

**Eligibility and Registration Form
Rural Transportation for Persons with Disabilities (PwD) Project
and ADA Complementary Paratransit Service (ADA)**



- PWD Reduced fare transportation service may be available to you if you are:
 - 1) A person with a disability and
 - 2) Under 65 years old and
 - 3) Live in a county participating in the project and
 - 4) Need transportation to or from an area that is not currently served by public fixed route bus transportation and ADA complementary Para transit services.

- ADA service may be available to you if you:
 - 1) A person with a disability and
 - 2) You need transportation that could normally be made on a FACT fixed-route bus

- If you would like to participate in these projects, please complete this form and send it with a copy of one of the documents listed in Part 2 below to:

*Fayette Area Coordinated Transportation
825 Airport Road
Lemont Furnace, PA 15456*

- Once your application is received and reviewed you will be notified in writing within 30 days upon receipt of your application.

- If you have questions about this project, this form or need this form in an alternate format please call:
800-321-RIDE (7433)

Note: The information provided in this application regarding your disability will be used to determine your eligibility for reduced fare transportation services under the PwD and ADA projects. Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and to provide you with the appropriate type of service. This information will be kept confidential and used only by professionals involved in evaluating your eligibility and in analyzing the pilot project for future recommendations. Please print clearly.

PART 1: GENERAL

Last Name: _____ First Name: _____ M.I.: _____
Address (Street & No.): _____
City: _____ State: _____ Zip Code: _____
Telephone: Home: _____ Work: _____ E-mail: _____
County of Residence: _____ Date of Birth: _____
Social Security Number _____

Do you have a disability according to the Americans with Disabilities Act (ADA) definition below?
 Yes No

Definition of Disability

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment". "...a major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

PART 2: WRITTEN VERIFICATION THAT YOU ARE A PERSON WITH A DISABILITY

Written verification by a knowledgeable organization or qualified individual that you are a person with a disability is required to participate.

1. If you have written verification of a disability:

You may already have written verification that you are a person with a disability from a service organization by having an identification card, a written assessment of your disability, etc. If so, send a copy of this information to the transportation provider listed at the top of this form. If not, you will need to ask an organization or individual listed below to verify, in writing, that you are a person with a disability according to the ADA definition and then send it to the transportation provider listed at the top of page 1.

Please check the organization or individual whose written verification you are submitting with your application form.

- | | |
|--|--|
| <input type="checkbox"/> Office of Vocational Rehabilitation (OVR) | <input type="checkbox"/> Registered Physical/Occupational Therapist |
| <input type="checkbox"/> Social Security Insurance (SSI) and Disability Insurance (SSDI) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Bureau of Blindness and Visual Services | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Center for Independent Living (CIL) | <input type="checkbox"/> PA Attendant Care Program |
| <input type="checkbox"/> Mental Health/Mental Retardation Program | <input type="checkbox"/> Community Services Program for Persons with Physical Disabilities |
| <input type="checkbox"/> United Cerebral Palsy | <input type="checkbox"/> Other: _____ |

2. If you do not have written verification of a disability:

Please fill out a certification of disability form available from our office. It provides verification of a disability according to the definition in the Americans with Disabilities Act. This form can be used to acquire the necessary information for verifying a disability from a qualified health professional. See Exhibit F in this package.

PART 3: INCOME AND HOUSEHOLD RELATED DATA

Passenger income related data is being collected for further decision-making regarding the project. THIS INFORMATION WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR DISCOUNTED FARES UNDER THE PwD PROGRAM. Please check the appropriate space in each column:

Annual Income	Household Size
<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> 1
<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> 2
<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> 3
<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> 4
<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> 5
<input type="checkbox"/> \$30,000-\$35,000	<input type="checkbox"/> 6
<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> 7
<input type="checkbox"/> \$40,001-\$45,000	<input type="checkbox"/> 8+

PART 4: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the PwD and ADA projects are not to be provided in place of any current transportation services that you already receive.

1. Do you now receive any transportation services or are any of your transportation costs paid for by another program or organization? Please complete all that apply from the following list.

- Senior Citizens Shared-Ride Transportation Program
- Area Agency on the Aging
- Medical Assistance Transportation Program
- Americans with Disabilities Act Complementary Paratransit
- Mental Health/Mental Retardation (MH/MR)
- Office of Vocational Rehabilitation (OVR)
- The training program I am in at _____
- The employment program I am in at _____
- The group home where I live.
- Other (please explain) _____

2. If you are not registered for the Medical Assistance Transportation Program (MATP), you may qualify. MATP could pay all of the cost for your eligible medical trips. If appropriate, you will be referred to the County Assistance Office (CAO).

