



**Eligibility and Registration Form  
Rural Transportation for Persons with Disabilities (PwD) Project  
Union/Snyder Transportation Alliance**

- ◆ 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 or need transportation to or from an area that is not currently served by public fixed route bus transportation and ADA complementary paratransit services.

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

*Union/Snyder Transportation Alliance  
1610 Industrial Blvd., Suite 700  
Lewisburg, PA 17837*

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

◆ If you have questions about this project, this form or need this form in an alternate format please call:  
1 (877) 877-9021

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 project. 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: \_\_\_\_\_ Township of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (optional)

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". "...*major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Directions to your home (description of your house): \_\_\_\_\_  
 \_\_\_\_\_

**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 project.

**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 Union/Snyder Transportation Alliance at the address noted above. 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 Union/Snyder Transportation Alliance (USTA). 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 Attachment 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:

<b>Annual Income</b>	<b>Household Size</b>
<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 project 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--Recipient # \_\_\_\_\_ Card Issue # \_\_\_\_\_
- 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 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 \_\_\_\_\_ 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 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

Attachment A	Medical Assistance Transportation Program Eligibility Guidelines Documentation of Disabilities
Attachment B	USTA Medical Assistance Transportation Program Guidelines
Attachment C	Categories of Disabilities 1) Mental impairment, including development disabilities 2) Physical impairment 3) Major life activities
Attachment D	Office of Vocational Rehabilitation (OVR) “Individualized Plan for Employment” form that will be accepted as verification of a disability.
Attachment E	Certification of Disability Form (To be used when an applicant has no written documentation of his/her disability.)
Attachment F	Federal Poverty Income Guidelines
Attachment G	USTA Cancellation/No-Show Policy
Attachment H	USTA Holiday Schedule and Snow/Emergency Cancellation Policy
Attachment I	USTA Brochure
Attachment J	Tips for USTA Riders
Attachment K	USTA Right to Appeal/Complaint Policy

## Attachment A

### ***Medical Assistance Transportation Program — Eligibility Guidelines***

In keeping with the maintenance of effort policy of the PwD project, USTA is 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 (EVS). USTA is 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.

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. USTA staff will notify the client of his/her referral to the CAO prior to making the actual referral. In order for an applicant to be eligible to receive transportation to medical appointments through the PwD project, the applicant must apply for an ACCESS card as well as provide USTA with documentation of a denial.

Transportation can be provided through the PwD project when an applicant's ACCESS application is in a "pending" status.

A copy of USTA's MATP Guidelines are attached (Attachment B).

### ***Documentation of Disabilities***

USTA must obtain documentation of the disability as identified by the applicant. See Attachment C for specific disability definitions.

USTA will 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.
- Office of Vocational Rehabilitation's (OVR) establishment of a mental or physical disability through its Comprehensive Medical Examination.
- 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.
- 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.

If there is no organization available to provide the disability documentation, then the applicant must have a Certification of Disability Form, Attachment E completed and submitted to USTA with the application. This form provides verification that an applicant has a disability according to the definition in the Americans with Disabilities Act. The necessary information must be completed and signed by an agency caseworker or medical professional.

USTA will permit another agency to complete the Registration and Eligibility Form. This is acceptable if all of the necessary eligibility documentation is provided to USTA with the application.

## Attachment C

### 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 E**  
**Certification of Disability Form**  
 Reduced Fare Transportation Services  
 Rural Transportation for Persons with Disabilities (PwD) Program  
 Union/Snyder Transportation Alliance

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 profession 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 Union/Snyder Transportation Alliance. If you have any questions about the form, please call 1-877-877-9021.

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: **Union./Snyder Transportation Alliance, 1610 Industrial Blvd., Suite 700, Lewisburg, PA 17837**