



## APPLICATION FOR DETERMINATION OF ELIGIBILITY

Individuals who are disabled or 60 years of age and over may be eligible for subsidized transportation in the urbanized areas of Jefferson and Shelby counties. All individuals, regardless of age or disability, are eligible for transportation to/from rural areas of Jefferson and Shelby counties. Qualification must be determined through an application process. All information is confidential.

**Please fill out all pertinent parts of this application and return with supporting documentation.**

Email: [certification@clastran.com](mailto:certification@clastran.com)  
Fax: 205-325-8788  
U.S. ClasTran  
Mail: PO Box 10386  
Birmingham, AL 35202-0386

For questions or information:  
205-325-8787  
877-826-7876  
[info@clastran.com](mailto:info@clastran.com)  
Between 8:00 a.m. and 5:00 p.m.

### A. PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Is this a mobile phone? Yes  No

Secondary Phone: \_\_\_\_\_ Is this a mobile phone? Yes  No

*Street Address:*

Number and Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Mailing Address, if different:*

Number and Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*In Case of Emergency Notify:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this a mobile phone? Yes  No

Number and Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### For office Use Only:

Rev. 07/20

Jefferson       5310       Approved  
 Shelby       5311       Denied  
 Walker       Agency \_\_\_\_\_  Incomplete \_\_\_\_\_

## B. AGE QUALIFICATION

If you qualify for transportation within the urbanized areas of Jefferson and Shelby counties because you are 60 years of age or over, please submit a copy of one of the following items as verification:

- State Driver's License
- State Identification Card
- Birth Certificate
- Medicare Card
- Passport
- U.S. Military ID
- Certificate of U.S. Citizenship
- Permanent Resident Card
- Alien Registration Receipt Card

**IF YOU ARE AGE 60 OR OVER -OR- YOU WISH TO QUALIFY FOR TRANSPORTATION TO/FROM RURAL AREAS ONLY, DO NOT FILL OUT SECTION C OR THE PROFESSIONAL VERIFICATION FORM. PLEASE PROCEED TO SECTION D.**

## C. DISABILITY QUALIFICATION

If you qualify for transportation within the urbanized areas of Jefferson and Shelby counties because of a disability, please provide detailed information about your disability or condition.

Is your disability physical, mental, or visual?    Physical     Mental     Visual   
Is your disability temporary?    Yes     No   
If yes, please explain and provide an estimated duration.

**Proof of disability is required in order to complete your application.** You must have the Professional Verification form completed by a licensed professional who can verify your condition, including but not limited to: physician, registered nurse, social worker, psychologist, nurse practitioner, chiropractor, occupational therapist, physician's assistant, or mental health professional.

## D. MOBILITY INFORMATION

Please check all mobility aids that you use most frequently (if any).

- |   |  |
|---|--|
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Electric Wheelchair   |
| <input type="checkbox"/> White Cane                     | <input type="checkbox"/> Manual Wheelchair     |
| <input type="checkbox"/> Crutches                       | <input type="checkbox"/> Extra Wide Wheelchair |
| <input type="checkbox"/> Walker                         | <input type="checkbox"/> Powered Scooter       |
| <input type="checkbox"/> Service Animal*                | <input type="checkbox"/> Oxygen Tank           |
| <input type="checkbox"/> Other (please describe): _____ |  |

\*If you use a service animal, please identify the type of animal and how it assists you.

**E. PERSONAL CARE ATTENDANT**

Do you regularly travel with a personal care attendant (PCA)?    Yes             No

Please list the PCAs name and employer:

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

No fare is collected for PCAs; however, you must notify ClasTran at the time of booking if a PCA will be accompanying you.

**F. COMMON LOCATIONS**

Please list information for your most common destinations and describe any special instructions for the vehicle operator (e.g., pick up around back of house, drop off at side entrance, etc.)

**Special instructions for Home Address:** \_\_\_\_\_

**Location Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number and Street:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Location Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number and Street:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Location Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number and Street:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Location Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number and Street:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**G. HOUSEHOLD INCOME (OPTIONAL)**

Annual Household Income: \$ \_\_\_\_\_ /year Number of People in Household: \_\_\_\_\_

This information will only be used by ClasTran to evaluate fare structure. It will not be used to determine eligibility.

