



CAT Connect

Shared-Ride Application Form

8 3 0 0 Radio Road , Naples , Florida 34104

CAT Connect is a public transportation shared-ride door-to-door service that is **ONLY** available for individuals who do not have access to any other means of transportation, including the Collier Area Transit (CAT) bus service (fixed route). The CAT Connect program provides transportation service through the Florida Department of Transportation for eligible individuals through several funding programs, including the American with Disability Act (ADA) and Florida Commission for the Transportation Disadvantaged (TD). CAT Connect can be used for medical appointments, work, school and other trips depending on the funding program the individual qualifies under. The information requested on this application is intended to help us determine the funding program you qualify for.

The qualification guidelines for each program are shown below. If you are unsure whether you qualify, have any questions, or need assistance completing this application, please call our Customer Service Department at (239) 252-7272 or the CAT office at (239) 252-7777. For TTY/TDD devices call (800) 955-1339.

For **MEDICAID TRANSPORTATION** please call (877) 254-1055.

Eligibility Criteria	
ADA	TD
<ul style="list-style-type: none"> Your trips origin and destination are within the ADA corridor^a You have a recognized disability verified by an accepted medical professional Unable to Utilize CAT Fixed Route 	<ul style="list-style-type: none"> Your trips origin or destination must reside outside the ADA corridor but within Collier County. You have a physical or mental disability, income status, or age; that prevents you to transport yourself or to purchase transportation; Or you are a Pre-school child who is handicapped or high-risk or at-risk.

- Eligibility is a functional determination of the applicant's ability to use the CAT bus service (fixed route), and not simply a medical or psychiatric diagnosis.
- If, by 21 days following the submission of a complete application, CAT has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless CAT Connect denies the application.
- The ADA certification process may involve a telephone interview and/or a personal functional assessment to determine if and how the applicant's transit needs can be met. CAT Connect will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. The in-person assessment begins with a one-on-one interview, designed for an applicant to provide details regarding his/her travel skills and abilities. During the interview, the assessor determines whether the applicant can safely participate in the functional assessment process. A mobility assessment focuses on each applicant's functional and cognitive abilities.

Through assessments, an evaluator can determine environmental, architectural, and personal

^a ADA Corridor – $\frac{3}{4}$ mile from a CAT fixed route.

barriers that may impact an applicant's ability to safely and independently access public transportation.

- All applicants will be notified of the outcome of their application.
- **PROCESSING OF THIS APPLICATION CAN TAKE UP TO 21 CALENDAR DAYS**. The 21 day period begins AFTER a complete application is received.
- **Travel Training** is a FREE service that is offered and creates opportunities for community access by teaching you how to use the CAT bus service (fixed route). The Travel Trainer will work with you in either an individual or small group setting to teach you the travel skills needed to get to your destination safely and independently. The Travel Trainer will work with you until you are capable and confident to travel your route on your own.

REMEMBER WHEN COMPLETING THIS APPLICATION!

1. Type or PRINT legibly, **ILLEGIBLE, INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED. THIS WILL CAUSE A DELAY IN YOUR ELIGIBILITY DETERMINATION.**
2. To confirm disability **THE MEDICAL VERIFICATION SECTION IS REQUIRED** and must be completed by an accepted medical professional (see list on top of Medical Verification form).
3. **PROOF OF INCOME IS REQUIRED IF A REDUCED CO-PAY IS REQUESTED.** Acceptable types of proof of income are pension benefit statements, unemployment benefits, or current paystubs.
4. Complete all sections of the application requested, return all information requested, and sign where indicated.

Note: All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections and/or all vehicles are equipped with automated enunciators.

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Customer ID#: _____

Date Received: _____ Initial Reviewer: _____ Date: _____
Review Start Date: _____ Final Reviewer: _____ Date: _____

New Application: Approved Temporary Conditional: _____
 Re-certification: Denied Permanent ADA \$1.00 \$3.00
TD \$1.00 \$3.00 \$5.00 \$7.00 \$0.00 Senior Service
PCA Needed: YES NO Funding Source: ADA TD
Assessment: Date _____ TT Requested: YES NO

ADA Approval: _____

TD Approval: _____

Conditional / Temporary: _____

SECTION 1 – GENERAL INFORMATION (PLEASE PRINT)

- Check here if you are a current Paratransit rider
- Check here if you currently receive Medicaid or any program that would pay for transportation.

Date of Birth: ____/____/____ Sex: Male Female

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Subdivision, Building Complex Name, and/or Facility Name:

Is a gate code required for entry? YES NO Code Number _____

Mailing Address (if different from above): _____

Is this a Nursing Home ACLF/ALF Boarding Home

Does the facility you live in have a vehicle to transport residents? YES NO

Have you ever been transported by this facility? YES NO

Do you require materials or correspondence in an alternative format? If so, please specify;

Large Print Audio Computer Other _____

If the applicant received assistance completing this application, please specify;

Name: _____ Relationship: _____ Phone: _____

Do you authorize this person to assist you with future travel arrangements? YES NO

List additional persons that are authorized to assist you with travel arrangements in the future:

Emergency Contact: Name and telephone number of someone we can call in an emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

TRAVEL INFORMATION

1. How do you currently travel to appointments or to other activities such as grocery shopping?

2. Have you ever used the *Collier Area Transit's* bus service? YES NO

NOTE: CAT Connect offers travel training services to teach individuals how to use the CAT bus service. Participation in travel training will not affect your eligibility for ADA Paratransit service.

