



LUZERNE COUNTY TRANSPORTATION AUTHORITY
300 S Pennsylvania Ave Wilkes Barre Pa 18701
(570) 288-8420 or (800) 679-4135 or TDD (570) 825-1860

Eligibility and Registration Form Rural Transportation for Persons with Disabilities (PwD)

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

Luzerne County Transportation Authority
300 S Pennsylvania Ave
Wilkes Barre PA 18701

◆ 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:

(570) 288-8420 ext 613

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.



I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create Medical Records for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Patient: _____ **Date:** _____

Print Name: _____

(IF THE PATIENT IS UNABLE TO SIGN, USE THE SIGNATURE AREA BELOW)

The patient is unable to sign due to: (check one)

☐ - **Being a Minor.** Patient is _____ years old and considered a minor under state law.

☐ - **Being Incapacitated.** Patient is incapacitated due to: _____

☐ - **Other:** _____

Signature of Representative: _____ **Date:** _____

Print Name: _____

Relationship to Patient: ☐ Parent ☐ Spouse ☐ Guardian ☐ Other: _____

- | | |
|--|--|
| <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 the *Luzerne County Transportation Authority*. 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 A 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

- ☐ Less than \$10,000
- ☐ \$10,001-\$15,000
- ☐ \$15,001-\$20,000
- ☐ \$20,001-\$25,000
- ☐ \$25,001-\$30,000
- ☐ \$30,000-\$35,000
- ☐ \$35,001-\$40,000
- ☐ \$40,001-\$45,000
- ☐ \$45,001-\$50,000
- ☐ \$50,001-\$55,000
- ☐ \$55,001-\$60,000
- ☐ \$60,001+

Household Size

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 +

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
- ☐ 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: _____

ILLEGAL OR DISRUPTIVE CONDUCT WILL NOT BE TOLERATED

Service will be suspended or refused by customers who engage in violent, seriously disruptive or illegal conduct. The severity of the incident will determine whether an individual is suspended temporarily or permanently.

For example, a person whose behavior threatens the safety of Para Transit personnel or other customers may be refused service immediately.

Other sanctioned behaviors will be communicated via correspondence.

An Individual who contests a refusal of Para Transit service may appeal the decision through an administrative appeal process.

Appeal Process

We are required to give you a DPW written notice if we deny your request for MATP transportation service/mileage reimbursement. We are also required to give you written notice in advance if we plan to reduce, change, or terminate your service. The notice will tell you the reason for our action, when the action will go into effect, and your right to appeal.

No-Show Sanction

A no-show is defined as any scheduled trip that is not taken or not cancelled with enough time to notify the LCTA. You will be considered a no-show in the following situations:

- You (or someone on your behalf) do not call the office at least 1 hour prior to your scheduled pick-up time to cancel your ride
- You are not present at the designated pick-up site when the driver arrives

If you accumulate 2 no-shows within a 90-day period, you may be subject to the following:

You will receive notice from our office after each no show.

The notice of the first no-show may be verbal or written with a warning that you may be asked to call into your MATP office the day before all scheduled trips, if you want to receive a trip the next day.

After the second no-show, you will be sent a letter notifying you that you are required to call in the day before all scheduled trips, if you want to receive a trip the next day.

If no confirmation is received, the trip will be automatically cancelled. No call will be made to notify you that the trip has been cancelled.

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 Luzerne County Transportation Authority. If you have any questions about the form, please call (570) 288-8420 or (800)-679-4135.

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.

_____ Mobility disability (please see question to the right)

_____ Manual wheelchair

_____ Crutches

_____ Vision disability

_____ Power Wheelchair

_____ Cane

_____ Hearing disability

_____ Motorized Scooter

_____ Walker

_____ Cognitive disability

_____ Mental disability

_____ Other — Please specify: _____

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to:
Luzerne County Transportation Authority
300 S Pennsylvania Ave, Wilkes Barre PA 18701