

Date Received _____
Date Processed _____
Date Approved _____
Date Denied _____

Date Notified _____
Client Status Code _____
Computer _____

CARTA BUSES ARE...

CARTA CARE-A-VAN DISABILITY APPLICATION



1. Applicant must have a disability to qualify.
2. You must live INSIDE the city limits of East Ridge.
3. If ALL Spaces Are Not Completed, Form Will Be Returned.
4. Please Read Entire Application and Print Neatly or Type.
5. Only ONE Person per Application.
6. DO NOT Attach Transportation Requests or Schedules.
7. Application May Require 10 Days Processing Time. If a decision is not made within 10 days, please call our office at 423-698-9038.

*This Application Can Be Made Available In Accessible Form.
If You Need Assistance Completing Form, Please Call 423- 698-9038*

PERSONAL INFORMATION

Date of Application: _____
Print Name: _____ Male _____ Female _____
Address: _____ Last First Middle Initial Apt. No. _____
City / State: _____ Zip: _____
Telephone: Home: _____ Work: _____
Birth Date: ____ / ____ / ____ Email Address: _____

**** EMERGENCY CONTACT – (Application will be Returned If Left Blank) ****

Name _____ Address _____
Phone # _____ Relationship _____

Answer ALL of the following questions in this box-----Do Not Leave Blank

1. List your specify Diagnosis: Disability/Illness AND check any applicable items below:

(Example - Heart, Cancer, Diabetes - do not use initials! *ANSWER HERE* _____)

- a. Visually Impaired- Total: _____ Partial: ____ Vision: Right – 20/ _____ Left – 20/ _____
- b. Hearing Impaired _____
- c. Mentally Impaired _____
- d. Wheelchair user - Powered _____ Manual _____ Scooter _____
- e. Crutches: _____ Braces: _____ Walker: _____ Prosthesis: _____ Cane: _____
- f. Other mobility limitations or physical impairments – please describe: _____

Is this condition temporary? Yes _____ No _____ If yes, expected duration until: _____

2. The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made.

a. Do you use any of the following aids to mobility? (Answer All Yes or No) - Do not leave blank.

➤ Wheelchair _____ If Your Wheelchair Is Larger Than Standard Wheelchair (30 Inches Wide - 48 Inches Long - 200+ Lbs.) Please Describe: _____

➤ Powered scooter _____ Scooters are not recommended for safe transportation.
If you use a scooter, can you transfer to a seat? Yes _____ No _____

➤ Other Assistive Mobility Devices (describe) _____

➤ Service Animal Yes _____ No _____ Alphabet Board Yes _____ No _____

➤ Oxygen Tank Yes _____ No _____ Does your house have a ramp? Yes _____ No _____

3. Do you require someone to assist you when you travel using transit? (It is Client's responsibility to provide assistant.) Driver is only responsible to provide assistance on the vehicle. No fare is charged for assistant to ride with you.

(Do not leave blank) YES _____ NO _____

4. Please answer ALL of the following questions:

If you answer Yes to #3 you must bring someone to assist you. Do not leave blank.

a. Can you walk 200 feet - **OR** - push or maneuver your wheelchair 200 feet without the assistance of another person?

Yes _____ No _____ Sometimes _____

b. Can you climb three 8-inch steps without assistance?

Yes _____ No _____ Sometimes _____

c. Can you wait outside without support for ten minutes?

Yes _____ No _____ Sometimes _____

5. Are there any other illnesses, disabilities, or effects of your disability, which we need to be aware? (I.e., Seizures, Heart Problems, Blood Pressure, etc. . . .) Please write out - do not use initials for disabilities or diagnosis. Do not leave blank.

6. **Do not leave blank or form will be returned.**

Who will be responsible for payment? Cash _____ Self Bill _____ Other _____ Agency _____

Name and Billing Address of Agency or Other _____

Please Sign Below:

I/We have received and read the CARTA Care-A-Van Client Policies and understand each policy and by signing below agree to abide by them.

I/We certify, to the best of my/our knowledge, the above information is true and correct. I/We understand that if I/We have submitted any false information, any CAV eligibility status will be revoked immediately.

