



SCAT Application – Cover Letter

Dear SCAT Applicant:

Thank you for inquiring about GTA and our services for people who have disabilities. We offer the following services:

- **SCAT:** This is the federally-mandated Americans with Disabilities Act (ADA) paratransit service, which is an advance-reservation, shared-ride service for people who have a disability that prevents use of fixed route service. To use SCAT, a person must be certified as eligible.
- **Travel training:** GTA offers assistance and training to those interested in learning how to ride the fixed route buses. The training is free! Please contact GTA's staff at (336) 373-2634 or by email at scateligibility@greensboro-nc.gov if you would like to learn how to ride Greensboro's buses.
- **GTA fixed route bus (regular) services:** All our buses are equipped with lifts for people who use wheelchairs and scooters. All buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs. There is priority seating right behind the bus driver for people with disabilities and seniors. Stops and major transfer points are announced through the automated talking bus feature.

Enclosed is the SCAT Application, which consists of two forms: the **SCAT Eligibility Questionnaire** form and the **Professional Verification** form. If you are interested in applying for SCAT service, please read this introductory letter and all of the enclosed materials before starting. Both forms must be completed and submitted prior to scheduling your in-person interview.

Please submit both forms (Part A and Part B) prior to your interview date so that staff can review beforehand in preparation for your appointment. In addition, this will also assist staff with providing you with a final determination of eligibility during the interview.

How is Eligibility for SCAT Determined?

To determine if you are eligible to use SCAT, you must do the following:

- 1) Complete the SCAT Eligibility Questionnaire form.
- 2) Fill out the first part of the Professional Verification form and then submit the form to your healthcare or rehabilitation professional, who must verify that your disability affects your ability to use public transportation. Have your healthcare or rehabilitation professional mail the form back to you or, it can be mailed to the SCAT Eligibility Department at P.O. Box 3136 Greensboro, NC 27402-3136 or faxed to the SCAT Eligibility Department at (336) 373-2809. Your application can also be e-mailed to scateligibility@greensboro-nc.gov.
- 3) Once both parts (A & B) of your application have been received and determined complete, someone from the SCAT Eligibility Department will contact you to schedule the in person interview.
- 4) The **required interview** will take place with of our eligibility staff at the GTA Administrative Office Building, located at 223 W. Meadowview Road. The interview, generally lasts 30 to 60 minutes, and provides the opportunity to discuss your mobility issues and the opportunity for you to learn about all of GTA's services, including accessible fixed route and travel training.
- 5) If you need transportation to and from the in-person interview, please advise the eligibility staff member when they contact you to schedule the interview. They will schedule the trips for you and there will be no charge for those trips. If you prefer, you may take care of transportation on your own.

In-Person Interview

Once your in-person interview is scheduled, please remember:

- The completed application and supporting healthcare professional verification form must be provided to GTA prior to, your in-person interview.
- If you use a mobility device when you travel outside the home, you must bring that mobility device to your in-person interview.
- You will have a photo taken at the interview, which will be used for an ID card if you are determined to be eligible for SCAT.
- If you find that you cannot make your scheduled in-person interview, please be sure to contact the eligibility staff to cancel the appointment **before** the scheduled date if possible. To cancel your in-person interview, contact the Greensboro Transit Agency 373-2634, or scateligibility@greensboro-nc.gov.

Determining Eligibility

Based on your completed SCAT Eligibility Questionnaire, your completed Professional Verification form, and the in-person interview, GTA will determine if you are eligible for SCAT within 21 calendar days. **Note carefully that if your two forms are not complete, we will return the forms to you which will delay processing.**

Based on the determination, you will be provided with one of the following:

- **Unconditional Eligibility:** A disability or health condition always prevents use of the fixed route buses and ADA Paratransit service (SCAT) is provided for all trips.
- **Conditional Eligibility:** A disability or health condition prevents use of fixed route buses under certain conditions and ADA Paratransit service (SCAT) is provided only when those conditions apply.
- **Temporary Eligibility:** A disability or health condition temporarily prevents use of the fixed route buses and ADA Paratransit service (SCAT) is provided only during that time period.
- **Referral to Fixed Route Service:** If you are determined to be able to use fixed route service, you will be referred to GTA's fixed route service and provided information about schedules and routes as well as travel training options. You will also be given information about applying for GTA's half-fare program. People with disabilities, seniors age 60 and older, and those who have a Medicare or Medicaid Card are eligible to ride for half-fare at all times on GTA buses.

If we determine you are able to use fixed route and ineligible for SCAT, we will notify you of the reason(s). You may appeal the decision, and we will send you information on the appeal process with the determination letter.

If you have questions about the application forms, or need assistance in completing them, please contact the Greensboro Transit Agency by telephone at (336) 373-2634 or by email at scateligibility@greensboro-nc.gov. This letter, the application, and the two forms, are also available in large print and other alternative formats upon request.

Thank you for your interest in GTA!

