# **ADA TRANSIT**

# **SERVICE**

  **APPLICATION**

If you have a **physical or functional disability, as defined by the Americans with Disabilities Act (ADA), which limits you from using SWRTA‘s fixed-route accessible buses**, you may be eligible for ADA Transportation Services. The information obtained in this certification process will be used by SWRTA to determine your eligibility for ADA. The information may be shared with other transit providers to facilitate your travel in other areas.

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

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

SOCIAL SECURITY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/ Day/ Year

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

APARTMENT COMPLEX NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bldg # /Letter

SECURITY GATE CODE (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt # City State Zip

**Neighborhood Environment**

How would you describe the area where you live (e.g., very steep hill; long, gradual hill; flat; etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there sidewalks at your residence? \_\_\_\_\_\_Yes \_\_\_\_\_No

Is there a ramp at your residence \_\_\_\_Yes \_\_\_\_No Is one needed? \_\_\_\_\_Yes \_\_\_\_\_No

How many steps are there at the entrance to your residence? \_\_\_\_\_\_\_\_\_\_

Do you live on the ground floor? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Are there lots of trees & shrubbery in the area \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

# **Current Transportation**

## Do you use regular SWRTA buses now? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No \_\_\_\_\_\_Sometimes

If no or sometimes, what limits or prevents you from using the buses? (i.e. no sidewalks)\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the most difficult part of riding the bus for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What bus routes serve your neighborhood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the closest bus stop to your home? (Please give location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you get to this bus stop by yourself? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Sometimes

If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received any training to use the fixed route bus service? \_\_\_\_\_Yes \_\_\_\_\_No

If not, would you like to participate in a training program? \_\_\_\_\_Yes \_\_\_\_\_No

If you do not ride SWRTA buses, how do you currently travel? (e.g. family, friends)\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### ASSISTIVE MOBILITY DEVICES USED

**(Check all that apply)**

**\_\_\_**Manual Wheelchair \_\_\_Foldable; passenger must be able to transfer to a 4-door sedan without

the assistance of the Vehicle Operator.

\_\_\_Passenger is not able to transfer to a 4-door sedan without the

assistance of the Vehicle Operator.

\_\_\_\_High Wheelchair \_\_\_\_Cane/White Cane \_\_\_\_Walker (Foldable)

\_\_\_\_Long Wheelchair \_\_\_\_Crutches \_\_\_\_Walker (non-foldable)

\_\_\_\_Electric Wheelchair \_\_\_\_Wide Wheelchair \_\_\_\_Oxygen Tank

\_\_\_\_Stroller-Type Chair \_\_\_\_Powered Scooter \_\_\_\_Other (\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Certified Service Animal \_\_\_\_Braces \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Communication Device \_\_\_\_Prosthetics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# **Preferred Media/ Communication Type**

\_\_\_Regular Print \_\_\_\_Large Print \_\_\_\_Braille

\_\_\_Cassette Tape \_\_\_\_Computer Diskette \_\_\_\_TDD/SC Relay

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Española

\_\_\_E-Mail (please give address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADA APPLICANT AGREEMENT**

I agree that if I am certified for ADA, I will pay the exact fare, if required, for each trip. I agree to notify the SWRTA 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 ADA policies and procedures will be ground for revoking my application and the right to participate in the program.

I understand and agree to hold SWRTA 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 ADA Policies and Procedures and agree to abide by them.

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

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

Signature Date

**The following information is to be filled out if the application was completed by a person other than the applicant**:

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYTIME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt # City State Zip

Signature Date

**Emergency Contact**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Phone Number (s)

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt # City State Zip

**This page and the following 3 pages; must be completed by a Qualified Professional (PLEASE PRINT).**

**SPECIAL TRANSIT SERVICE (ADA)**

**Verification of Eligibility**

Please note: a qualified professional must provide all information for verification of eligibility. Examples of qualified professionals are:

Caseworker Chiropractor Optometrist Physician

Psychiatrist Psychologist Registered Nurse Social worker

Licensed Medical Professional Mental Retardation Professional

Orientation & Mobility Specialist Counselor from an Established Agency

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

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

AGENCY/AFFILIATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF SOUTH CAROLINA CERTIFICATION ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Suite City State Zip

BUSINESS TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you marked NO or SOMETIMES to any item below, please explain.**

1. **What is the medical diagnosis that causes the disability? (i.e.: Mental Retardation,**

**Epilepsy**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this condition temporary? \_\_\_\_Yes \_\_\_\_No

If yes, expected duration until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of duration

1. 2. **Does the applicant’s disability require that he or she travel with an attendant?**
2. \_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3**. Is there any other medical information SWRTA should know in the event of an**

**emergency? (i.e.: Hepatitis, Tuberculosis) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **If the client has a disability affecting mobility, is he or she**:

able to travel a distance of 200 feet without assistance? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_ Sometimes Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to climb three 12-inch steps without assistance? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_Sometimes Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to wait outside without support for 15-30 minutes in different weather conditions?

\_\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Sometimes

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to cross: \_\_\_\_2-way stop \_\_\_\_4-way stop

able to cross traffic light-controlled intersection in the following areas:

\_\_\_\_residential \_\_\_\_semi-business \_\_\_\_business

5. 5. **If vision-impaired, what is Best Corrected Acuity**? \_\_\_\_Right \_\_\_Left

Field Restriction: \_\_\_\_\_\_Right \_\_\_\_\_\_Left

If legally blind, is he or she:

able to travel a distance of 200 feet without assistance? \_\_\_\_\_Yes \_\_\_\_No

\_\_\_\_ Sometimes Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to travel distance of 3 blocks (1/4 mile) without assistance over different types of terrain?

\_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to climb three 12-inch steps without assistance?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to wait outside without support for 15-30 minutes in different weather conditions?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Sometimes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

able to cross: \_\_\_\_\_2-way stop \_\_\_\_\_4-way stop

able to cross traffic light-controlled (or traffic controlled) intersection in the following areas: \_\_\_\_\_residential \_\_\_\_\_semi-business \_\_\_\_\_business

**6. If the person has a cognitive disability, is he or she able to:**

give name, address and telephone numbers upon request? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_Sometimes Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

recognize a destination or landmark? \_\_\_\_\_Yes \_\_\_\_No \_\_\_Sometimes

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

deal with unexpected situations or unexpected changes in routine? \_\_\_Yes \_\_\_No

\_\_\_\_Sometimes Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ask for, understand, and follow directions? \_\_\_\_Yes \_\_\_No \_\_\_\_Sometimes

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

safely and effectively travel through crowded and/or complex facilities? \_\_Yes \_\_No

\_\_\_\_Sometimes Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **7. If the person is speech impaired, is he or she able to:**

communicate verbally? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes Explain\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

communicate with an augmentative device? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

communicate in writing? \_\_\_\_\_Yes \_\_\_\_No \_\_\_\_\_\_Sometimes

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communicate over the telephone? \_\_\_\_\_Yes \_\_\_\_No \_\_\_\_Sometimes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that the information provided above for verification is true and correct to the**

**best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Qualified Professional Date

**Return application to:**

**Santee Wateree Regional Transportation Authority**

**129 S. Harvin Street**

**Sumter, SC 29150**

**Office: 803-775-9347**

**Fax: 803-775-8986**

**Visit** [**www.swrta.com**](http://www.swrta.com) **to download the SWRTA ADA Application.**