_____ Date

(Do not leave blank or application will be returned unapproved.)
Must contain signature of Applicant, Guardian, or Agency completing application or requesting transportation.

9. **To Be Filled Out BY APPLICANT - NOT Physician**

Medical Authorization Release
(Application Will Be Returned If Left Blank)

In order to allow your request to be evaluated, it may be necessary for us to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. This authorization will remain in effect for the duration of approved eligibility. All medical information will be kept separate from application in a locked file, and only the Mobility Coordinator will have access. Medical documentation may be required.

The following (check one):

Physician _____ Health Care Professional _____ Rehabilitation Professional _____
is familiar with my disability and is authorized to provide information required.

Physician's Name: _____

Physician's Address: _____

(City / State / Zip): _____

Physician's Telephone: _____

I, _____ do hereby authorize
(Print Patient Name)

The Chattanooga Area Regional Transportation Authority (CARTA), or its representatives, to obtain copies of any and all medical records pertaining to my health condition from any health care provider.

Client Signature (Guardian or Agency if Client is unable to sign)

Date

Must be signed or application will be returned unapproved.

10. If this application has been completed by someone other than the person requesting certification, that person MUST FULLY COMPLETE the following:

Name: _____ Agency: _____

Address: _____

(City / State / Zip): _____

Phone: _____ Fax Number: _____

Signed: _____ Date: _____

Please Return Application to:

CARTA CARE-A-VAN
1617 Wilcox Blvd
Chattanooga, TN 37406

Contact CARE-A-VAN:

(423) 698-9038 – Telephone
(423) 698-8555 – Fax
(423) 698-8418 – TDD

Web Site: <http://www.gocarta.org> – follow link to Care-A-Van page.

Siskin Hospital has a Travel Trainer on staff, for further information please contact: Mrs. Valerie Thompson; One Siskin Plaza; Chattanooga, TN 37403. Phone: 423-634-1576

Care-A-Van Client/Service Policy

The CARTA Care-A-Van Client/Service Policy has been developed with the guidance of the CARTA Care-A-Van Advisory Commission for Accessible Transportation. We appreciate your cooperation in helping us provide more efficient transportation by familiarizing yourself with and following these policies. If you have any questions, comments or suggestions to make our service more accessible, please contact our office.

Clients must have a completed, approved and current CARTA Eligibility Application or proof of age on file at the Care-A-Van office.

One way trips are \$2.50 each, \$5.00 each for round trips, payable at the time of service. There is no charge for children under six (6) years of age or an approved Personal Care Attendant (escorts). All children under four (4) years of age traveling with a client must be in a client provided child restraint seat. The fee for children between the ages of six (6) to sixteen (16) years of age is \$0.50 each way. All additional adult non-escort passengers are required to pay the appropriate fee when transportation is rendered. When booking your trip you must let Care-A-Van know if you will have additional passengers meeting the requirements above.

Payment Policy: All clients are expected to pay their fares at the time of transportation, unless billing arrangements have been made through the Care-A-Van office. Payment should be received no later than thirty (30) days after receiving your bill. If payment has not been received after thirty (30) days, client scheduling privileges may be temporarily suspended until the payment is received.

Clients may schedule rides up to two (2) weeks in advance. A minimum of 48 hours advance notice is requested for scheduling trips. Care-A-Van will make every effort to accommodate "on demand" same day trips. Care-A-Van should never be used for emergency trips. In case of an emergency call 911 immediately. Clients are requested to be ready for pick up fifteen (15) minutes before the scheduled pick up time and/or fifteen (15) minutes after the scheduled pick up time. Due to Care-A-Van bus schedules, drivers are only permitted to wait for five (5) minutes after the scheduled arrival time, before leaving the pickup location. However, you should contact the dispatcher if you're experiencing delays to see if a different arrangement can be made. Clients may not alter a scheduled destination after pick up unless previously cleared with the dispatcher. Stops between pick up and drop off locations are not permitted unless previously scheduled with the dispatcher.

