

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_AM/PM Renewal: \_\_\_\_\_

**General Handicap**  
Certification of GH Paratransit Eligibility

**Corcoran Area Transit**  
1099 Otis Ave/832 Whitley Ave  
Corcoran, CA 93212  
(559)992-2177  
Fax: (559)992-4338

**THIS SECTION TO BE COMPLETED BY APPLICANT:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last Mo Day Yr

ADDRESS: \_\_\_\_\_  
No Street Apt# City State Zip

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Describe in your own Word, the disabilities that qualify you as a General Handicap**

**Please check any of the mobility aids you use.**

Personal Care Attendant \_\_\_\_\_ Manual Wheelchair \_\_\_\_\_ Electric Wheelchair \_\_\_\_\_  
Weight \_\_\_\_\_ Weight \_\_\_\_\_

Powered Scooter \_\_\_\_\_ Cane/Walker \_\_\_\_\_ Crutches \_\_\_\_\_ Guide Dog \_\_\_\_\_  
Weight \_\_\_\_\_

**Please answer all the following questions:**

- Can you travel 200 feet without the assistance of another person? \_\_\_Yes \_\_\_No \_\_\_Sometimes
- Can you travel 400 feet without the assistance of another person? \_\_\_Yes \_\_\_No \_\_\_Sometimes
- Can you travel ¼ mile without assistance of another person? \_\_\_Yes \_\_\_No \_\_\_Sometimes
- Can you climb 12-inch steps without the assistance of another person? \_\_\_Yes \_\_\_No \_\_\_Sometimes

I hereby certify that the information provided in this application is correct, and I agree to the release of this information to Corcoran Area Transit for the purpose of eligibility certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If someone has completed this application other than the person requesting certification, that person must complete the following:

Print Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Eligibility Conditions: \_\_\_\_\_ ADA Card # \_\_\_\_\_

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**This Section to be completed by one of the following licensed professionals:**

\_\_\_\_Physician \_\_\_\_Chiropractor \_\_\_\_Health Care Professional \_\_\_\_Rehabilitation Counselor

Under the Americans with Disabilities Act of 1990, individuals must meet one or more of the following criteria in order to be certified as ADA Eligibility. Corcoran Area Transit will also accept DMV Disabled Persons Placard.

\_\_\_\_ I certify that the above named individual, "because of their disability cannot independently board, ride and/or disembark from any accessible wheelchair vehicle".

\_\_\_\_ I certify that the above named applicant requires a Person Care Attendant (PAC) to accompany them during transportation.

\_\_\_\_ I certify that the above named applicant has a disability-related condition (s); **however they are able to board, ride, and disembark from any accessible wheelchair vehicle.**

\_\_\_\_ This applicant's condition does not have a transit-related disability.

\_\_\_\_ **DMV** – Two (2) year Disabled persons Placard (must submit current photo ID, DMV printout)

\_\_\_\_ **DMV** – Temporary Disabled Persons Placard (must submit current photo ID, DMV printout)

\_\_\_\_ Temporary – The applicant's conditions will likely improve. Please indicate the anticipated term of present condition. If temporary, I expect the applicant's condition will continue for \_\_\_\_\_ months.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY**

After much review the Corcoran Area Transit has accepted or denied this application for one or more of the following. Please review complete document, as to insure fair and equal opportunity of all whom may possibly qualify.

\_\_\_\_Accepted \_\_\_\_Denied

\_\_\_\_ Requires a Person Care Attendant (PAC)

\_\_\_\_ Wheelchair and Passenger must not exceed the weight limit on the lift.

\_\_\_\_ When contacting the dispatcher you must inform them of any special needs for instance you will be traveling with a walker, and type of wheelchair that will be used by passengers.

**Corcoran Area Transit  
(559)992-2177**

Name: \_\_\_\_\_ Eligibility Conditions: \_\_\_\_\_ ADA Card # \_\_\_\_\_