibility criteria, please answer the following questions:

| |
|---|
| What is your current means of transportation? |
| What prevents you from using lift-equipped fixed route buses? |
| Is your inability to use fixed route service a temporary or permanent situation? |
| If temporary, how long? |
| <p>What assistive devices or equipment do you require to maintain your mobility? (Check all that apply)</p> <p><input type="checkbox"/> Braces <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Cane</p> <p><input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Standard wheelchair <input type="checkbox"/> Long wheelchair <input type="checkbox"/> Wide wheelchair</p> <p><input type="checkbox"/> High wheelchair <input type="checkbox"/> Stroller type chair <input type="checkbox"/> Amigo type (3 wheels)</p> <p><input type="checkbox"/> Certified guide/ Service animal <input type="checkbox"/> Other (please specify): _____</p> |

Describe the impairment which causes your mobility to be limited:

If you have concerns about our vehicles (Goshen Van 10" in height) ability to safely access your residence for passenger pick up, please explain (ex: Low trees, awnings, steep hills, archways, etc.)

Will you have any other persons traveling with you? (For further information, please see the CATS policies and procedures guide.) Yes No

Additional Comments:

Acknowledgement

I agree that I will pay the exact fare, if required, for each trip. I agree to notify Coast'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 equip or 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

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 any such information will be kept confidential.

Applicant's Signature

Date

Professional Certification Information

The Qualified Professional who has completed this form must fill out this section.

Person Completing certification (Please Print)

Date

Professional Title (Please Print)

Agency/Affiliation (Please Print)

State of SC Certification ID # (Please Print)

Business Address (Please Print)

City

State

Zip

Business Phone

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

Applicant's Signature

Date