Care-A-Van service is a "curb-to-curb" service but will provide "origin to destination" services upon request to any rider as needed. Please make sure when you are booking your trip you let Care-A-Van know that you need "origin to destination" service. Care-A-Van drivers will assist clients aboard the vehicle. Drivers may only assist clients in and out of wheelchairs to the extent which allows them to transfer to a van seat. Drivers are not allowed to enter a client's residence. Vehicles will not enter any area (i.e. narrow driveway less than 16 ft. wide, steep hills or slopes greater than 8.33% or 1" of fall to 12" of length - lift ramps can only be deployed on flat

surfaces), without turn around space, no unpaved or rough or soft surfaces, low overhands (less than 10' + top clearance, etc.) where in the drivers and/or safety supervisors opinion that unsafe conditions exist for the client, driver, or damage that may occur to the vehicle or personal property. The drivers are not allowed to enter any area where they have to back the vehicle into or out of a client's pick up or drop off location. If your pick up or drop off location is affected by this policy, Care-A-Van will work with you to arrange an alternative pick up or drop off location.

Clients must provide their own wheelchairs and/or mobility devices. Each mobility device must be secured in the vehicle with a four (4) point, tie-down and suggested lap/shoulder restraint belt system. All Care-A-Van clients are asked to wear a seat belt while aboard the vehicle. Clients are only allowed to stand at their own risks.

Clients are responsible for providing safe & negotiable exterior surfaces for wheelchairs and ambulatory clients. Clients who use wheelchairs are responsible for providing safe, sturdy (built according to regulations - 1" of fall to 12" of length), and non-skid surface ramps.

Family members or friends must assist clients if no ramp is available. Drivers are not allowed to lift a wheelchair due to risk of injury to the client and/or driver.

If a client needs to cancel a ride, he/she must do so by calling the dispatcher at the Care-A-Van office at least one hour before the van is scheduled to arrive. If the driver arrives to the pickup location before the client calls, the client will be subject to a "NO SHOW." At the end of the month the client will receive a letter, notifying them of their number of NO-SHOW occurrences within a thirty (30) day period. In order for all clients to get to their appointments on-time it is extremely important to cancel unwanted rides. All phone calls are recorded. Please note the time, date, and person you spoke with if you call to cancel a ride.

If a client requires a Personal Care Attendant (escort), the client is responsible for providing such escort. The escort may ride at no charge, but the escort must be picked up at the client's location and dropped off at the same destination as the client. Drivers are not permitted to carry packages or groceries. Clients are only allowed those packages which they or their escorts can carry. All packages must be secured on the vehicle. Clients needing assistance with groceries MUST have an escort to ride with and assist them. Travel luggage is permitted.

Clients who are on the "call back" schedule are expected to be at the arranged pick up location, unless different arrangements have been made.

A trained service animal (dog) will be allowed to do work or perform tasks for the benefit of any client as needed.

No smoking or eating is allowed on the vehicles at any time. No abusive physical or verbal behavior toward the drivers or other passengers will be tolerated. Such occurrences may result in an offending client being removed from the vehicle and suspended from riding. For the health of the clients and welfare of fellow passengers, good hygiene is required at all times.

Care-A-Van is a public transit service. Due to heavy volume of clients wishing to ride, it may be necessary to combine your trip along with several other client trips. We will make every effort to accommodate your trip in the timeliest, safest, and efficient manner possible without subjecting any client to an extended travel time or waiting period.

We ask your patience and for you to be aware that our vehicles are subject to the same traffic conditions and road hazards which cause traffic delays and detours for private vehicles, and may delay our schedules beyond our control.

SCHEDULING A TRIP

Once you have received notification of eligibility for Care-A-Van service, contact the Care-A-Van office to schedule your trips. In order to accommodate as many clients as possible, clients may schedule rides up to two (2) weeks in advance. A minimum of 48 hours advance notice is required for scheduling trips. Care-A-Van will make every effort to accommodate "on demand" same day trip.

Reservations may be made during the regular Care-A-Van office hours, Monday through Friday from 8:00 a.m. until 5:00 p.m.

Care-A-Van Office

Telephone: 423-698-9038 TDD: 423-698-8418 Fax: 423-698-8555

Customer Fares

One Way \$2.50

Round Trip \$5.00