Dear Applicant,

Thank you for your interest in Knoxville Area Transit's LIFT program. The LIFT is designed to provide equality in transportation service delivery and access to people with disabilities in accordance with The Americans With Disabilities Act of 1990.

Please, read the enclosed **"Lift Handbook: Passenger Service Requirements"** and complete the attached **"Lift ADA Registration Application".**

All sections must be completed for an application to be considered. Incomplete applications will be returned to the applicant for completion.
The following provides a brief description of the information required in each section:

Section A:

- Information about the person wishing to receive LIFT paratransit service. All information must be as complete as possible including zip codes, apartment complex names, buildings numbers, and apartment numbers.
- Emergency contact information must be completed with at least one telephone number for the contact person

Section B:

1) The specific disability and **HOW IT PREVENTS YOU FROM USING KAT'S FIXED ROUTE SERVICE**.
2) Specific conditions impacting KAT's ability to transport the passenger.
3) The duration of your disability.
4) Whether a Personal Care Attendant (PCA) is required (see handbook for description of (PCA).
5) Special arrangements for fares such as pre-purchased tickets or payment through PCA.

Section C:

- Answer each question regarding mobility limitations.
- All questions must be answered.
- List any mobility devices required for transportation. This assists us in determining which type of vehicle can be used in transporting passengers.

Section D:

- Medical verification of the disability listed in Section B is required of all applicants.
- Please have the professional associated with your disability verify the information.
- Finally, sign and date the application confirming you have read the "LIFT HANDBOOK: Passenger Service Requirements" and understand your responsibilities as a passenger.

All applicants are reviewed for eligibility within twenty-one (21) days from receipt.

Passengers are notified in writing of the decision by the KAT LIFT office. If you have any questions or need further assistance, please call the KAT LIFT office at (865)215-7850 or fax (865) 215-7816.

***Be advised that a trip on The LIFT is $3.00 one way**

KNOXVILLE AREA TRANSIT

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 receivedby 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 Podiatrist
	Licensed Physical Therapist		Registered Occupational Therapist
	Certified Rehabilitation Specialist		Certified Psychologist
	Licensed Social Worker		Other KAT Approved Professional
	Licensed Optometrist		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

kat
KNOXVILLE
AREA TRANSIT

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: _____