



# CANBY AREA TRANSIT

Office Use Only:

Client ID #: \_\_\_\_\_

Expires: \_\_\_\_\_

Approved: \_\_\_\_\_

## DIAL-A-RIDE PARATRANSIT SERVICE APPLICATION

**All questions must be answered.  
Incomplete or unsigned applications will be returned.**

### Part A. Personal Information

Applicant Name: \_\_\_\_\_  
Last First

Physical Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

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

Name of Facility or Apartment Building: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ Apt. No.: \_\_\_\_\_

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

Ph # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

What is your language of choice?

Date of birth: \_\_\_\_\_ F  M  X

### Part B. Emergency Contact (required)

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Emergency phone number(s) (list below):

Primary: \_\_\_\_\_ Cell: \_\_\_\_\_

You may list additional emergency contacts name and phone numbers below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part C. Tell us about your disability or disabling health condition. Please be as specific as possible.**

**1** Is your disability or condition:

Permanent     Temporary    How long: \_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

If you answered temporary, please explain:

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**2** Do you have any physical disabilities **that limit your ability** to use CAT's bus service?

Yes     No

If yes, please explain: \_\_\_\_\_

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**3** Whether walking or using a mobility aid (cane, walker, wheelchair), about how far can you travel independently before it becomes too difficult?

Less than 1 block     2 blocks (1/4 mile)  
 4 blocks (1/2 mile)     6 blocks (3/4 mile)     More than 6 blocks

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**4** Do you have any mental health disabilities **that limit your ability** to use CAT's bus service?

Yes     No

If yes, how does your disability limit your ability to use CAT's bus service?

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**5** Does your disability limit your understanding of how to use CAT's bus service?

Yes     No

If yes, how does your disability limit your ability to use CAT'S bus service:

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**6** Do the effects of your disability or condition vary from day to day?  Yes     No

If yes, please explain:

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**Part D. Tell us about your use of CANBY AREA TRANSIT fixed-route buses.**

Fixed-route is operated along a pre-set route according to a fixed schedule. It is different from CANBY AREA TRANSIT's Dial-a-Ride service, which provides door-to-door service by appointment only.

1 Are you interested in Travel Training with CAT?  Yes  No

2 Have you used CAT's fixed-route buses?  Yes  No

3 Have you used fixed-route buses anywhere?  Yes  No

4 What best describes your ability to use CAT's regular bus service?

I have never tried to use the regular bus.

I could use the regular bus, but it would be difficult.

I can use the regular bus but only for specific trips or destinations.

I can use the regular bus for most trips.

I cannot use the regular bus at all because \_\_\_\_\_

\_\_\_\_\_

**Part E. Mobility equipment, aids, personal assistance required for travel.**

1 Check all mobility equipment and aids that you expect to use when you travel.

None

Manual Wheelchair

Service animal

Cane

Power wheelchair

Portable oxygen

Walker

Power scooter

Respirator

Crutches

Extended footrests

Picture board

White cane

Chest restraint

Alphabet board

Prosthetic device

Personal Care Attendant

Other (Please describe) :

\_\_\_\_\_

2 CAT operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use Dial-a-Ride?

Always

Sometimes

Never

If always or sometimes, how does a PCA or another person assist you? \_\_\_\_\_

\_\_\_\_\_

3 Some individuals cannot be left alone at their residence or other destination, for example persons with dementia or Alzheimer's disease. Does someone always need to meet you when you arrive at a destination?

Yes

No

**Part F. Please read the following and sign the application.**

**For the applicant:** Applications must be signed. Unsigned applications will be returned.

I understand that the purpose of this application is to determine whether I am eligible to use CANBY AREA TRANSIT Dial-a-Ride services. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for Dial-a-Ride paratransit, and to provide Dial-a-Ride services if I am determined to be eligible, unless I give other specific authorization.

I understand that it may be necessary for me to participate in an in-person evaluation at CANBY AREA TRANSIT'S expense, to determine my eligibility for Dial-a-Ride services. I understand that CANBY AREA TRANSIT may review my current ADA Dial-a-Ride eligibility status at any time whatsoever where circumstances may warrant that I am no longer eligible to receive ADA Dial-a-Ride transportation service.

I acknowledge I have read and understand the enclosed Trip Reservation and No-Show policy. These policies assist CAT in offering services to those who need it most.

**Legal Representative Acknowledgement:** I acknowledge I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

\_\_\_\_\_  
Applicant (or legal representative) Signature

\_\_\_\_\_  
Date

**If this application was completed by someone other than the applicant, complete and sign the following:**

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Organization or agency affiliation: \_\_\_\_\_

I have knowledge of the applicant's disability or health condition.  Yes  No

I am aware of how the applicant's disability or health condition limits or prevents use of CAT's regular bus service.  Yes  No

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

## **PART G. Instructions for signatures and submitting application**

Before returning the application, please make sure that:

1. You answer all questions in Parts A through E (page 1-3).
2. You sign Part F page 4.
3. If a person other than the applicant completed the application, please have that person complete and sign the bottom half of Part F page 4.

Applications will be reviewed within 30 days once received.

### **Mail or drop off application:**

Canby Area Transit  
Attn: Transit Coordinator  
195 S. Hazel Dell Way  
Canby, OR 97013

### **Fax or email application:**

Fax: 503-263-6284  
Email: [cat@canbyoregon.gov](mailto:cat@canbyoregon.gov)

**Have questions or need assistance completing the application?  
Contact CAT Transit Coordinator, (503) 266-0717  
or the CAT office (503) 266-4022.**

**Thank you!**



[www.canbyareatransit.org](http://www.canbyareatransit.org)