Application for Door-to-Door Service

Please print clearly on all pages.

The SCAT Plus service includes transportation mandated by the Americans with Disabilities Act (ADA) of 1990 and transportation mandated by the Florida Commission for the Transportation Disadvantaged (TD). Applicants may qualify for one or both programs. Please read the ADA and TD program qualifications and guidelines below. If you have any questions or need assistance, please call 861-1042. If, by a date 21 days following the submission of a complete application, SCAT Plus has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless SCAT Plus denies the application. If you are denied ADA or TD eligibility and wish to appeal the decision, you may contact our office and request a copy of the appeal procedures.

ADA Qualifications and Guidelines

- Origin and destination locations must be within the ADA Corridor. The ADA corridor is defined as a service corridor that extends three-quarters of a mile on either side of SCAT fixed route bus service.
- Applicant must have a recognized disability verified by an accepted medical professional that prevents them from independently using the SCAT fixed route bus system all the time, temporarily, or only under certain circumstances.
- Disability alone does not guarantee eligibility. The eligibility is based on the individual's functional ability to use the SCAT fixed route bus and is not a medical decision.
- Once approved, trips are not denied based on trip purpose.
- Trips are available during the same hours, days, and locations of the SCAT fixed routes.
- Fare is $2.50 each way.

Transportation Disadvantaged Special State Grant Qualifications and Guidelines

- Origin and destination locations can be anywhere in Sarasota County.
- Applicant must verify that no other resource or access to transportation is available.
- Applicant must verify that they have one or more of the following that prevents them from using the SCAT fixed route bus system:
  - > A recognized disability verified by an accepted medical professional.
  - > A physical, mental, or financial condition, temporary or permanent.
  - > There is no SCAT fixed route bus service near your home beyond ¾ of a mile.
- Applicant must verify that their gross annual household income does not exceed 150% of the Department of Health and Human Services poverty guidelines (Table I, page 4).
- Disability alone does not guarantee eligibility. The eligibility is based on the individual's functional ability to use the SCAT fixed route bus and is not a medical decision.
- Based on availability of program funds, trips may be denied based on trip purpose. Trip priorities are ranked in descending order as follows: critical care trips, other medical trips, employment trips, educational trips, and other trip purposes.
- TD trips are available Monday through Friday. If a trip is for medical purposes, service is provided on Saturday. There is no service on Sunday.
- Fare is $2.50 each way.

Sarasota County

For ADA and TD Transportation, please complete Part I

TD❒ ADA❒ PCA❒ VET❒ ORIGINAL❒ RECERT ❒ Date Approved _____

Last Name _____ First Name _____ MI_____

Street Address _____ Apt._____ Bldg. _____

City _____ State _____ Zip _____

Name of subdivision, building, complex, or additional information needed to find address:

_____

Is a gate code required for entry? ❒ Yes ❒ No Code Number _____

❒ Male ❒ Female _____ Date of Birth _____

Are you a Medicaid Recipient? ❒ Yes ❒ No Medicaid Number_____

Home Phone_____ Cell Phone _____

Email (optional)_____

Emergency Contact Person _____ Relationship _____

Home Phone_____ Cell Phone _____

Email (optional)_____

List the impairments, disabilities, or other conditions that prevent you from using the SCAT fixed route bus service _____

_____

How long have you had this condition? _____ Is your condition permanent? ❒ Yes ❒ No

Please indicate below if you use any of the following mobility aids or equipment.

❒ Alphabet Board	❒ Long White Cane	❒ Powered Scooter/Cart *
❒ Cane	❒ Manual Wheelchair*	❒ Powered Wheelchair*
❒ Crutches	❒ Picture Board	❒ Walker
❒ Leg Braces	❒ Oxygen CO2	❒ Other _____

❒ Service Animal (describe) _____

❒ I do not use any of the above aids or equipment.

** NOTE: SCAT may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches or wider than 30 inches or if your total weight with your wheelchair is more than 600 pounds.*

In the event Sarasota County Emergency Management orders an evacuation, would you need SCAT service to evacuate? ❒ Yes ❒ No

If you use a mobility aid, is your residence accessible (ramp, paved walkway, etc.)? ❒ Yes ❒ No

If you use a mobility aid, is the doorway/entrance accessible? ❒ Yes ❒ No

How far can you walk? _____ How far can you walk using mobility aid? _____

Do you need the lift to board the bus? ❒ Yes ❒ No

Do you have any limbs that are in a cast, braced, fused, or otherwise unbendable? ❒ Yes ❒ No

Have you used or are you currently riding the SCAT fixed route bus? ❒ Yes ❒ No

What other means of transportation are available for you to use? _____

_____

What destinations(s) will you be requesting with this service? _____

_____

I understand that the purpose of this application is to determine if there are times when I cannot use the SCAT fixed route bus service. I understand that the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility for SCAT Plus. I certify that, to the best of my knowledge, the information in this application is true, correct, complete, and made in good faith, and that any material omissions, falsifications, misstatements, or misrepresentations in the above information could disqualify me from receiving SCAT Plus service.

