



Application for Door to Door Service

GoCary Door to Door is a shared ride service for persons with disabilities that prevent them from using the GoCary fixed route system, as well as Town of Cary residents age 60 and over.

Interested individuals must complete an eligibility application and receive approval from the Town of Cary before reservations will be accepted. There are different application instructions depending on your level of eligibility.

Instructions

Please review the GoCary Door to Door Passenger Guide. Hard copies are available for pick-up from:

Town of Cary Senior Center
120 Maury O'Dell Place
Cary, NC 27513

Town of Cary, Town Hall
3rd Floor, Transit Division
316 N. Academy Street
Cary, NC 27513

The GoCary Door to Door Passenger Guide is also available on our website, www.GoCary.org. After you have reviewed the guide, please complete and submit this registration form based on your eligibility.

Eligibility

ADA Eligibility

Persons with a disability (as defined by the Americans with Disabilities Act) that require special facilities, services, or planning which prevent them from using GoCary fixed route service, must complete Parts A and B of this application.

A qualified human services or medical professional with knowledge of your disability must then complete Part C. The completed, signed application must then be submitted to:

By Mail: Town of Cary
Attn: Door to Door Program
P.O. Box 8005
Cary, NC 27512

By Email:
YourRideMatters@townofcary.org

By Fax: (919) 380-6426

In Person: Town of Cary Senior Center at Bond Park
120 Maury O’Dell Place
Cary, NC 27513

Once Town staff receives your completed application (including Part C) it will be reviewed for eligibility. You will be notified in writing of the determination of eligibility within 21 days. If a determination of eligibility is not made within 21 days of receipt of a completed application, the applicant will be treated as eligible and provided service until a final eligibility determination is made.

Once you have been approved for service, you must go to the Town of Cary Senior Center to have your GoCary ID card made, if you have not already done so. You will need to make an appointment if you are unable to have your picture taken during the hours of availability. The hours of availability are:

Mondays: 1 -4 pm

Wednesdays: 11 am – 1 pm

Fridays: 9 am – 12 pm

You may schedule one free ride with GoCary for this purpose by calling (919) 481-2020 and selecting option 3. Please bring proof of identification. You can also do this prior to receiving notification of approval, however, you won’t receive your ID card until approval is granted. Once you receive notification of approval, you may begin scheduling trips immediately.

Age 60+

If you do not have a disability that prevents you from using GoCary’s fixed route system, but you are age 60 or over AND a Cary resident, please complete Part A only. The application can then be submitted in person at the Town of Cary Senior Center. Staff will take your picture and provide you with a GoCary ID card.

Town of Cary Senior Center 120 Maury O’Dell Place Cary, NC 27513	Hours:	Monday	1 – 4 pm
		Wednesday	11 am – 1 pm
		Friday	9 am – 12 pm

Please provide a photo ID, proof of age, and proof of Cary residency (i.e. A utility bill with your name and a Cary address). You will need to make an appointment if you are unable to have your picture taken during the hours of availability.

Emergency Contact Information

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Do you require any of the following? (check all that apply)

Manual Wheelchair _____ Yes _____ No

Power Wheelchair _____ Yes _____ No

Motorized Scooter _____ Yes _____ No

If yes, what is the combined weight (_____ lbs) of the passenger and the wheelchair/scooter?

If yes, what is the length (_____ inches) and width (_____ inches) of the wheelchair/scooter?

If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

_____ Yes _____ No

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses/buildings.

Cane _____ Yes _____ No

Walker _____ Yes _____ No

Crutches _____ Yes _____ No

Braces _____ Yes _____ No

Service Animal _____ Yes _____ No

Oxygen _____ Yes _____ No

Other (please explain): _____

I understand that the purpose of the application is to determine if I am eligible for GoCary's Door to Door transportation service. I certify that the information I gave in this application is true and correct to the best of my knowledge and that the application will be returned to me if it is not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required for ADA complementary paratransit service (Tier I) and will be used to help determine my eligibility. I agree to notify GoCary if I no longer need to use the Door to Door service.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant's Representative

If someone other than the applicant has completed this application, the following information must be provided.

Printed Name: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ **Date:** _____

Authorization for Release of Information

I authorize the professional who has completed part C of this application to release to the Town of Cary/GoCary, information about my disability or health condition and its effect on my ability to travel on the GoCary transit system. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the GoCary Door to Door services. I agree to release the information requested to the Town of Cary/GoCary and any eligibility review panel and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that the Town of Cary/GoCary reserves the right to request additional information at its discretion. I agree to notify the Town of Cary/GoCary of any changes in the status of my disability that affects my ability to use the GoCary Door to Door services. I also understand that this may affect my eligibility as a rider.

Applicant's Name: _____

Date of Birth: _____

Applicant's **Physical** Address: _____

City _____ State _____ Zip: _____

Applicant's **Mailing** Address: _____

City _____ State _____ Zip: _____

Applicant's Telephone Number: _____

Applicant's Signature _____ Date: _____

Applicant Name _____

B. Disabling Condition and Certification

1. What is the disability or health condition that prevents you from using GoCary's fixed route buses? (Please be specific but use layman's terms).

2. How does this disability or health condition limit or prevent you from using GoCary's fixed route service? Please be specific.

