



CATAClub Program

Membership Application for Persons with Disabilities

CATAClub is a free membership program exclusively for CATA customers who have a disability — temporary or permanent — or are age 62 and older. **Only persons with a disability should complete this form.** Members with a temporary disability are issued an Annual CATAClub Card—good for the calendar year. Members with a permanent disability are issued a Lifetime CATAClub Card—valid up to 10 years, depending on when you apply. Both cards allow members to:

- Pay discounted cash fares on CATA services—Fixed-Route, Rural Service, Connector, Redi-Ride. When you board a bus, swipe the card on the farebox before you pay your fare.
- Purchase discounted multiple-ride passes for use on the services identified above.

Please complete Part A of this application and then have your physician or caseworker complete Part B. This form is confidential and any information contained in it is to be used for transportation purposes only.

PART A: GENERAL INFORMATION			
Last Name	First Name	Middle Initial	
Street Address	City	Zip	
Home Telephone #	Work Telephone #	Birth Date	Today's Date

APPLICANT—PLEASE DO NOT WRITE BELOW THIS LINE

PART B: CERTIFICATION									
(Either a participating agency or physician must complete the following section)									
Name and address of agency or physician _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Date</td> <td style="padding: 5px;">Telephone</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;">Physician <input type="radio"/></td> </tr> <tr> <td></td> <td style="padding: 5px;">Caseworker <input type="radio"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">If an agency, representative's signature</td> </tr> </table>	Date	Telephone	Signature	Physician <input type="radio"/>		Caseworker <input type="radio"/>	If an agency, representative's signature	
Date	Telephone								
Signature	Physician <input type="radio"/>								
	Caseworker <input type="radio"/>								
If an agency, representative's signature									
Applicant's disability is (please check one): <input type="radio"/> Permanent <input type="radio"/> Temporary									
Please describe the disability: _____									
If temporary, please indicate approximate length of time applicant is expected to be on disability: <input type="radio"/> 1-2 months <input type="radio"/> 3-6 months <input type="radio"/> 7-11 months <input type="radio"/> 1 year <input type="radio"/> 2-3 years									
If you have a question about what constitutes a disability, please refer to the definition on the back of this form.									

MAIL THE COMPLETED FORM TO: CATA, CATAClub Membership, 420 S. Grand Avenue, Lansing, MI 48933 or fax to (517) 485-0576.

There is a \$5.00 fee to replace a lost or stolen card. Expired CATAClub Lifetime Cards are replaced at no charge.

If approved, your CATAClub Card will be mailed to the address indicated in Part A in approximately 10 business days. If not approved or more information is required, you will be contacted by phone at the phone number(s) you provided.

Questions? Please call (517) 394-1000 or visit cata.org.

Section 902 Definition of the Term Disability from U.S. Equal Opportunity Commission

“Disability” (statutory definition (Section 902.1)) means any person who **A.** Has a physical or mental impairment that substantially limits one or more major life activities, **B.** Has a record of such an impairment or, **C.** Is regarded as having such an impairment, as used in this definition:

A. “Physical or mental impairment” means **1.** Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic & lymphatic; skin; and endocrine; or **2.** Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer, heart disease; mental retardation; emotional illness; drug addiction; and alcoholism. (Section 902.2)

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (Section 902.3)

B. “Has a record of such an impairment” means has a history of, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities. (Section 902.7)

C. “Is regarded as having an impairment” means **1.** Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; **2.** Has a physical or mental impairment that substantially limits major life activity only as a result of the attitudes of others toward such an impairment; or **3.** Has none of the impairments set forth in paragraph **1** of this definition but is treated by a recipient as having such an impairment. (Section 902.8)