Check here if you are interested in receiving additional information on travel training.

MOBILITY INFORMATION

All *Collier Area Transit's* buses are wheelchair accessible. Therefore, use of a wheelchair does not automatically justify use of Paratransit service.

1. Please check the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel.

- | | |
|---|--|
| <input type="checkbox"/> Powered scooter/wheelchair | <input type="checkbox"/> Oxygen tank |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |

Other (specify): _____

Applicant special accommodation for transport: _____

NOTE: CAT Connect will transport all mobility devices measuring up to 48 inches in length, 30 inches in width, and between 800 to 1000 pounds in weight when occupied.

COMMON DESTINATIONS

List the doctors, medical facilities or other locations you visit on a regular basis and how you currently travel to those appointments.

- a. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- b. Doctors Name/Medical Facility _____
Phone Number _____
Address _____
- c. Other non-medical destination _____
Address _____
- d. Other non-medical destination _____
Address _____

SECTION 2 – TD APPLICANTS OR REDUCED CO-PAY

NOTE: Proof of income is required. Please submit with completed application.

1. In order to determine if you qualify as Transportation Disadvantaged (TD), please answer the following:

_____ # of persons in your household \$_____ Total Annual Household Income

2. How many personal vehicles are owned or used by members in your household?

- 0
- 1
- 2 or more

3. Are these vehicles available for use? If not, please state why:

NOTE: Acceptable types of proof of income are pension/social security benefit statements, unemployment benefits, bank statements or current paystubs.

SECTION 3 – ALL APPLICANTS

APPLICANT CERTIFICATION

I understand the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for **Paratransit Shared-Ride Service**. I certify the information provided in this application is true and correct. I understand that providing false or misleading information or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. I authorize the professional(s) listed to release information to CAT CONNECT Program about my disability and its effects on my ability to travel on the COLLIER AREA TRANSIT bus service (fixed route). I understand that I may revoke this authorization at any time with written notice to CAT CONNECT Program.

THIS APPLICATION MUST BE SIGNED

Signature of applicant: _____ **Date:** _____

If Applicant is unable to sign this form, he/she may have someone sign and certify on applicant's behalf.

Proxy Signing for Applicant: _____ **Date:** _____

Print Name: _____

Relationship to applicant: _____

WHEN COMPLETED, PLEASE

MAIL APPLICATION TO: **CAT Connect Program
CAT OPERATIONS CENTER
8300 RADIO ROAD
NAPLES, FL 34104**

OR FAX APPLICATION TO: **(239)252-4464**

MEDICAL VERIFICATION (*Must be completed by accepted medical professional*)

FOR ADA OR if you are applying for TD due to a medically verified physical or cognitive condition, impairment, or disability: A Medical Verification Form must be completed and signed by a licensed medical professional. Accepted medical professionals include:

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic
- Occupational Therapist - Licensed and Registered
- Audiologist
- Ophthalmologist
- Psychologist
- Registered Nurse
- Physical Therapist
- Licensed Practical Nurse

Dear Medical Professional:

In order to process this applicant's request for CAT Connect eligibility, we require this form be completed. Only licensed medical professionals having knowledge of the applicant's functional ability to use the **Collier Area Transit (CAT)** bus service (fixed route) should complete this form. CAT Connect is the shared-ride door-to-door service and CAT is the fixed route bus service.

All CAT bus service (fixed route) vehicles are wheelchair accessible and equipped with wheelchair lifts. Therefore, use of a wheelchair does not automatically justify use of paratransit service. Bus operators or automatic systems announce major streets and intersections, and/or all vehicles are equipped with automated enunciators.

Thank you for your assistance.

Contact information:

CAT Connect Program Customer Service Phone:

(239) 252-7272 or (239) 252-7777

Fax: (239) 252-4464 or (239) 252-5753

Email: goCATbus@colliercountyfl.gov

Additional information can be found on our website www.goCATbus.com

MEDICAL VERIFICATION – ADA & TD DISABILITY APPLICANTS
(MUST BE COMPLETED BY MEDICAL PROFESSIONAL)

APPLICANT'S NAME: _____ **Date of Birth:** ____ / ____ / ____

1. What are the disability/ies or health conditions that affect the applicant's ability to use the Collier Area Transit bus service (fixed route)?

2. Does this person require a Personal Care Attendant (PCA) while traveling? **Yes** **No**

3. How long has this disability been present? _____

Is the disability **permanent**, **temporary** or **progressive**?

If temporary, how long? _____

4. Please describe any other medical conditions this person has at this time and severity, in detail, including any restrictions, limitation, and prognosis _____

5. How long have these conditions been present? _____

Is condition **permanent**, **temporary** or **progressive**?

6. Is this person able to:

Yes **No** Communicate addresses, destinations, and phone numbers?

Yes **No** Read and/or monitor time?

Yes **No** Ask for, understand, and follow instructions?

Yes **No** Deal with unexpected situations or changes in routine?

Yes **No** Safely and effectively travel through crowded or complex facilities?

In signing, I acknowledge that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in the re-examination of the eligibility status of the applicant as well as prosecution to the maximum extent allowed by the laws of the state of Florida.

Signature: _____ Date: _____

Print or type Name and Title: _____

State of Florida License Number: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____