

SHARED RIDE
2009 WYOMING AVE.
FORTY FORT, PA 18704
(570) 288-8420
1-800-679-4135
FAX (570) 288-7455



FIXED ROUTE
315 NORTHAMPTON ST.
KINGSTON, PA 18704
(570) 288-9356
FAX (570) 288-7327
www.lctabus.com

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ROBERT FIUME, Executive Director

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JOSEPH PADAVAN

Dear Participant,

Enclosed is the Special Transportation Efforts Program (S.T.E.P.) application, which must be completed and signed by a medical provider/professional to establish your eligibility for transportation. Once completed, please return to the Shared Ride Office, located at 2009 Wyoming Ave., Forty Fort, PA 18704.

There are three types of eligibility: Unconditional, Conditional, and Temporary.

- **Unconditional Transportation:** This is a person's eligibility category when it is not reasonable to use the fixed route service under any circumstances, regardless of weather, distance to the stop, and so on.
- **Conditional Transportation:** In this type of eligibility, the person can be reasonably expected to make some trips on the fixed route service. Due to variable health condition, weather conditions, and distance to bus stops, on some days fixed route is possible and on other days, it is not.
- **Temporary Eligibility:** The ADA also includes temporary eligibility for people with disabilities that prevent them from using the fixed route system for a limited period of time.

LCTA will make an eligibility determination within 21 days and you will be notified by mail. After we have processed your application, you will receive a welcome packet explaining how to use the service.

Requests for additional information should be directed to the main Shared Ride Office at: 570-288-8420 or the main Administrative Office at: 570-288-9356.

Sincerely,

Robert J. Fiume
Executive Director

Luzerne County Transportation Authority

Special Transportation Efforts Program

FOR DISABLED PERSONS

Card Number _____
(Card number will be completed by LCTA personnel)

Date _____

Social Security No. _____

Visitors Program _____

Part 1 - TO BE COMPLETED BY APPLICANT (Please print or type)

Name of applicant:

_____ (Last)

_____ (First)

_____ (Initial)

Address: _____

() _____

Home Telephone No. _____

(Date Of Birth) _____

____ Male

____ Female

In order to provide the best service possible please provide the following information:

1. Do you require use of a wheelchair?

Yes ____ No ____ If Yes, Standard ____ Electric ____

2. Do you require a Personal Care Attendant? Yes ____ No ____

3. Do you utilize any other van service? Yes ____ No ____ If "Yes" what program? _____

4. If a PCA is not required, would you like to have a paying guest accompany you on the STEP Program on occasion provided space is available? Yes ____ No ____

Part II - THIS SECTION MUST BE COMPLETED BY AUTHORIZED AGENCY OR PHYSICIAN:

What disabilities or limitations prevent the applicant from using mass transit vehicles (LCTA buses) ?

Please Describe: _____

____ 1. The disability is permanent (Will last longer than twelve months)

____ 2. The disability is temporary and can be expected to last until the last day of Month: _____ Year: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE, AND THAT PROVIDED BY ME TO THE AUTHORIZED AGENCY/PHYSICIAN IS TRUE AND CORRECT:

Applicant's Signature

(To be filled in by Agency/Physician)

DUE TO THE DISABILITY INDICATED ABOVE, I HEREBY CERTIFY THAT THE NAMED APPLICANT IS UNABLE TO UTILIZE PUBLIC MASS TRANSIT FACILITIES AND SERVICE IN LUZERNE COUNTY BUT IS MEDICALLY AND MENTALLY ____ABLE ____ UNABLE TO USE STEP TRANSPORTATION WITHOUT THE ASSISTANCE OR SUPERVISION OF A THIRD PERSON, AND TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT

Authorized Signature

Name of Agency/Physician:

Address:

Phone: () _____

PLEASE RETURN TO: Luzerne County Transportation Authority

315 Northampton Street
Kingston, PA 18704