



# ELIGIBILITY APPLICATION



GoGeo provides Limited Paratransit Service to eligible people living in or visiting the City of Georgetown. This service provides rides, from origin to destination, within the city limits of Georgetown. GoGeo Limited Paratransit Service is operated by the Capital Area Rural Transportation System (CARTS) through a contract with Capital Metropolitan Transportation Authority (Capital Metro).

**Transportation** services are accessed by completing this application and being certified through CARTS, or if you are visiting from another area, by providing documentation of ADA certification from a transportation service in another area of the country.

## **Who should apply for Limited Paratransit Services?**

- ▶ People with mobility impairments due to visual limitations, arthritis, spinal cord injury, or other physical and/or cognitive limitations.

## **How to Apply:**

- ▶ Complete this application and **sign the Applicant Agreement/Release of Information** section.
- ▶ Have your doctor, rehabilitation specialist, or other qualified health care provider complete and sign the professional verification section.
- ▶ Send the completed application to:

**GoGeo c/o CARTS  
338 S. Guadalupe St.  
San Marcos, TX 78666  
Fax: 512-805-0001**

*If you need an alternative format of this application or additional information, please contact us at 512-505-5661 or email [GoGeo@ridecarts.com](mailto:GoGeo@ridecarts.com).*

If you have a disability, you may be eligible for GoGeo Limited Paratransit Service. The information obtained in this certification process will be used to determine your eligibility.

This application must be **filled out completely**, including the verification of eligibility by a qualified professional. Incomplete applications will be returned to applicants.

### **Step 1: Complete the General Information Section**

**NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_/\_\_\_/\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### **Step 2: Information about your disability**

If you answer "NO" or "SOMETIMES" to any of these questions, you must explain your answer in the space provided.

**1** Can you board the bus by yourself?

\_\_\_ YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_

\_\_\_\_\_

**2** Are you able to climb three 12-inch steps without assistance?

\_\_\_ YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_

\_\_\_\_\_

**3** If you have a cognitive disability, are you able to give your name, address, and telephone number upon request? \_\_\_ YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_

\_\_\_\_\_

**4** Are you able to recognize your destination or landmark?

\_\_\_ YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_

\_\_\_\_\_

**5** Are you able to deal with unexpected situations or unexpected changes in routine?

\_\_\_ YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_

\_\_\_\_\_

6 Are you able to ask for, understand, and follow directions?

YES  NO  SOMETIMES

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7 Are you able to safely and effectively travel through crowded and/or complex facilities?

YES  NO  SOMETIMES

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8 If you are visually impaired, have you received mobility training from another organization such as Texas Department of Assistance and Rehabilitative Services or ARCIL?  YES  NO

9 Do you use any of the following assistive devices? (Check all that apply)

Manual wheelchair—passenger is able to transfer to a seat

Passenger is not able to transfer to a seat without assistance

High Wheelchair       Long Wheelchair       Electric Wheelchair

Power Scooter       Walker (foldable)       Cane

Crutches       Guide Dog       Oxygen

# APPLICANT AGREEMENT AND RELEASE

I agree that, if I am certified for GoGeo Limited Paratransit Service, I will pay the exact fare, if required, for each trip. I agree to notify the office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold GoGeo harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined in the Rider's Guide and agree to abide by them.

I hereby authorize the release of verification of information and any additional information to GoGeo for the purpose of evaluating my eligibility to participate in the Program.

I certify that the information provided in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If someone assisted you in completing this application, please provide their information and their signature below.**

NAME: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

ADDRESS:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*An Eligibility Specialist will review your application and may ask you additional questions. You may also be required to participate in an assessment in the community so we can further evaluate your functional abilities.*

# Health Care Professional Verification of Eligibility

ALL INFORMATION FOR VERIFICATION OF ELIGIBILITY MUST BE FILLED IN BY A QUALIFIED HEALTH CARE PROFESSIONAL.

PERSON COMPLETING VERIFICATION: \_\_\_\_\_

PROFESSIONAL TITLE: \_\_\_\_\_

AGENCY AFFILIATION: \_\_\_\_\_

STATE OF TEXAS CERTIFICATION ID# \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street Ste. #

City State Zip

BUSINESS PHONE NUMBER \_\_\_\_\_

What is the medical diagnosis that causes the disability?

Is this condition: Temporary\_\_\_\_\_ Permanent\_\_\_\_\_

If temporary, what is the expected duration? \_\_\_\_\_

Dates of Duration

**I verify that the information provided above for verification is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date