



**Franklin County Transportation
Eligibility and Registration Form
Rural Transportation for Persons with Disabilities**

- ◆ Reduced fare transportation service may be available to you if you are:
 1. A person with a disability and
 2. Age 18 - 64 and
 3. Need accessible public transit in a participating county beyond ADA complementary paratransit services.

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

*Franklin County Transportation
201 Franklin Farm Lane
Chambersburg, PA. 17201*

- ◆ Once your application is received and reviewed you will be notified of your eligibility to participate.

- ◆ If you have questions about this program, this form or need this form in an alternate format please call:
(717) 261-3140

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 program. 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 program 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# _____

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

How did you hear about this service? Newspaper Radio Agency Referral Television Other

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". "...*major life activities* 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 in the PwD program.

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 the certification of disability form attached to this application. 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 program. 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 +
<input type="checkbox"/> \$45,001-\$50,000	
<input type="checkbox"/> \$50,001-\$55,000	
<input type="checkbox"/> \$55,001-\$60,000	
<input type="checkbox"/> \$60,001+	

PART 4: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the PwD program 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
– If yes what is your medical assistance # _____
- 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 Medical Assistance (MA), you may qualify. If appropriate, you will be referred to the County Assistance Office (CAO) for a determination of eligibility for MA and other programs.

- I have been informed of *pending referral* to the County Assistance Office (CAO)
- I was referred to the CAO for MA eligibility determination on (date): _____
- Initials of staff person faxing 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 Franklin County Transportation to contact a health care or other professional that I designate for 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 program. 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

Medical Assistance Transportation Program — Eligibility Guidelines

In keeping with the maintenance of effort policy of the PwD program, 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 MA with an ACCESS card. Eligibility for MA and 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 of MA eligibility. The transit provider must notify the client of his/her referral to the CAO prior to making the actual referral.

Clients of the PwD program, whose incomes indicate a possible eligibility for MA, must be referred to the CAO for a determination of eligibility for MA and other programs. A client who is determined eligible for MA is also eligible for the MATP. PwD providers must then refer them to the MATP for funding of their medical trips. 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 program'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.
- Washington County Transportation Program's (WCTP) 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 this program. This form 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.

Please use this form to verify your disability, if you do not have one of the forms discussed on page 5

Certification of Disability Form
Reduced Fare Transportation Services
Rural Transportation for Persons with Disabilities (PwD) Program

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 Rural Transportation for Persons with Disabilities (PwD) program, which is being administered by the Pennsylvania Department of Transportation with services provided by the Franklin County Transportation. If you have any questions about the form, please call 717-261-3140.

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". "...major life activities 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. Please check all mobility aids that apply.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Mobility disability (please see question to the right) | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Vision disability | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Motorized Scooter | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cognitive disability | | |
| <input type="checkbox"/> Mental disability | | |
| <input type="checkbox"/> Other — Please specify: _____ | | |

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to: Franklin County **Transportation System** • 201 Franklin Farm Lane • Chambersburg • 17201

