

Cape Ann Transportation Authority

Statewide Access Pass

Thank you for your interest in a Transportation Access Pass provided by the Cape Ann Transportation Authority (CATA). The Transportation Access Pass is for disabled Massachusetts's residents who use Massachusetts public transportation systems. Please read the following and complete all necessary parts.

- New Applicant

- Re-certification

- All Applicants (except Medicare Card holders) need to complete Part's A and B. Please note that Part B must be completed by a health care professional.

- If you have a valid Medicare Card (not a Mass Health Card) you automatically qualify for a five-year Transportation Access Pass. To obtain your pass, please fill out Part A of the application and **attach a clear photocopy of your Medicare Card (not Mass Health Card)**. You do not need to complete Part B (the health care professional part).

Once the application is complete, please return to:

Cape Ann Transportation Authority
3 Pond Road
Gloucester, MA 01930

The CATA will process your application within 14 days of receipt. **An incomplete application will be returned to you and this will delay the processing of your application.**

If you are approved for a Transportation Access Pass you will need to go to the CATA Operations Center at 3 Pond Road, Gloucester to have your photo taken. **Please bring a picture ID and \$3.00 (Cash Only)** for the service fee. (If you lose your card, there is a \$5.00 replacement fee.)

If the CATA determines that you are not eligible for a Transportation Access Pass, you are entitled to a hearing to appeal this decision. A copy of the appeal procedure is mailed with each letter of ineligibility.

After reading this application, you may still have some questions about the Transportation Access Pass eligibility. Please do not hesitate to call (978) 283-1886 with any questions you may have.

NOTE: This form will remain on file at the CATA Administration Office and will not be available for public view.

Once again, thank you for your interest in CATA!

PART A: TO BE COMPLETED BY APPLICANT

The information obtained in this certification process will only be used by CATA for the provision of a Transportation Access Pass. This information will be kept strictly confidential and will not be provided to any other person or agency.

**NOTE: PLEASE ANSWER ALL QUESTIONS.
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.**

Please type or print clearly:

Last name: _____ First: _____ Middle: _____

Circle one: Male / Female

Age: _____ Date of Birth: _____

Please list at least one phone number to reach the applicant:

Home Phone: _____ Work Phone: _____

Street Address: _____ Apt. #: _____ Bldg. #: _____

City: _____ State: _____ Zip code: _____

Mailing address if different from above:

Street Address: _____ Apt. #: _____ Bldg. #: _____

City: _____ State: _____ Zip code: _____

Do you use the Dial-a-Ride or ADA Paratransit service provided by CATA? Yes No

***Please include on a separate sheet of paper any other important contacts or information.**

FOR CATA USE ONLY:

Id # given: _____

Date Received: _____

Date Notified: _____

APPT. DATE: _____

APPT. TIME: _____

Charge: _____

PART B. REQUEST FOR PROFESSIONAL VERIFICATION

Refer to Part C for the disability criteria to answer the questions below and check mark the appropriate responses.

1. Is the applicant disabled according to at least one of the Criteria listed in Part C? Yes No

If yes, fill in the criteria number 1-9 _____

Please define the disability: _____

2. Is the disability a permanent condition? Yes No

If no, estimated length of disability (in months)? _____

3. Is the applicant, despite his/her disability, able to use the CATA fixed route bus service?

Yes No

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

- Manual wheelchair
- Power wheelchair
- Power scooter
- Walker
- Cane
- Crutches

- Prosthetic device/brace
- Respirator/Oxygen tanks
- Guide cane
- Service animal (guide dog, etc...)
- I do not use a mobility aid
- Other (specify): _____

5. In addition to the above, does the applicant require the aid of an attendant when going from the house to the curb/vehicle? Yes No

To the best of my knowledge, the information contained on this form is correct

(Physician or Professional's Signature)

(Telephone)

(Date)

(Print or type name)

(Office address)

PART C. CRITERIA FOR DISABLED INDIVIDUALS TO QUALIFY FOR THE TRANSPORTATION ACCESS PASS

1. Any individual who cannot walk more than 200 feet to a bus route or final destination without the use of a mechanical aid (ex. Crutches, walker, etc...).
2. Any individual who uses a wheelchair.
3. Any individual who has less than 20/200 vision with best correction or a field restriction of 10 degrees or less. (Any legally blind applicant must have a certificate of blindness from the Mass Commission for the Blind (800) 392-6450).
4. Any individual who is considered deaf and whose hearing is uncorrectable by use of a hearing aid.
5. Any individual who cannot walk more than 200 feet to a bus route or final destination because of neurological, muscular-skeletal, pulmonary or cardiovascular disorder.
6. Any individual who has a developmental disability or an emotional disorder. Eligibility for emotional disorders is as follows:
 - 6a. Emotionally disturbed person who is living in a community residence or boarding home and participating in a sheltered workshop or day hospitalization program.
 - 6b. Living at home and participating in a sheltered workshop or day hospitalization program.
7. Any individual who is an amputee.
8. Any individual who requires kidney dialysis treatment.
9. Any individual who has a valid Medicare Card (see Instructions for Medicare card holders).