SCAT Application

The SCAT Application has two different forms and both forms must be completed and received by GTA either prior to the in-person interview, or brought to the interview:

(1) SCAT Eligibility Questionnaire Form and (2) Professional Verification Form

STEP 1 – Complete the SCAT Eligibility Questionnaire form.

The SCAT Eligibility Questionnaire Form should be filled out by the applicant or the applicant’s representative. The form must be completely filled out and signed by the applicant, or if the applicant is less than 18 years of age, the applicant’s guardian and anyone who assisted the applicant in completing the form.

STEP 2 - Complete Section A of the Professional Verification form and then send the Professional Verification form to a health care professional familiar with the applicant’s disability. Health care professionals may include, but are not limited to, the following professionals:

- | | | |
|-------------------------------------|---------------------------|-----------------|
| Family Physician | Independent Specialist | Ophthalmologist |
| Physical Therapist | Rehabilitation Specialist | Psychiatrist |
| Occupational Therapist | Licensed Social Worker | Psychologist |
| Orientation & Mobility Therapist | Registered Nurse | Case Manager |

Your selected professional must then complete **Section B** of the Professional Verification Form and once complete, return the form either directly to you, or the GTA Office at: City of Greensboro, Public Transportation Division, P. O. Box 3136, Greensboro, NC 27402.

STEP 3 - Once you have the completed SCAT Eligibility Questionnaire Form and insured either your or GTA’s receipt of the completed Professional Verification Form, contact the SCAT Eligibility Office to schedule your in-person interview.

If you have questions about the application or need assistance in completing the two forms, please contact the Greensboro Transit Agency at (336) 373-2634.

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PART A

SCAT ELIGIBILITY QUESTIONNAIRE FORM

Part 1. General Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone - Home _____ Phone - Work _____

Cell Phone _____ E-Mail Address _____

Emergency Contact Name _____ Phone _____

Last Four Digits of Social Security # _____ Date of Birth ____/____/____

Are you eligible for **Medicaid** Benefits? Yes ___ No ___

If Yes, what is your **Medicaid ID Number**: _____ - _____ - _____

Part 2. Disability and Mobility Information

1. Please provide a description of your disability that prevents you from using the GTA accessible fixed route (**regular**) bus service: _____

2. Is your disability described above.... (check only one)

Permanent

Temporary If temporary, how long do you expect it to last? _____ months.

I don't know

3. Does your disability change from day-to-day under certain circumstances?

- No Yes

How? _____

4. Which of the follow mobility aids or equipment do you use when traveling to destinations outside of your home?

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> 3 or 4-Wheel Scooter | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Other (please specify) _____ | | |

IMPORTANT NOTE

An assessment of your mobility aid will be conducted during the in-person interview.

5. Do you ***require*** a Personal Care Attendant (PCA) to travel with you to destinations outside of your home?

- Always Sometimes Never

Part 3. Ability to Use the Fixed Route (Regular) Bus Service

6. Do you use GTA's accessible **fixed route (regular)** bus service (**not SCAT**)?

- Yes Sometimes No

I used the bus in the past, but stopped because _____

7. Please describe **why** your disability prevents you from using the GTA accessible **fixed route (regular)** bus service. _____

8. Is there something that may help you to ride the fixed route (**regular**) bus service?

- Route and schedule information. If yes, which Routes? _____
- Being able to use the bus lift
- Attending a Travel Training course to learn how to ride the bus
- Other: _____

9. Are you able to ask for and follow written or verbal instructions about how to use the fixed route (**regular**) bus?

- Yes, by myself
- Yes, with a Personal Care Attendant
- I probably could with specific instruction.
- No, I get too confused and might get lost.
- No, other people cannot understand me. Why not? _____

10. Are you able to get to and from the bus stop by yourself?

- Yes
- No

If No, check reasons that apply:

- I cannot travel outside of my house or apartment
- I can only get to the curb in front of my house or apartment
- I can if someone is with me to assist me
- I cannot get to places where there are no curb cuts
- I cannot cross busy streets or intersections
- I cannot travel outside when it is too hot
- I cannot find my way at night due to a vision problem

11. How far can you walk by yourself or with the assistance of a mobility aid?

- I can travel less than 1 block
- I can travel 1 block
- I can travel 2 blocks
- I can travel 3 blocks
- I can travel 4 blocks
- I can travel 5 blocks
- I can travel 6 blocks

12. Are you able to get on and off of the fixed route (**regular**) bus?

- Yes
- Yes, but only if the bus has a wheelchair lift
- Yes, but only if a personal care attendant (PCA) is with me
- No
- Sometimes: When? _____

13. If you are able to get on and off of the bus, can you get to a seat or wheelchair position by yourself?

- Yes No

If No, check reasons that apply:

I need someone to help me

I have a balance problem

I have trouble finding a seat because _____

14. If you are able to get on and off of the bus, do you know where to get off the bus, and find your way to your destination by yourself?

