



Rural Transportation for Persons with Disabilities (PwD) Project Eligibility and Registration Form – Instructions For Applicant Union/Snyder Transportation Alliance

The standard eligibility and registration form is a total of four pages. This form is also available in large print, and other formats (Braille and on tape). If you require an alternate format, contact Union/Snyder Transportation Alliance (USTA). The following instructions summarize the major sections of the form and provide assistance in effectively completing the form and providing the required documentation to USTA.

Part 1: General

- Please print your name, address and other identifying information on the form;
- Respond to the question of whether or not you have a disability based on the ADA definition by checking Yes or No;
- Please clearly print directions to your home/description of your home.
- The ADA definition of a disability is quoted.

Part 2: Written Verification That You Are A Person With A Disability

- You must provide written verification of a disability to be eligible for discounted shared-ride fares through the PwD project;
- If you have worked with one of the agencies listed on Page 2 of the application, submit a copy of a document from them that describes and certifies your disability.
- If you do not have some form of written verification, please contact one of the organizations, or similar, listed on page 2 for confirmation of a disability **or** use Attachment E, the PwD project's certification of disability form and return the form to USTA;
- Please identify the organization providing the written verification.

Part 3: Income and Household Related Data

- Please place a check next to a range that matches your gross annual income. It is the same as that reported for tax purposes;
- Please place a check next to the appropriate number for household size. Household size means the number of persons who reside in your private residence.

Note: This information is required for statistical purposes, but does not affect eligibility for PwD.

Part 4: Avoiding Duplication of Transportation Services

- The PwD project is not to replace current transportation services;
- If current transportation services and costs are covered by another program, you must identify all of the funding sources from the list provided;
- If you are a current MATP client, you must provide your Access Card issue and Recipient numbers.

Note: Do not complete section number 2

- USTA staff will check that, if applicable, they have informed you of your referral to the County Assistance Office (CAO) for MATP determination;

- USTA staff will check that, if applicable, your registration form has been mailed/faxed to the CAO and provide the date of the referral;
- USTA staff person making the referral to the CAO will initial the form;
- Additional information about the MATP is provided in the MATP eligibility guidelines that are in the form's supporting information section (Attachments A and B).

Part 5: Information So We May Serve You Better

- You must indicate whether or not you have a permanent disability based on the standard definition that is provided;
- If you do not have a permanent disability, please 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 C of the supporting information section provides a description of three categories of disabilities);
- If you have a mobility disability, please check all of the mobility aids that are used;
- Also, check whether or not you need a personal care attendant or escort;
- If a personal care attendant or escort is needed sometimes, describe when the assistance is needed;
- You should provide the name and contact information for an emergency contact (optional);
- Please describe anything else that the transit provider needs to know in order to provide you with 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 USTA staff to receive information about your disability from a health organization;
- You 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 your understanding of the PwD project application process and the validity of the information provided;
- You or the person completing the form must confirm the certification statement by signing and dating the form;
- If you 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 you.

Eligibility and Registration Form – Supporting Information

- Attachment A -- 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.

- Attachment A -- Documentation of Disabilities – This section 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.
- Attachment B – USTA’s guidelines for the Medical Assistance Transportation Program. In the event you would be eligible for the MATP, eligible medical transportation would be paid for through this program, in which case there would be no fare collected. Non-medical transportation would be sponsored by the PwD, in which case a 15% co-payment would be collected.
- Attachment C – Definitions of a disability are described.
- Attachment D – Office of Vocational Rehabilitation (OVR) “Individualized Plan for Employment” form that will be accepted as verification of a disability.
- Attachment E -- PwD Project Certification of Disability form, can be used to verify that you have a disability. This form must be signed by an agency caseworker or medical professional and is to be returned to Union/Snyder Transportation Alliance along with your application. **This form is to be used if you have no other existing form of written verification.**
- Attachment F – Income guidelines to be used for statistical purposes. This information is requested strictly to track statistics and to assist USTA staff in determining if you are eligible to receive transportation through another funding source.
- Attachment G – USTA’s Cancellation and No-Show Policy for your information.
- Attachment H – USTA’s Holiday Schedule for your information.
- Attachment I – USTA’s Brochure for your information.
- Attachment J – Tips for USTA’s Riders for your information.
- Attachment K – USTA Right to Appeal/Complaint Process for your information.

Please do not hesitate to contact Krysta Diehl or Michele Ocker-Holman
at USTA’s office if you have any questions.

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