3. Are the conditions you described:

_____ Permanent _____ Vary day to day _____ Temporary

If Temporary, what is the anticipated end date? _____

4. Do you have medically defined cold sensitivity? _____ Yes _____ No

Above or below what temperatures? _____

If Yes, please explain: _____

5. Do you have medically defined heat sensitivity? _____ Yes _____ No

Above or below what temperatures? _____

If Yes, please explain: _____

6. Do other weather conditions (wind, dusk/dark and/or glare) affect your disability?
_____ Yes _____ No

If Yes, please explain: _____

7. Do you have a visual impairment? _____ Yes _____ No _____ Sometimes

If Yes or Sometimes, please explain: _____

8. Is your breathing affected by weather or environmental conditions?
_____ Yes _____ No _____ Sometimes

If Yes or Sometimes, please explain: _____

9. Are any of the following skills affected by your disability?

If the answer is Sometimes, Never, or Not Sure, please explain by describing the effect and the extent of limitation caused by the disability.

Applicant can:

a) Cross a street with _____ 2-3 lanes _____ 4-6 lanes _____ Never

Comments: _____

b) Step on/off curbs _____ Always _____ Sometimes _____ Never _____ Not Sure

Comments: _____

c) Stand on a moving bus holding onto a handrail?

___ Always ___ Sometimes ___ Never ___ Not Sure

If sometimes, how long (in minutes)? _____

Comments: _____

d) Find way to/from bus stop

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

e) Find my own way to the bus stop if I receive training

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

f) Travel alone outside the house

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

g) Leave the house on time

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

h) Seek and act on directions

Always Sometimes Never Not Sure

Comments: _____

i) Safely and independently travel $\frac{1}{4}$ of a mile (4 blocks) without help from another person

Always Sometimes Never Not Sure

Comments: _____

j) Wait at a bus stop Always Sometimes Never Not Sure

If sometimes, how long (in minutes)? _____

Comments: _____

k) Board the correct bus Always Sometimes Never Not Sure

Comments: _____

l) Transfer from one bus to another

Always Sometimes Never Not Sure

Comments: _____

m) Exit at the correct destination

Always Sometimes Never Not Sure

Comments: _____

n) Tell/monitor time ___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

o) Walk on hills/steep terrain

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

p) Deal with unexpected situations

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

10. If GoCary offered free training on how to ride the fixed route buses, would you be interested?

___ Yes ___ No

If No, please explain: _____

11. Do you require a Personal Care Attendant (PCA) to assist with travel?

___ Yes, Sometimes ___ Yes, Always ___ No

12. How far can you walk/travel by yourself or with the assistance of a mobility aid (choose one of the options below and fill in a number beside it)?

___ Feet ___ Blocks ___ Miles

C. Health Care Provider Verification

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding their ability to use the public transportation services of GoCary, as described in Part B. GoCary provides transportation services to eligible persons with disabilities who cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: GoCary fixed route bus services available within the Town of Cary are currently accessible to persons with disabilities.

The individual applying for service under the Americans with Disabilities Act (ADA) **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a GoCary fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off an ADA accessible vehicle

The completed application must be submitted to GoCary within thirty (30) days of completion by selected professional and can be returned to the applicant or sent to the following:

By Mail: Town of Cary
Attn: Door to Door Program
P.O. Box 8005
Cary, NC 27512

By Email:
YourRideMatters@townofcary.org

By Fax:
(919) 380-6426

In Person: Town of Cary Senior Center at Bond Park
120 Maury O'Dell Place
Cary, NC 27513

(PLEASE PRINT)

Name of Client: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____

3. On average, how frequently is the applicant seen by you? _____

4. Has the applicant been diagnosed with a physical, cognitive, psychological, or other disability that would prevent them from using GoCary's fixed route bus service?

_____ Yes _____ No

5. Is the applicant's disability:

_____ Physical _____ Cognitive _____ Psychological _____ Visual

6. What is the applicant's disability (Please be specific but use layman's terms)?

7. What is the date of onset? _____

8. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

_____ Yes, Sometimes _____ Yes, Always _____ No

If Sometimes or Always, please explain: _____

9. Could the applicant use regular fixed route buses with travel training? Travel training is an instructional process where seniors, persons with disabilities and individuals learn how to navigate and ride public transit safely and independently. It can be offered through one-on-one training or group training.

_____ Yes, Sometimes _____ Yes, Always _____ No

If Sometimes or Always, please explain: _____

11. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid? (choose one of the options below and fill in a number beside it)

_____ Feet _____ Blocks _____ Miles

12. What is the expected duration of this individual's condition?

_____ Temporary: Approximate expected duration until ___/___/___

_____ Long-term: Potential for improvement or periods of remission

_____ Permanent: No expectation of functional improvement

I have read Parts A and B in their entirety _____ Yes _____ No

I agree with the information provided in Part B _____ Yes _____ No

If no, please explain: _____

Please choose the statement below which best represents your professional opinion regarding the applicant's use of public transportation:

_____ The applicant should be able to access fixed route public transportation successfully.

_____ The applicant can use fixed route public transportation successfully but may need to utilize Door to Door service **under certain conditions** due to a disabling condition or functional limitation.

Please explain conditions: _____

_____ The applicant cannot use fixed route public transportation due to a disabling condition or functional limitation and requires Door to Door service **without conditions**.

Printed Name _____

Title _____

(If not a licensed physician, please indicate Title & Certification)

Organization/Practice _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Fax #: _____

Email address: _____

Applicant Name _____

FOR GOCARY USE ONLY

APPROVED _____

DENIED _____

UNCONDITIONAL _____

CONDITIONAL _____

TEMPORARY _____

ISSUED BY _____

TITLE _____

DATE _____

FILE NUMBER _____