

APPLICATION FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA) PARATRANSIT ELIGIBILITY

The information obtained in this application will assist The COMET with understanding your abilities, travel changes and barriers in the environment that may prevent you from using the fixed route system. **All information contained in this application will be kept confidential and only be shared with professionals involved in the evaluation process. Complimentary transportation will be provided to applicants for functional assessments.**

If you have any questions or need assistance with completing this application, please call **(803) 255-7123**. It is also very important to mail the application to the address listed above.

APPLICATION INFORMATION (Please Print or Type)

New
 Recertification

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ Sex: M / F (circle one)

Residential Address: _____

Mailing Address: (if different from above) _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

TDD/TTY Number: _____

Email Address: _____

Emergency Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

City: _____ State: _____ Zip Code: _____

Would you like further written information provided to you in accessible format? Yes No

If Yes, please indicate your preferred format: Large Print Braille E-Text Other

DISABILITY & MOBILITY EQUIPMENT

1. Which of the following limit your ability to use The COMET's fixed route bus service?

(Check all that applies)

- Physical disability Low vision/blindness Developmental disability
 Psychiatric disability Intellectual disability Other

2. Which of these mobility aids or equipment do you use to help you get where you need to go? (Please check all that apply)

- None Communication device Cane Walker
 Powered scooter/cart Power wheelchair Crutches Manual wheelchair
 White cane Hearing aid Service animal
 Portable oxygen Other

3. Please describe your disability (or disabilities) in more detail:

4. How does the above disability/disabilities prevent you from using The COMET's fixed route bus service?

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize The COMET to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of eligibility. I also agree to submit myself to an in-person evaluation by The COMET and/or acting agency for determination of paratransit eligibility, as required. If I do not complete an in-person assessment within 90 days, I understand that my application will be returned to me and that to begin the eligibility process again, I must submit an application.

Applicant's Signature: _____ Date: _____

If completed by someone other than applicant Signature: _____

Relationship: _____ Home/Cell: _____