**H. SPECIAL INSTRUCTIONS (OPTIONAL)**

Please describe any special instructions for ClasTran to consider while scheduling your trips or providing transportation service in the spaces provided below.

Special instructions for schedulers (e.g., my son/daughter can schedule and cancel trips for me, my significant other always rides with me, etc.):

Special instructions for vehicle operators (e.g., I need the driver to honk the horn upon arrival, I need special assistance boarding the vehicle, etc.)

**I. CERTIFICATION**

I certify that the information I have provided in this application is true and correct. I understand that falsification of information may result in denial of service. I further understand that all information required herein will be considered confidential and will be used only by ClasTran to determine eligibility for transportation services.

I understand that all services are curb-to-curb and that the operators will assist me on and off the vehicle, but not to the door or into a residence or building.

I agree to comply with all guidance and instruction for riders as contained in both the Rider's Guide and Rider's Handbook.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PROFESSIONAL VERIFICATION

\_\_\_\_\_ has submitted an application for transportation services and has indicated that you can provide verification of his/her disability.

This form must be completed by a currently licensed professional who is able to certify the individual's disability, including but not limited to: physician, registered nurse, social worker, psychologist, nurse practitioner, chiropractor, occupational therapist, physician's assistant, or mental health professional. Please take a moment to fill out this questionnaire and return to the client or ClasTran at:

Email: [certification@clastran.com](mailto:certification@clastran.com)

Fax: 205-325-8788

U.S. Mail: ClasTran  
PO Box 10386  
Birmingham, AL 35202-0386

**1. Please describe the individual's disability.**

**2. Is this disability temporary?**

Yes  No

**3. If yes, please indicate the estimated length of disability.**

6 months  12 months  Other (please specify): \_\_\_\_\_

**4. In what capacity do you know the applicant?**

**5. Professional Verification**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Title: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please complete all sections of verification. Incomplete sections will result in delayed processing.**



## QUICK REFERENCE SHEET

Please keep this quick reference sheet and hang it in a visible area for future use.

### Scheduling Trips:

205-325-8787

- Trips are scheduled on a first-come, first-served basis
- Trips can be scheduled up to two weeks in advance
- Trips must be scheduled no later than 11AM the day prior to service
- Trips must be cancelled at least two hours in advance
- Trip subscriptions are not available at this time

Have the following information ready when you call:

- Date of trip
- Address and phone number of pick-up location
- Address and phone number of drop-off location
- Requested pick-up time or appointment time
- Requested return time, if a return trip is needed
- Notify if you will be using a wheelchair
- Notify if you will be travelling with a PCA or other companion(s)
- Notify if you will be travelling with a service animal

If your requested pick-up/appointment time is not available, you may negotiate an earlier or later time based on availability. The driver may arrive 15 minutes before or after your requested pick-up/appointment time. We will always inform you of this 30-minute pickup window at the time you schedule your reservation. You must be ready to board the vehicle when the driver arrives within your 30-minute pickup window.

### No-Shows & Late Cancellations:

Customers will be considered a no-show if:

- A trip is not cancelled at least two hours in advance
- The customer does not board the vehicle within five minutes after the vehicle arrives
- The customer is not able to be located at the requested pick-up location

Excessive cancellations and/or three no-shows within a rolling three-month window may result in a 30-day suspension of service.

### Fare Collection:

Fare for each one-way trip must be paid to the vehicle operator at the time of boarding. You may pay using cash (in exact change), check, or money order. Customers who cannot pay fare or who do not have correct change will owe a balance for the full fare amount. Balances owed for previous trips must be settled with ClasTran's administrative office and cannot be paid directly to the vehicle operator.

Customers with an excessive amount owed may be suspended from service until the balance is settled with ClasTran's administrative office.

Customers who wish to pay in advance may contact ClasTran's administrative office to apply Credits to their balance. Fare can be deducted from your positive balance at your request each time you board the vehicle. Balance inquiries can be directed to vehicle operators or ClasTran's administrative office. Trip history reports are also available upon request.