



South East Area Transit

**Complementary Paratransit Application**

Mail completed application to: 224 Main Street, Zanesville, Ohio 43701

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Do you currently use SEAT's Fixed Route Services? \_\_\_\_\_
2. Do you use any mobility devices? (Circle all that apply)  
 Cane   Crutches   Walker   Scooter   Manual Wheelchair   Powered Wheelchair
3. If you are using a mobility device, is the combined weight of yourself and the mobility device more than 800lbs? No \_\_\_\_\_ Yes \_\_\_\_\_
4. Are you able to safely climb multiple steps? No \_\_\_\_\_ Yes \_\_\_\_\_
5. What is the maximum distance in feet you can walk without assistance of another person? \_\_\_\_\_ feet
6. Do hills or surface type prevent you from walking this distance? No \_\_\_\_\_ Yes \_\_\_\_\_
7. What is the hardship that prevents or is causing a hardship when accessing a bus stop or using SEAT's Fixed Route Service?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. How does the above-listed hardship prevent or cause hardship when accessing a bus stop or using SEAT's Fixed Route Service?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Is the above-listed hardship temporary? No \_\_\_\_\_ Yes \_\_\_\_\_
10. If yes, when will the condition end? \_\_\_\_\_
11. Do you utilize a Personal Care Attendant (PCA)? No \_\_\_\_\_ Yes \_\_\_\_\_

12. If yes, please describe how a PCA assists you with your transportation or trip needs?

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If this application has been completed by someone other than the person requesting certification, that person must complete the following information.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Signature of the person filling out the application:

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***I hereby certify that the information provided in this application has been answered to the best of my ability and that the information contained in this application is accurate and true.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date