- I have been informed of *pending referral* to the County Assistance Office (CAO)
- I was referred to the CAO for MATP eligibility determination on (date): _____

Initials of staff person making the referral to the CAO _____

PART 5: INFORMATION SO WE MAY SERVE YOU BETTER

1. Is your disability permanent? Yes No
(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

2. If not, how long is it expected to last? _____

3. What is the nature of your disability? Check those that apply.

- Mobility disability (please see question 4 below)
- Vision disability
- Hearing disability
- Cognitive disability
- Mental disability
- Other - Please specify _____

4. Please check all mobility aids that apply.

- Manual wheelchair Crutches
- Power Wheelchair Cane
- Motorized Scooter Walker

5. Do you require the services of a personal care attendant or escort when you travel? (A personal care attendant or escort is a person that you need to assist you during the trip or at your origin or destination)

_____ Yes

_____ No

_____ Sometimes

Please describe when you need assistance: _____

6. Emergency Contact (Optional)

Name: _____

Relationship: _____

Phone (Home): _____ (Work): _____

7. Is there anything else you want us to know so we can serve you better? _____ Yes _____ No

If "Yes," please describe _____

PART 6: RELEASE OF INFORMATION and YOUR CERTIFICATION OF THE APPLICATION FORM

Release of Information

I give my permission to _____ to contact a health care or other professional that I designate additional information to verify that I am a person with a disability.

Yes _____ No _____

Your Signature or That of the Person Who Completed This Form

Date

I understand that the purpose of this application is to determine if I am eligible to participate in the PwD project. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

Your signature or that of the person who completed this form

Date

Name of the person who completed this form

Relationship

Telephone number

Eligibility and Registration Form - Supporting Information

MATP Eligibility Information

Documentation of Disabilities

Three Categories of Disabilities - Attachment A

- 1) Mental impairment, including development disabilities
- 2) Physical impairment
- 3) Major life activities

Samples of Forms Used for Determining that a Person has a Disability

- 1) Attachment B: Fayette Area Coordinated Transportation (FACT) form to be completed by physician or agency
- 2) Attachment C: Office of Vocational Rehabilitation Comprehensive Medical Examination form
- 3) Attachment D: Attendant Care Service form
- 4) Attachment E: OSP/Independence Eligibility Review form
- 5) Attachment F: Certification of Disability Form: To be used if an applicant has no written documentation of his/her disability

Medical Assistance Transportation Program - Eligibility Guidelines

In keeping with the maintenance of effort policy of the PwD project, transportation providers and their subcontractors, if appropriate, are required to refer Medical Assistance Transportation Program (MATP) eligible clients to that program for funding for their medical trips.

The County Assistance Office (CAO) provides individuals who are eligible for MATP with an ACCESS card. Eligibility for MATP is confirmed through the Department of Public Welfare's computerized Eligibility Verification System or EVS. All MATP providers are required to verify a client's MATP eligibility through EVS, which can be accessed by telephone, a point of sale device, or through an EVS provided computer disk. MATP eligibility verification information must be recorded.

If a transit provider is not also the MATP coordinator, then the transit provider must request the MATP coordinator to check on a client's eligibility status through EVS or the client must be referred to the CAO for an assessment. The transit provider must notify the client of his/her referral to the CAO prior to making the actual referral.

Clients of the PwD project, whose incomes indicate a possible eligibility for MATP, must be referred to the CAO for a determination of eligibility for the MATP. These clients must also receive notification of the CAO referral in advance.

Documentation of Disabilities

The transit provider must obtain documentation of the disability as identified by the applicant. Transportation authorities that have established ADA eligibility determination procedures can use these procedures as a base for the pilot project's disability eligibility determination.

All agencies should accept the eligibility determinations and documentation that have been prepared by organizations and programs that interact with the disability community. Examples of these agencies and programs include the following:

- Social Security Administration's SSI and SSDI eligibility determinations and supporting documentation, such as a SSDI card.
- Fayette Area Coordinated Transportation's (FACT) disability determination form to be completed by a physician or agency. A copy of the form is provided as Attachment B.
- Office of Vocational Rehabilitation's (OVR) establishment of a mental or physical disability through its Comprehensive Medical Examination. A copy of this form is Attachment C.
- Attendant Care Program qualifying disability: any medically determinable physical impairment that can be expected to last for a continuous period of not less than 12 months. The standard form used by this program is included as Attachment D.
- A qualifying disability through the Community Services Program for Persons with a Physical Disability. A medically determinable condition, excluding primary diagnoses of mental retardation or mental illness, expected to continue indefinitely, and resulting in at least three of the following six substantial functional limitations: self care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living. This program's OSP/Independence Eligibility Review form is Attachment E.
- The Certification of Disability Form that has been developed for the pilot project. This form, which is Attachment F, provides verification that an applicant has a disability according to the definition in the Americans with Disabilities Act. If there is no organization available to provide the disability documentation, then the transit provider should use this form to acquire the necessary information for determining eligibility from a qualified medical provider.

