

**CATARIDE Program Application for Disabled Riders eligible under ADA**

Eligibility for the CATARIDE Program, which provides curb-to-curb transportation at reduced fares, is limited to persons in the Centre Region who are aged sixty-five (65) or over OR disabled persons of all ages who are unable to use the public bus system.

This application is to be completed if you have a disability which prevents you from boarding a bus, navigating through the bus system or have a specific disability-related condition which prevents travel to and from bus stops. The disability must make it impossible to use buses, not more difficult than for those without the disability. If you can ride buses some of the time or your disability is temporary, eligibility will be approved only for certain trips or until you are able to use buses. If you permanently use a wheelchair, you may self-certify eligibility in Section I below. If not, complete Section II below. All applicants must complete Sections III and IV. Please return the completed application to CATA for processing. You will be notified of eligibility determination within 21 days from receipt of the completed application.

**ADA ELIGIBILITY INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 (Street) (Apt. #) (City) (Zip)

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE NOTIFY CATA IF YOUR ADDRESS, PHONE NUMBER, OR STATUS CHANGES.

MY DISABILITY IS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I. By my signature above, I certify that I use a wheelchair on a permanent basis, as previously determined by a qualified physician and cannot use buses unless equipped with lifts/ramps. \_\_\_\_\_ Check here.  
**NOTE:** Eligibility will be approved only for trips not served by lift-equipped buses. If you have a disability-related condition that prevents you from using accessible buses, also complete Section II.

**OR**

II. My disability is \_\_\_\_\_ permanent \_\_\_\_\_ temporary until \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you use a mobility aid? \_\_\_\_\_ Yes \_\_\_\_\_ No Specify \_\_\_\_\_

It is impossible to use buses \_\_\_\_\_ anytime \_\_\_\_\_ sometimes because: \_\_\_\_\_  
 \_\_\_\_\_

If you are able to use buses sometimes, list the specific conditions under which you can do so (attach an additional sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. **ALL APPLICANTS:** I require a personal care attendant at all times to board and use CATARIDE vehicles. \_\_\_\_ Yes \_\_\_\_ No

IV. **ALL APPLICANTS:** The \_\_\_\_ physician \_\_\_\_ health care professional named below is familiar with my disability and is authorized to provide information to CATA to complete eligibility requirements.

Physician/Health Care Professional : \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are a senior citizen, you must show proof of age. **Only the following forms of identification can be accepted as proof of age:**

- |                               |                   |  |
|-------------------------------|-------------------|--|
| Driver's License              | Birth Certificate | Armed Forces Discharge Papers                  |
| Baptismal Certificate         | Passport          | Letter from the Social Security Administration |
| PA Non-Driver's Photo ID Card | P.A.C.E. ID       | Veteran's Universal Access Card                |

**FOR OFFICE USE ONLY:** Physician verification required \_\_\_\_\_ Yes \_\_\_\_\_ No By: \_\_\_\_\_ Medical Assistance \_\_\_\_\_ Yes \_\_\_\_\_ No DATE: \_\_\_\_\_

I.D. Shown: \_\_\_\_\_ I.D. #: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Required for seniors)

PASS # ISSUED: Sr. \_\_\_\_\_ Non-Sr. \_\_\_\_\_ REPLACEMENT: \_\_\_\_ Yes \_\_\_\_ No Replaces # \_\_\_\_\_

**COMPLETION OF THIS APPLICATION CERTIFIES THAT YOU HAVE REVIEWED AND AGREE TO COMPLY WITH PROGRAM CONDITIONS AND REGULATIONS. PLEASE READ YOUR INFORMATION BROCHURE CAREFULLY AND BE SURE YOU UNDERSTAND ALL PROGRAM REQUIREMENTS. YOU MAY CONTACT CATA AT (814) 238-2282 IF YOU NEED ADDITIONAL INFORMATION. CALL (814) 353-7433 FOR RESERVATIONS OR CANCELLATIONS.**