



PARATRANSIT APPLICATION OVERVIEW AND INSTRUCTIONS

ADA Accessible Services Application for Persons with Disabilities

Who qualifies for Coast RTA's Paratransit Program? Individuals, who cannot board, ride or get to or from a regular public transit bus because of a disability may be eligible under the Americans with Disabilities Act (ADA) for paratransit services offered by Coast RTA along its fixed-routes in Horry and Georgetown Counties. Paratransit fares are double the fixed route fare, but no more than \$3 per person each way.

Should a disability prevent an individual from riding Coast RTA fixed-route buses, he/she may be eligible for Coast RTA's paratransit services. Should the disability make riding the bus more difficult or inconvenient, the disability may not qualify the individual under the ADA.

How do I apply? To confirm an individual's eligibility, the applicant must complete Part 1 and ask a healthcare professional to complete Part 2. The applicant, or his designated representative, should send/fax the completed application to Coast RTA.

Part 1-Application for Paratransit Services and return it to the address provided at the end.

Part 2 -The Professional Certification Information section is to be completed by a health care professional familiar with the applicant's disability. *(Note: In order for the applicant to be considered for paratransit eligibility, this section MUST be completed and certified by a health professional.)* It is important to provide complete information about the effects of the disability in the application. Applicants will be contacted for a follow up interview and notified of eligibility within 14 days of Coast RTA's interview and review of the **completed application**. If applicants disagree with the decision, appeal information may be requested and mailed to the applicant within 60 days of the initial eligibility decision.

- Service Hours for the paratransit program are provided during regular fixed-route operations: 5 AM – 7 PM daily (with the exception of New Year's Day, Thanksgiving Day and Christmas Day).
- Approved Paratransit Clients are asked to make reservations 24 hours in advanced for adequate scheduling.
- Please be advised that Coast RTA may change the requested departure time up to (1) hour.
- To schedule an appointment, call **Coast RTA Customer Service at 843-488-0865**.

Coast RTA reserves the right to require verification of any applicant's continued disability status.

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
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
Third Contact Name	Relationship	Phone

Transportation Needs Information

What assistive devices or equipment do you require to maintain your mobility? (Check all that apply)

Braces
 Crutches
 Walker
 Standard wheelchair (Long, Wide, High)
 Cane
 Motorized wheelchair (Long, Wide, High)
 Stroller type
 Portable Oxygen
 Certified service animal
 Other (please specify): _____

Do you require the assistance of a Personal Care Attendant when you travel using transit?

Yes
 No
 Sometimes (Explain.) _____

If yes, does the Personal Care Attendant riding with you on the vehicle help you: (Check all that apply)

Getting on/off the bus
 Helping me when I get where I am going
 Interpret for me
 Other bus-related assistance (Explain in the space provided above.)

Acknowledgement

I certify that the answers that I have provided on this application are true, and I agree to notify Coast RTA of any changes in my mobility status.

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

Physician Name

Person Completing certification (Please Print) Date

Professional Title (Please Print)

Agency/Affiliation (Please Print)

State of SC Certification ID #/ Certified State (Please Print)

Business Address (Please Print)

City State Zip

Business Phone

What prevents this client from using lift-equipped fixed route buses?

Is this client's inability to use fixed route service a temporary or permanent situation?

Severity of Condition: Mild Moderate Severe Profound

Expected duration of disability:
 Temporary: Expected duration until ____/____/____
 Long-Term: Conditions with potential for improvement or long periods of remission.
 Permanent: Conditions with no expectations of improvement.

Capacity in which you know the applicant: _____

Does this applicant medically require a pre-registered attendant or companion? Yes No

If so, is this escort needed on a permanent or temporary basis? Permanent Temporary ____/____/____

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

Physician's Signature Date

Please return the completed application to:
Waccamaw Regional Transportation Authority
1418 Third Avenue • Conway, SC 29526
Fax: (843) 488-4329 • www.ridecoastrta.com