

## 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 Authority at (336) 373-2634.

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Office Use Only:  
New Certification \_\_\_\_\_  
Recertification \_\_\_\_\_



# 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 4 blocks

I can travel 1 block  I can travel 5 blocks

I can travel 2 blocks  I can travel 6 blocks

I can travel 3 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: \_\_\_\_\_