



Coast Transit Authority

Coast Transit Authority 333 Debuys Road, Gulfport, MS 39507 228/896-8080 228/896-8081 (facsimile)

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Section 1 - Customer Application

The information obtained in this certification process will only be used by Coast Transit Authority for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number Home: _____ Cell: _____

Mailing Address (if different from Street address) _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

My Race is (check all which apply) (Optional)

African American/Black Asian Caucasian/White

Hispanic American Indian Pacific Islander

Other (please be specific): _____

My primary language is (this would be language used to communicate, read, etc.) _____

What is the Disability which prevents you from using our fixed-route service?

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

How does this disability prevent you from using the fixed-route services? Please explain completely, using additional sheet if needed.

Are there any other effects of your disability of which we need to be aware? _____

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 BY COAST TRANSIT AUTHORITY.

Do you use any of the following aids for mobility? *(please check all that apply)*

- Manual Wheelchair Electric Wheelchair Powered Scooter Cane
 Crutches Walker Rolling Walker Other _____

Do you require a Personal Care Attendant when you travel using transit?

- Yes No Sometimes

Can you travel 200 feet (less than a football field) without the assistance of another

- person? Yes No Sometimes

Can you travel ¼ mile (length of a football field) without assistance of another person?

- Yes No Sometimes

Can you travel ¾ mile (length of three football fields) without assistance of another person?

- Yes No Sometimes

Can you climb three 12-inch steps without assistance of another person?

- Yes No Sometimes

Can you wait outside without support for ten minutes?

- Yes No Sometimes

I hereby certify that the information given above is correct.

Applicant Signature: _____ **Date:** _____

***Note:** Once we have received a completed application (*Section 1 and 2*) with all required information, your application will be processed within 21 days upon received.

Please submit Section 2 to your physician. This section **MUST** be completed by your Physician **ONLY**.