



The LIFT ADA Registration Application
 301 Church Avenue, Knoxville, TN 37915
Lift Phone: (865) 215-7850 - Fax: (865) 215-7816
 Email: katlift@katbus.com

Date Approved: _____ ID Number: _____

Thank you for your interest in the KAT LIFT program. Please note that you must complete this application and be certified by KAT before using The LIFT service. You will be notified by mail regarding eligibility within twenty-one (21) days from the date the completed application is received by KAT

SECTION A: Customer Registration

Customer Name: _____ Customer Address: _____
 City, State, Zip: _____ Apartment Complex: _____
 Phone: Home _____ Work _____ Cell _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Emergency Contact: _____ Phone: Home _____ Cell _____
 Relationship: _____ Work _____

SECTION B: Statement of Disability

- 1) Please describe your disability and how it prevents you from using the KAT fixed route bus service:

- 2) Are there any special conditions or effects of your disability of which we need to be made aware?

- 3) Do you require a Personal Care Attendant (PCA)? (A PCA is a person who must travel with you to assist in performing medical or personal tasks.)

- 4) Do you require other arrangements for fare payments due to your difficulty with coins or tickets? If so, please explain:

- 5) What is the duration of your disability? Permanent _____ Temporary _____
 Please indicate duration of temporary disability _____

SECTION C: Mobility Limitations

In order to assist KAT in determining eligibility, please answer the following questions regarding your mobility limitations.

YES	NO		YES	NO	
		Can board lift-equipped bus			Can balance while seated
		Can board bus without lift			Can read/hear/understand directions
		Can travel to nearest bus stop			Can travel 200 feet W/O assistance
		Can wait at bus stop			Can travel 1/4 mile W/O assistance
		Can Identify correct bus			Can travel 3/4 mile W/O assistance
		Can handle coins & tickets			Can climb a 12-inch step W/O assistance
		Can grip railings & handles			Can wait outside W/O support for 10 minutes

(SECTION C continued on reverse side)

(Continuation of SECTION C)

In the space provided, please list any Mobility Aids that you will be using while traveling on KAT buses: (i.e., Wheelchairs, Motorized Cart, Scooters, Service Animal):

SECTION D: Health Care Professional Supporting Statement

(This section MUST be completed by a Health Care Professional.)

Please initial your response.

_____ The Information provided by the Customer on the application is true to the best of my knowledge.

_____ There is information provided by the Customer on this application that is **not** true to the best of my knowledge.

_____ Please explain below.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Agency Name: _____

License Number: _____

Profession:

- Licensed Physician
- Licensed Physical Therapist
- Certified Rehabilitation Specialist
- Licensed Social Worker
- Licensed Optometrist

- Licensed Podiatrist
- Registered Occupational Therapist
- Certified Psychologist
- Other KAT Approved Professional
- Certified Health Care Professional
(i.e. Physician's Assistant or Nurse Practitioner)

ATTENTION - APPLICANT: Submission of this application certifies that you have read and understand the attached KAT LIFT HANDBOOK and that the above information is true and correct.

Applicant Signature

Date

Health Care Professional Signature

Date



This section to be completed only if you are traveling with a mobility aid.

Riding Mobility Aid/Wheelchair Dimensions and Weight

Section 37.165(b) of the USDOT regulations require transit providers to transport all “common wheelchairs.” A common wheelchair is defined as a three– or four-wheeled device that, when occupied, does not exceed 600 pounds or 30 inches in width by 48 inches in length, measured two inches above the ground. Wheelchairs which exceed these dimensions and/or weight, **may not be transportable**. You may request to transfer to a seat if you prefer and can do so without help from the driver.

Applicant’s Name: _____

Riding Mobility Device

Make: _____ Model: _____

Weight when occupied: _____ lbs.

Width: _____ inches Length: _____ inches

Ground clearance: _____ inches

Can you transfer to a seat once on the vehicle? Yes No

I understand that the purpose of this form is to determine that my transportation is based upon my being transported in a “common wheelchair” as described in Section 37.165(b) of the US-DOT regulations listed above. I hereby acknowledge my understanding of what constitutes a “common wheelchair” and grant permission to Knoxville Area Transit (KAT) to weigh me while sitting/standing with my mobility aid should it appear that my mobility device may exceed the lift equipment’s capabilities—this information will be kept in strictest confidence. I also understand that if my riding mobility device changes for any reason, I must notify the LIFT immediately. Failure to do so may risk the ability of the LIFT to transport me.

Applicant’s Signature: _____

Date: _____