The transit provider may also permit another agency to complete the Registration and Eligibility Form. This is acceptable if all of the necessary eligibility documentation is provided to the transit provider with the application.

Transportation for Americans with Disabilities – Eligibility Guidelines

FACT Gold is FACT's specialized transportation for people with disabilities who cannot use regular fixed route service. If your trip origin and destination are within $\frac{3}{4}$ mile of a bus route, we will pick you up in front of your door and drop you off in front of the door of your destination. Eligibility is determined by the following: 1) People who cannot "board, ride, or disembark from" an accessible vehicle, 2) People who because of a physical or cognitive impairment, cannot "navigate the system", or 3) People who cannot get to the bus stop.

Attachment A

Three Categories of Disabilities

Rural Transportation for Persons with Disabilities (PwD) Program

Disabilities are described in the following three categories:

1. Mental impairment, including development disabilities

- a) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- b) Is likely to continue indefinitely;
- c) Results in substantial functional limitations in any of the following areas of major life activities: self-direction, learning, mobility, economic self-sufficiency, self-care, capacity for independent living and receptive and expressive language;
- d) Causes the substantial diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, attention impairment, cognition impairment, language impairment, memory impairment, conduct disorder, or motor disorder.

2. Physical impairment

- a) Persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities and affects one or more of the following body systems: anatomical, musculoskeletal, neurological, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine;
- b) The term physical impairment includes but is not limited to such contagious or non-contagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease and tuberculosis.

3. Major life activities

- a) Activities relating to the performance of self-care and engaging in leisure or play activities. Self-care includes grooming, mobility, object manipulation, and ambulation;
- b) Activities relating to the ability to walk, see, hear, breathe or communicate;
- c) Activities relating to moving about in one's community for purposes that include accessing and participating in vocational, educational, recreational, and social activities in the community with other members of the community.

Attachment F

**Certification of Disability Form
Reduced Fare Transportation Services**

Rural Transportation for Persons with Disabilities (PwD) Program/ADA Complementary Paratransit Service

The purpose of this form is to provide written, independent verification that the applicant named below has a disability according to the definition in the Americans with Disabilities Act. This form is to be completed by a professional who is familiar with the applicant's disability. A professional is someone who has medical training, provides rehabilitative or therapeutic services, does cognitive assessments, or provides independent living and counseling services to people with disabilities. The applicant has applied for transportation services under the ADA Complementary Paratransit Service and Rural Transportation for Persons with Disabilities (PwD) program, which is being administered by the Pennsylvania Department of Transportation with services provided by the Fayette Area Coordinated Transportation office. If you have any questions about the form, please call 1-800-321-7433.

Applicant Information (to be completed by applicant):

Last Name: _____ First Name: _____ M.I.: _____

Address (Street & No.): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ E-mail: _____

Applicant signature or that of the person who completed this form

Date

Definition of Disability

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment". "...a major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Please answer the following questions **(to be completed by the agency or person providing verification of eligibility information)**

Is the applicant's disability permanent? _____ Yes _____ No

(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

If not, how long is it expected to last? _____

What is the nature of the applicant's disability? Check those that apply.

_____ Mobility disability (please see question to the right)

_____ Vision disability

_____ Hearing disability

_____ Cognitive disability

_____ Mental disability

_____ Other - Please specify _____

Please check all mobility aids that apply.

_____ Manual wheelchair _____ Crutches

_____ Power Wheelchair _____ Cane

_____ Motorized Scooter _____ Walker

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to: **Fayette Area Coordinated Transportation, 825 Airport Road, Lemont Furnace, PA 15456**

Eligibility and Registration Form – Instructions Rural Transportation for PWD and ADA

The standard eligibility and registration form is four pages. This form is also available in large print and other formats (Braille and on tape) should be made available. The following instructions summarize the major sections of the form and provide assistance in effectively completing the form and obtaining the required documentation.

Introductory Section - Content

- Persons who are eligible for the PwD or ADA project's reduced fare transportation service are identified;
- Applicants are instructed to complete the eligibility and registration form and provide written verification of a disability to the transit provider;
- The transit provider's address is listed; Provider's telephone numbers for questions are included;
- Applicants are informed that the information provided in eligibility and registration form will be used to determine eligibility for the PwD/ADA project, for data collection purposes, and to determine eligibility for other programs, such as the MATP;

Part 1: General

- Applicant's name, address and other identifying information are to be printed on the form;
- The applicant is asked whether he or she has a disability based on the ADA definition;
- The ADA definition of a disability is quoted.

