



# Limited Paratransit Eligibility Application

**GoGeo** provides Limited Paratransit Service to eligible residents in the City of Georgetown. This service provides rides to points within the Service Area. GoGeo Limited Paratransit Service is operated by the Capital Area Rural Transportation System (CARTS) through a contract with CapMetro.

**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 for Services:

Complete this application and ***sign the Applicant Agreement/Release of Information*** section. Then 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 512-478-RIDE (7433) or email [GoGeo@RIDEARTS.COM](mailto:GoGeo@RIDEARTS.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

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Last name

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First name

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Street Address

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City

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State

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Zip Code

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**Home** Phone

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**Cell** Phone

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**Work** Phone

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Date of Birth

### Emergency Contact

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Full Name

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Street Address

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Phone

## 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.

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1 Can you board the bus by yourself?  
YES  NO  SOMETIMES

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2 Can you climb three 12-inch steps on your own?  
YES  NO  SOMETIMES

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3 If you have a cognitive disability, can you give your name, address and number?  
YES  NO  SOMETIMES

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4 Are you able to recognize destinations and/or landmarks?  
YES  NO  SOMETIMES

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5 Can you handle unexpected events or changes to your routine?  
YES  NO  SOMETIMES

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## Step 2: Continued...

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

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- 6 Are you able to ask for, understand and follow directions? YES  NO  SOMETIMES
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- 7 Are you able to navigate crowds 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? YES  NO
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- 9 Do you use any of the following assistive devices? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Manual Wheelchair</b> | <input type="checkbox"/> <b>Walker</b>          | <input type="checkbox"/> <b>Electric Wheelchair</b> |
| <input type="checkbox"/> Assistance Needed        | <input type="checkbox"/> Foldable               |   |
| <input type="checkbox"/> No Assistance            | <input type="checkbox"/> Not Foldable           | <input type="checkbox"/> <b>Crutches</b>            |
| <input type="checkbox"/> <b>High Wheelchair</b>   | <input type="checkbox"/> <b>Long Wheelchair</b> | <input type="checkbox"/> <b>Cane</b>                |
| <input type="checkbox"/> <b>Power Scooter</b>     | <input type="checkbox"/> <b>Guide Dog</b>       | <input type="checkbox"/> <b>Oxygen</b>              |

- 10 Are you able to travel 3 blocks (1/4 mile) without assistance over different terrains? YES  NO  SOMETIMES
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# 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 understand** that any failure to adhere to the policies and procedures will be grounds for revoking my application as well as the right to participate in the program.

**I also 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 Manual* and agree to abide by them. I 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.

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Signature

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Date

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

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

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Full Name

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Street Address

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City

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State

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Zip Code

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Phone

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Signature

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Date

# Health Care Professional Verification of Eligibility

*All information for verification of eligibility must be filled in by a qualified health care professional*

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Person Completing Verification

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Professional Title

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Agency Affiliation

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State of Texas Certification ID Number

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Business Address

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City

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State

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Zip Code

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Business Phone

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- **What is the medical diagnosis that causes this disability?**

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- **This condition is... PERMANENT  TEMPORARY**

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

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

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Signature of Qualified Professional

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Date