



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 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. Thank you for your interest in the KAT LIFT program.

Please, read the enclosed "**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.

Upon approval applicant will receive; LIFT Handbook, LIFT ID card, and a Welcome card.

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.
- 5). Special arrangements for fares such as our lift tickets or our prepaid service.

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 applications.
- Please have the professional associated with your disability verify the information.
- Please Sign and date the Authorization to Release Medical Information.
- Finally, sign and date the application itself confirming you have read the *Passenger Ridership Requirements* page and everything is correct to the best of your knowledge.

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 \$2.00 every time you board.**



For KAT LIFT Use Only

ID# _____
 Appl. Rcd.: _____
 Eval.: _____ Date: _____
 PCA: Yes No
 Approved: _____
 Expired: _____

LIFT ADA Registration Application

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

(Continuation of SECTION C)



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

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, and Service Animal):

Riding Mobility Aid/Wheelchair Dimensions and Weight

US DOT Regulation 49 CFR Part 38 require transportation operators to carry a wheelchair and occupant if the lift and vehicle can physically accommodate them. All KAT LIFT vehicles have an 800 lb. limit. Wheelchair/passenger combinations that exceed an 800 lb. limit may not be transportable. You may request to transfer to a seat if you prefer and can do so without help from the driver.

Riding Mobility Device

Make: _____ Model: _____

Weight when occupied: _____

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

I hereby acknowledge my understanding of the weight capacity limitations of the KAT LIFT vehicles, 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: _____



SECTION D: Health Care Professional Supporting Statement

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

(TO BE COMPLETED BY APPLICANT)

I hereby authorize the following licensed professional(s) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have a right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information: _____

Address: _____ / _____ / _____ / _____

Medical Record or ID#, if known: _____

(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: _____

Name: _____ License Number: _____

Agency Name/ Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

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

ATTENTION - APPLICANT: Submission of this application certifies that you have read and understand the attached Passenger Service Requirements and the above information is true and correct.

Applicant Signature

Date

Health Care Professional Signature

Date



Passenger Ridership Requirements

- The KAT LIFT provides a door-to-door **SHARED RIDE** service. Different riders are grouped together depending upon their travel time and location(s) and may be picked up or dropped off before you reach your destination. The KAT LIFT does not provide same day and/or emergency medical transportation services.
- *Door-to Door* is defined as the exterior door of a residence or the public entrance of a building. Operators are not permitted to enter the residence of a passenger and are not allowed to assist passengers up and down steps. If a passenger needs assistance in addition to the door-to-door service provided, he/she must have a personal care attendant (PCA) or guest.
- Riders are required to be ready to board with correct change for each ride, a LIFT ticket or funds on their prepaid account. LIFT Tickets/Prepaid accounts can be purchased/paid for in advance by calling customer service. We currently do not accept or file with insurance companies for payment but can provide a list of rides taken if the passenger wants to file for reimbursement with their insurance themselves.
- Despite being a door-to-door service, KAT LIFT Operators are not permitted to push mobility devices through grass or gravel. Because the vehicle will be shared, baggage must be limited to what passengers can independently carry onto and off of the vehicle in one trip. Packages must be transported on your lap or under the seat. LIFT Operators are not permitted to carry packages or personal belongings.
- Passengers will be given a pickup window when making an appointment(s) and passengers must be ready to board during that window. Trips for which a passenger is not prepared to depart will follow under our “No Show” policy. Cancel unneeded trips as soon as possible to avoid a “No Show.”
- KAT complies with the Americans with Disabilities Act (ADA) which requires transit providers to “permit service animals to accompany individuals with disabilities in vehicles and facilities” (49 CFR 37.167[d]). A service animal is not a pet.
- All LIFT passengers are required to use the seat belt and all LIFT passengers in mobility devices must be properly secured.