Part 2: Written Verification That You Are a Person with a Disability

- Inform applicants that written verification of a disability is required for participation in the PwD/ADA project;
- Request applicants with an existing form of written verification to submit it to the transit provider (Attachments B - E of the form's supporting information section provide samples of verification documents that are used by different organizations);
- Instruct applicants without some form of written verification to contact one of the organizations, or similar, listed on page 2 for confirmation of a disability or use Attachment F, the PwD/ADA project's certification of disability form;
- The applicant must identify the organization providing the written verification.

Part 3: Income and Household Related Data

- Explain to applicants that income and household information is important to decision- making for the project, but not an eligibility requirement for the PwD/ADA project discount;
- An applicant's gross annual income is the same as that reported for tax purposes;
- Household size means the number of persons who reside in a private residence with the applicant.

Part 4: Avoiding Duplication of Transportation Services

- Remind applicants that the PwD/ADA project is not to replace current transportation services;
- If current transportation services and costs are covered by another program, the applicant must identify all of the funding sources from the list provided;
- Ask current MATP clients to provide card issue and recipient numbers;
- Transit provider staff is to check that, if applicable, they have informed the applicant of a referral to the County Assistance Office (CAO) for MATP determination;
- Transit provider staff is to check that an applicant has been referred to the CAO and provide the date of the referral;
- The transit provider staff person making the referral to the CAO is to initial the form;

- Additional information about the MATP is provided in the MATP eligibility guidelines that are in the form's supporting information section.

Part 5: Information So We May Serve You Better

- Ask applicants to indicate whether or not they have a permanent definition that is provided;
- If an applicant does not have a permanent disability, they are to specify how long the disability is expected to last;
- Regarding the nature of the disability, place a check mark next to all of the listed disabilities that are applicable (Attachment A of the supporting information section provides a description of three categories of disabilities);
- Applicants with a mobility disability are to check all of the mobility aids that are used;
- The applicant is to check whether or not they need a personal care attendant or escort;
- If a personal care attendant or escort is needed sometimes, ask the applicant to describe when the assistance is needed;
- Request name and contact information for an emergency contact (optional);
- Ask the applicant whether there is anything else that the transit provider needs to know in order to provide better service;

Part 6: Release of Information and Your Certification of the Application Form

- The first part of this section is a release of information statement that gives permission for staff of the transit agency to receive information about an applicant's disability from a health organization;
- The applicant or the person completing the form must confirm permission for a release of information by signing and dating the form;
- The next section is a statement that certifies the applicant's understanding of the PwD project application process and the validity of the information provided;
- The applicant or the person completing the form must confirm the certification statement by signing and dating the form;
- If the applicant did not complete the form, the last line-requests the name and telephone number of the person who completed the form and that person's relationship to the applicant.

Eligibility and Registration Form – Supporting Information

- MATP Eligibility Guidelines - This section relates to Part 4, Avoiding Duplication of Transportation Services. It explains the PwD project requirement that eligible applicants have their medical trips funded by the MATP and those who appear to be eligible are to be referred to the CAO. These guidelines are to be reviewed when completing Part 4 of the form.
- Documentation of Disabilities - This section references Attachment A, which describes three disability categories: mental impairment, including development disabilities; physical impairment; and major life activities. These disability categories relate to the question concerning the nature of an applicant's disability in Part 5 of the form.
- This section also restates the requirement in Part 2 of the form that written verification of a disability must be provided. Some examples of organizations that can document a client's disability are cited. Attached are the following samples of agency forms that are acceptable for the determination and verification of a disability:
- Attachment B - This form, which must be completed by a physician or agency, is used by the Washington County Transportation Program to verify an applicant's disabling condition and need for special transportation services. PwD project transit agencies will need to utilize this type of form when an applicant cannot provide current verification of a disability and needs to obtain the written verification from a physician or agency.

- Attachment C - This comprehensive medical examination form is used by the Office of Vocational Rehabilitation to obtain the information that it needs for the determination of a mental or physical disability. The form includes the signatures of a counselor and a physician. Some PwD project applicants may provide this form as written verification of a disability.
- Attachment D - This application for attendant care services may be provided by some applicants as written verification of a disability.
- Attachment E - OSP/OBRA waiver eligibility review form is another example of a document that verifies an applicant's disability.
- Attachment F - The PwD/ADA project certification of disability form can also be used to verify that an applicant has a disability.