



## 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. Coast RTA drivers provide curb-to-curb service for paratransit passengers, although you can make special request for assistance to/from your door when you make the reservation. The selected pick-up and drop-off destinations must be within a 3/4-mile radius of a Coast RTA fixed route. Fare is \$2 each way and if the rider requires a personal attendant, the attendant may ride free.

**How to 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.

**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 in-person interview and notified of eligibility within 21 days of Coast RTA's interview and review of the **completed application**. If applicant disagrees 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 – 8 PM.
- Approved Paratransit Clients are asked to make reservations the day before travel – reservations are taken between 5 AM and 9 PM daily.
- 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.**

## Part 1: 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 its paratransit program. I further understand that any such information will be kept confidential.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Part 2: 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: • 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

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**Coast RTA  
1418 Third Avenue  
Conway, SC 29526  
Phone: 843-488-0865 Fax: 843-488-4329**