Applicant's Signature _____ Date _____

For TD Transportation, please complete Part II

Part II

Are you participating in any reduced bus fare programs? ❒ Yes ❒ No

Is SCAT fixed route bus service accessible from your home? ❒ Yes ❒ No

Are any circumstances preventing you from using the SCAT fixed route bus service? ❒ Yes ❒ No

If yes, please describe _____

Including all parents, caregivers, relatives, or others involved in your living functions, how many people reside at the address provided in Part I? _____

How many vehicles are in your household? _____

Including all wages, disability payments, Social Security payments, pensions, dividends, investments, etc., what is your total gross annual household income?

*Tax Return*_____ *W2*_____ *SSI*_____ *SSDI*_____

*Pension*_____ *Interest/Dividends*_____*Work Comp*_____*Relatives*_____
*Other*_____

SCAT offers free travel training to anyone interested in learning how to ride SCAT fixed route bus service. Would you be interested in getting information about travel training? ❒ Yes ❒ No

Any additional comments _____?

If you are completing this application on behalf of a minor or as requested by someone, please provide:

Name _____ Relationship _____

Home Phone_____ Cell Phone _____

Email _____

Table I: 150% of the Department of Health and Human Services Poverty Guidelines
The following totals represent 150% of the Federal Health and Human Services Guidelines for low household income. In order to qualify for the TD transportation program, household income may not exceed these guidelines.

Number of People in Household	Maximum Household Income for TD
1	$17,235
2	$23,265
3	$29,295
4	$35,325
5	$41,355
6	$47,385
7	$53,415
8	$59,445

For more than 8 people in the household, add $6,030 for each additional person in the household.

The Maximum Household Income is revised annually.

I understand that the purpose of this application is to determine if there are times when I cannot use the SCAT fixed route bus service. I understand that the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility for SCATPlus. I certify that, to the best of my knowledge, the information in this application is true, correct, complete, and made in good faith, and that any material omissions, falsifications, misstatements, or misrepresentations in the above information could disqualify me from receiving SCATPlus service.

Applicant's Signature _____ Date _____

Please check that all information is provided and mail application to:

Sarasota County Area Transit
Attention: Mobility Coordinator
5303 Pinkney Avenue
Sarasota, Florida 34233-2421

Or Fax to: **941-861-1007**

Medical Verification Form

If you are applying for service due to a medically verified physical or cognitive condition, impairment, or disability a Medical Verification Form must be completed and signed by licensed medical professional. Accepted medical professionals include:

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic
- Occupational Therapist—Licensed and Registered
- Audiologist
- Ophthalmologist
- Psychologist
- Registered Nurse
- Physical Therapist
- Licensed Practical Nurse
- ARNP/PA

Be sure to print your name, date of birth, and the last 4 digits of your Social Security Number on the form to assist your medical professional.

Last Name _____ First Name _____ MI_____

Date of Birth ____ - _____ - _____ Last 4 digits of Social Security Number_____

Part III: Must be completed by Medical Professional

Part III

Dear Medical Professional:

In order to process this applicant's request for SCATPlus eligibility, we require this form be completed. Only licensed medical professionals having knowledge of the applicant's functional ability to use the SCAT fixed route bus service should complete this form.

All SCAT fixed route vehicles are equipped with wheelchair lifts and bus operators announce major streets and intersections and/or all vehicles are equipped with automated enunciators. SCAT is the fixed route bus service. SCATPlus is the door-to-door service. This form is used to determine eligibility for the SCATPlus service.

Please return completed Medical Verification Form to the customer, or fax directly to our office at (941) 861-1007. Thank you.

If you have any questions, please call our office at (941) 861-1042.

Thank You

Please check that all information is provided and mail application to:

Sarasota County Area Transit
Attention: Mobility Coordinator
5303 Pinkney Avenue
Sarasota, Florida 34233-2421

Fax to: **941-861-1007**

Medical Professional Please describe in as much detail as possible the Disabilities of your Patients

Last Name_____ **First Name** _____**DOB**_____

Has this person been diagnosed with a cognitive, mental, physical, or other disability preventing use of the SCAT fixed route bus service? ❒ **Yes** ❒ **No**

If yes, please list and explain_____

_____

_____

Does this person require a Personal Care Attendant (PCA) while traveling? ❒ Yes ❒ No

How long has this disability been present? _____ Is the disability ❒ permanent *or* ❒ temporary?

If temporary, how long? _____

Please describe any other medical conditions this person has and the severity, in detail, including any restrictions, limitation, and prognosis _____

_____

_____

How long have these conditions been present?_____ Is condition ❒ permanent *or* ❒ temporary?

Is this person able to;

Communicate addresses, destinations, and phone numbers? ❒ Yes ❒ No

Read and/or monitor time? ❒ Yes ❒ No

Ask for, understand, and follow instructions? ❒ Yes ❒ No

Deal with unexpected situations or changes in routine? ❒ Yes ❒ No

Safely and effectively travel through crowded or complex facilities? ❒ Yes ❒ No

Medical Professional Information:

Print Name_____ Title _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip_____

Phone Number_____ Fax Number_____

Email _____ Medical License No. _____