- Yes No

If No, check reasons that apply:

I can if the driver calls out the stops

I probably could with training

I get confused and can't remember where I am going

15. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp? Yes No I do not require a ramp

Note: If you are a wheelchair user and your home is not equipped with a wheelchair ramp, and if you are determined ADA eligible, SCAT will provide pick-ups and drop-offs at your curb, until the GTA Safety Manager reviews whether SCAT is able to safely serve your residence on a door-to-door basis. If your home is equipped with a ramp, it must be ADA compliant. A site assessment of your residence will be conducted.

Part 4. Primary Travel Destinations

Please list the three places you go most often and how you get there now.

1. Where do you go? _____

Address: _____

How often do you go there? _____ times per week or _____ times per month.

How do you get there now? _____

2. Where do you go? _____

Address: _____

How often do you go there? _____ times per week or _____ times per month.

How do you get there now? _____

3. Where do you go? _____
Address: _____
How often do you go there? _____ times per week or _____ times per month.
How do you get there now? _____

Part 5. Signature

A. Applicant's Signature

I understand that the purpose of the application is to determine if I am eligible for GTA's ADA paratransit service, called SCAT. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in your medical condition, may result in changes to your certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required, and may be used to help determine my eligibility.

Signature of Applicant: _____ Date: _____
(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

B. Applicant's Representative

If someone other than the applicant has completed this application, the following information must be provided:

Name: _____
Daytime Telephone Number: _____
Relationship to Applicant: _____ Date: _____

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PROFESSIONAL VERIFICATION FORM

Section A. Authorization to Release Information

(Applicant to complete and sign, then send to the professional you named)

Applicant's Name _____
Date of Birth _____
Applicant's Address _____
Applicant's Telephone Number _____

I authorize the following professional to release to GTA specific information as requested. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for 90 days after the date appearing below.

Name of Professional: _____ Title: _____

Applicant's Signature: _____ *Date:* _____

Guardian's Signature required is applicant is not his/her own guardian.

Guardian's Signature: _____ *Date:* _____

Section B: Professional Verification

Dear Healthcare Professional:

You are being asked to provide information regarding this individual's disability. The individual is applying for Americans with Disabilities Act (ADA) paratransit eligibility. The law specifies that ADA paratransit eligibility is provided only to those individuals who (1) as a result of their disability, cannot board, ride or disembark from a regular fixed route bus or (2) have a specific impairment-related condition that prevents them from getting to or from a bus stop.

Please note: This is not intended as verification of the applicant's disability or medical condition but to determine the effect of that disability or medical condition on the individual's ability to independently use regular, fixed route bus service.

PART B

Greensboro's regular fixed route bus service is accessible to people with disabilities. All fixed route buses operated by Greensboro Transit Agency (GTA) are equipped with lifts for people who use wheelchairs/scooters. All buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs. There is priority seating behind the bus driver for people with disabilities and seniors. Stops and major transfer points are announced at each stop. Please return the completed form to the applicant, or you may fax it to 373-2809, Attention: SCAT Eligibility Department

General Questions

1. In what capacity do you know the applicant? _____

2. What is the diagnosed disability or medical condition causing the disability that you are treating the applicant for? _____

3. What category (ies) is the applicant's disability? Physical Visual Cognitive

4. Is the disability temporary or permanent?
If temporary, how long do you expect it to last? _____

5. Does the applicant's disability or condition prevent use of using regular fixed route bus service?

No Sometimes Yes

If Sometimes or Yes, please explain why: _____

6. Does the applicant use any mobility aids: No Yes

If Yes, what type:

Manual Wheelchair Power Wheelchair Scooter Walker

Crutches Cane White Cane

Other; please specify _____

7. Does the applicant require a Personal Care Attendant (PCA) to travel in the community?

No Yes Sometimes

Effects of Applicant's Disability or Medical Condition on Community Travel

8. How far can the applicant walk/travel (with his or her mobility aid if applicable)?

3 blocks 6 blocks 9 or more blocks Less than 3 blocks

9. How long can the applicant wait outside (with his or her mobility aid if applicable)?

15 minutes 30 minutes Less than 15 minutes

10. Can the applicant negotiate hills or steep terrain? Yes No Sometimes

Please elaborate if necessary _____

11. Can the applicant cross the street without assistance? Yes No

If No, why not?: _____

12. Can the applicant recognize a destination or landmark?

Yes No Sometimes

Please elaborate if necessary _____

13. Is the applicant able to ask for, understand, and follow directions?

Yes No

Please elaborate if necessary _____

14. Is the applicant able to get around independently in the community?

Yes No Sometimes

Please elaborate if necessary _____

Additional Information

Is there any other relevant information about the applicant's disability or medical condition affecting the applicant's mobility that would be helpful to GTA in determining ADA paratransit eligibility?

I hereby affirm that the information I provided herein is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Please print your name and title

License Number _____ **Telephone** _____

Thank you for your help. If you have questions, please contact the Greensboro Transit Agency at (336) 373-2634, or by email at scateligibility@greensboro-nc.gov.

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