

# **ADA ELIGIBILITY APPLICATION**

CAT provides complementary paratransit to eligible people living in or visiting the City of Hood River. CAT complementary paratransit services are operated by Hood River County Transportation District (HRCTD).

**Through our Complementary Paratransit services**, CAT provides an equivalent accessible transportation option to people who are unable to use the fixed-route bus service because of a disability. CAT provides rides, from origin to destination, within the city limits of Hood River – services outside the City of Hood River are provided through Dial-A-Ride and do not require certification.

Existing brokerage clients do not require ADA Eligibility Certification if they are riding under a brokerage ride. If they want to use ADA services beyond those approved by the brokerage, they must go through the ADA eligibility certification process to use these services.

**Transportation** services are accessed by completing this application and being certified through CAT, or if you are visiting from another area, by providing documentation of ADA certification from a transportation service in another area of the country.

## **Who should apply for ADA services?**

People who have a physical, mental or cognitive disability that are a barrier for them to get to, get on, ride, transfer or otherwise use fixed route services.

## **How to Apply:**

- Complete this application and **sign the Applicant Agreement/Release of Information** section.
- If you haven't ridden a CAT bus before, please have your doctor, rehabilitation specialist, or other qualified health care provider complete and sign the professional verification section.
- Send or email the completed application to:

ADA Coordinator  
Columbia Area Transit  
224 Wasco Loop,  
Hood River, Oregon 97031

If you have a **physical or functional disability, as defined by the Americans with Disabilities Act (ADA), which limits you from using fixed-route accessible buses**, you may be eligible for CAT Paratransit service. The information obtained in this certification process will be used to determine your eligibility. Hood River County Transportation District's CAT and CAT staff are bound by Federal HIPAA regulations and cannot share this information with anyone unless you ask us to share it.

This application must be **filled out completely**, including, if required, the verification of eligibility by a qualified professional. Incomplete applications will be returned to applicants.

**Step 1: Complete the General Information Section**

**NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Step 2: General information**

1. Are you a current CAT Dial-A-Ride Rider? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Please describe the area where you live (e.g., flat, very steep hill, long, gradual hill, etc.) Are there sidewalks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Riders (Only answer if you are a current rider)**

1. What is the most difficult part of riding CAT today? \_\_\_\_\_ Not Applicable  
or please fill in response \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Can you get to the bus by yourself (without help from the Bus Driver):  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable

3. Can you board the bus by yourself (either walking or with the LIFT)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
4. Do you know the closest bus route to your home? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Have you gotten training on how to ride a fixed-route bus? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. If no, would you like to have someone to train you on how to ride? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **All Applicants**

1. If vision-impaired, are you able to travel a distance of 200 feet without assistance?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
2. Are you able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
3. Are you able to climb three 12-inch steps without assistance? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Sometimes \_\_\_\_\_ Not Applicable
4. Are you able to cross the street in an area that is not controlled by a traffic light or stop? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
5. Are you able to cross traffic light-controlled intersections or at a stop sign? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
6. Are you able to give your name, address, and telephone number upon request? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
7. Are you able to recognize local destination or landmark? \_\_\_\_\_ YES \_\_\_\_\_ NO  
\_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
8. Are you able to deal with unexpected situations or unexpected changes in routine? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable
9. Are you able to safely and effectively travel through crowded and/or complex facilities? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_ Sometimes \_\_\_\_\_ Not Applicable

### Step 3: Specific Disability

1. Do you believe you have a physically disability that would prevent you from using a fixed-route bus stop?  
\_\_\_\_\_YES \_\_\_\_\_NO
2. If yes, has that disability been verified by a medical doctor? \_\_\_\_\_YES \_\_\_\_\_NO
3. If yes, please tell us about your disability or describe how that disability prevents you from using a bus that has a fixed stop? \_\_\_\_\_  
\_\_\_\_\_
4. If no, do you believe you have a mental or cognitive disability that would prevent you from using the bus  
\_\_\_\_\_YES \_\_\_\_\_NO
5. If yes, has that disability been verified by a medical doctor? \_\_\_\_\_YES \_\_\_\_\_NO
6. If yes, please tell us about your disability or describe how that mental or cognitive disability prevents you from using a bus that has a fixed stop?
7. Do you use any of the following assistive devices? (Check all that apply)  
\_\_\_\_Manual wheelchair—passenger is able to transfer to a seat  
\_\_\_\_Passenger is not able to transfer to a seat without assistance  
\_\_\_\_High Wheelchair      \_\_\_\_Long Wheelchair      \_\_\_\_Electric Wheelchair  
\_\_\_\_Power Scooter      \_\_\_\_Walker-(foldable)      \_\_\_\_Cane  
\_\_\_\_Crutches      \_\_\_\_Service Animal      \_\_\_\_Oxygen

## APPLICANT AGREEMENT AND RELEASE

I agree that, if I am certified for CAT Paratransit service, I will pay the exact fare, if required, for each trip. I agree to notify the 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 hereby authorize the release of verification information and any additional information to CAT for the purpose of evaluating my eligibility to participate in the Program.

I certify that the information provided in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If someone assisted you in completing this application, please provide their information and their signature below.**

NAME: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

ADDRESS:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*A CAT ADA Coordinator will review your application and may ask you additional questions. If you are a current rider and were not initially asked to fill out the Health Care Professional Eligibility Form with your application, CAT staff may ask you to provide this as part of the evaluation of your application.*

# **Health Care Professional Verification of Eligibility**

ALL INFORMATION FOR VERIFICATION OF ELIGIBILITY MUST BE FILLED IN  
BY A QUALIFIED HEALTH CARE PROFESSIONAL.

PERSON COMPLETING  
VERIFICATION: \_\_\_\_\_

PROFESSIONAL TITLE: \_\_\_\_\_

AGENCY AFFILIATION: \_\_\_\_\_

CERTIFICATION ID# \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street Ste. #

City State Zip

BUSINESS PHONE NUMBER \_\_\_\_\_

What is the medical diagnosis that causes the disability?

\_\_\_\_\_

Is this condition: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

If temporary, what is the expected duration? \_\_\_\_\_

Dates of Duration

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

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

## **HRCTD Eligibility Appeal Process**

HRCTD will carefully review each application to ensure that only qualified persons are approved. Upon completion of review, a letter of certification or denial will be mailed. If your application for paratransit service was denied, you have the right to appeal this decision.

To appeal the decision, you will need to submit your request in writing, sixty (60) days within receipt of the denial letter.

Appeals may be mailed to:

**Columbia Area Transit  
224 Wasco Loop,  
Hood River, Oregon 97031**

Or email at [info@catransit.org](mailto:info@catransit.org)

Your appeal will be heard by an ADA Appeals Board. The ADA Appeals Board consists of individuals who are not involved in the initial certification process. Their decision is made independently of the ADA Certification Process.

Upon receipt of your letter, HRCTD will set up a meeting with the ADA Appeals Board. You will be notified by mail of the date and time of this meeting. You will have the opportunity to submit any additional information and written evidence and/or arguments to support your qualifications for service. You may bring a representative with you to this meeting.

You will be notified of the Appeals Board's decision in writing within thirty (30) days of the hearing. The Board's decision is final.