



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

- ◆ 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:

Forest County Transportation Department
PO Box 452
126 Cherry Street
Marienville PA 16239
- ◆ 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:
814.927.8266 or 1.800.222.1706

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: _____ Date of Birth: _____

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 Disabilities 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 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 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 a certification of disability form available from Forest County Transportation Department. 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 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	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 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: _____

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

Attachment A

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 walks, 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 B

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 Forest County Transportation Department. If you have any questions about the form, please call 1.800.222.1706 or 814.927.8266.

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: Forest County Transportation Department, PO Box 452, Marienville PA 16239

NO-SHOW POLICY

A no-show is defined as any scheduled trip that is not taken or not cancelled within required time frame.

A passenger is considered a no-show in the following situations:

- * The passenger does not call their transportation provider at least 2 hours prior to their pick-up time to cancel their ride.
- * The passenger is not present at the designated pick-up site when the driver arrives.

IF A SANCTION IS REQUIRED FOR INAPPROPRIATE BEHAVIOR, THE FOLLOWING WILL OCCUR:

- After the first offense, this passenger will receive a written warning stating that transportation services are in danger of being suspended.
- Upon notice of the second offense, the passenger will receive a DPW Written Notice that services will be suspended for a period of fifteen (15) days, beginning ten (10) days after the date on the form or until the passenger has an escort ride along during the period of suspension. Should inappropriate behavior continue during the period when the escort is present or after return from the 15 day suspension, the passenger will receive a third offense.
- Upon Notice of the third offense, the passenger will receive a DPW Written Notice that services will be suspended for a period of thirty (30) days, beginning 10 days after the date on the form. If after thirty (30) days the passenger wants to reenter the PwD Program, the passenger must have an escort ride along for every trip thereafter. Should inappropriate behavior continue when an escort is present, the consumer may be denied transportation services through Forest County PwD.

NOTE: FOREST COUNTY PWD PROGRAM MAY DEVIATE FROM THE ABOVE ORDER OF OUTLINED INAPPROPRIATE BEHAVIOR STEPS GIVEN SEVERITY OF THE OFFENSE. INAPPROPRIATE RESULT IN IMMEDIATE TERMINATION FROM THE PWD PROGRAM.

A passenger who accumulates three (3) no-shows within a thirty (30) day period may be suspended from the PwD Program for (up to 30) days. The passenger will receive notice from our office after each of the three no-shows. The notice of the first no-show may be verbal or written. The notices for the second and third no-shows will be written.

If the passenger is determined to have three (3) documented no-shows within a thirty (30) day period, the passenger may receive a DPW Written Notice Form indicating suspension of services. The form will denote the reason for suspension, the effective date of the suspension and instructions on how to appeal the suspension. The DPW Written Notice will be mailed to the passenger at least ten (10) days prior to the suspension. Please note that passengers that are suspended from the PwD Program, may seek transportation services from the County Assistance Office.

INAPPROPRIATE BEHAVIOR

A passenger may be suspended from the PwD Program for inappropriate behavior. Inappropriate behavior includes but is not limited to:

- Loud, boisterous and/or obscene or offensive language.
- Disruptive behavior or any behavior that jeopardizes the safety of any occupant of the vehicle.
- Being under the influence of alcohol or controlled substances.
- Violations of moving vehicles safety requirements or leaving the vehicle before the designated drop-off point.
- Implied threats or physical actions, either verbal or with weapons, toward other passengers, drivers, or administrative staff.
- Property damage or threat of damage to the vehicle and/or equipment related to the PwD Program.

The employees of Forest County Transportation Department have created this no show policy in order to provide cost effective transportation to the individuals who need and want service. No shows waste limited resources and endanger Forest County Transportation Department's ability to provide public transportation.

Any questions regarding this no show policy can be answered by calling: 814.927.8266 or 1.800.222.1706.