

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

Clarion County Transportation
338 Amsler Avenue, Suite 1
Shippenville, PA 16254
(814) 226-7012

- Reduced fare transportation service may be available to you if you are
 1. A person with a disability *and*
 2. Age 18 – 64 years *and*
 3. Need accessible public transit in a participating county beyond ADA complementary paratransit services.
- If you would like to participate in this program, please complete this form and send it, along with proof of age and disability to Clarion County Transportation at the address above.
- Once your application is received and reviewed, you will be notified of your eligibility to participate.
- If you have questions about this form, please call (814) 226-7012 Monday – Friday 8:30AM – 4:30PM.

Note: The information provided in this application regarding your age, disability, and county of residence will be used to determine your eligibility for reduced fare transportation services under the PwD program. Other information on the form will be used for data collection purposes and to determine your eligibility for any other transportation programs. This information is kept confidential and is used only by the professionals involved in evaluating your eligibility.

PLEASE PRINT CLEARLY

PART 1: GENERAL

First Name	M.I.	Last Name	
Home Address	Apt.	Phone #	
City	State	Zip	County
Email	Date of Birth		SSN
Emergency Contact (EC) Name	EC Relationship		EC Phone #
Do you have a disability according to the Americans with Disabilities Act (ADA) definition below?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.”

PART 2: PROOF OF AGE

Please choose the form below that you are providing along with this application.

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Armed Forces (DD-214) | <input type="checkbox"/> Veteran’s Universal Access ID |
| <input type="checkbox"/> Resident Alien Card | <input type="checkbox"/> PA Driver’s License/Photo ID | <input type="checkbox"/> Passport/Naturalization Papers |
| <input type="checkbox"/> PACE ID | <input type="checkbox"/> SSI Statement of Age | <input type="checkbox"/> Baptismal Certificate |

PART 3: WRITTEN VERIFICATION THAT YOU ARE A PERSON WITH A DISABILITY

To be eligible based on a disability, the Certification of Disability Form (last page) must be completed by a qualified health professional from one of the organizations listed below.

Please check the organization or individual whose written verification you are submitting with your application.

- Office of Vocational Rehabilitation (OVR)
- Bureau of Blindness and Visual Services
- Mental Health/Developmental Disabilities (MH/DD)
- Social Security Insurance (SSI) / Disability Insurance (SSDI)
- Community Services Program for Persons with Physical Disabilities
- Physician
- PA Attendant Care Program
- Center for Independent Living (CIL)
- Other

PART 4: INCOME AND HOUSEHOLD RELATED DATA (2023 US Poverty Guidelines)

Since one of the goals of the PwD is to collect data on riders and service needs, applicants are required to provide income information to be eligible for the program. Please check one space in each column:

<u>Annual Income</u>	<u>Household Size</u>
<input type="checkbox"/> Less than \$14,580	<input type="checkbox"/> 1
<input type="checkbox"/> \$14,581 – \$19,720	<input type="checkbox"/> 2
<input type="checkbox"/> \$19,721 – \$24,860	<input type="checkbox"/> 3
<input type="checkbox"/> \$24,861 – \$30,000	<input type="checkbox"/> 4
<input type="checkbox"/> \$30,001 – \$35,140	<input type="checkbox"/> 5
<input type="checkbox"/> \$35,141 – \$40,280	<input type="checkbox"/> 6
<input type="checkbox"/> \$40,281 – \$45,420	<input type="checkbox"/> 7
<input type="checkbox"/> \$45,421 – \$50,560	<input type="checkbox"/> 8
<input type="checkbox"/> Add \$5,140 for each additional person	<input type="checkbox"/> 9 +

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. Based on the information above, please tell us if you have considered applying for Medical Assistance.

- I am already qualified
- I may qualify
- I do not think I qualify

PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the PwD program are not to be provided in place of any current transportation services that you already receive.

Do you now receive any transportation services or are any of your transportation costs paid for by another program or organization? Check all that apply.

- Senior Citizens Shared Ride Transportation Program
- Medical Assistance Transportation Program
- Mental Health/Developmental Disabilities
- The group home where I live
- The training program I am in at _____
- The employment program I am in at _____
- Other (explain) _____
- Area Agency on Aging
- ADA Complementary Paratransit
- Office of Vocational Rehabilitation
- The personal care home where I live

PART 6: INFORMATION TO HELP US 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 permanent, how long is it expected to last? _____
3. Use the tables below to define your disability and use of mobility aids? *Check all that apply.*

Nature of Disability			
Mobility disability	<input type="checkbox"/>	Mental disability	<input type="checkbox"/>
Hearing disability	<input type="checkbox"/>	Gross obesity	<input type="checkbox"/>
Visual disability	<input type="checkbox"/>	Other	<input type="checkbox"/>
Cognitive disability	<input type="checkbox"/>		

Use of Mobility Aid			
Manual wheelchair	<input type="checkbox"/>	Walker	<input type="checkbox"/>
Motorized wheelchair	<input type="checkbox"/>	Crutches	<input type="checkbox"/>
Motorized scooter	<input type="checkbox"/>	Service animal	<input type="checkbox"/>
Oversized wheelchair	<input type="checkbox"/>		

4. Do you require the services of a personal care attendant or escort when you travel? _____ Yes _____ No _____ Sometimes
(A personal care attendant is a person that you need to assist you during the trip or at your origin or destination.)

Please describe why you need assistance: _____

Note: Clarion County Transportation's Escort Policy applies to accompanying personal care attendants.

PART 7: RELEASE OF INFORMATION AND CERTIFICATION OF APPLICATION

I understand that the purpose of this application is to determine if I am eligible to participate in the PwD program. This information will be held only in the strictest confidence by the service provider and its agents and will not be shared with any other agency, except the professionals from which we are receiving the information.

I give my permission to Clarion County Transportation to contact a health care provider or other professional that I designate for additional information to verify that I am a person with a disability. _____ Yes _____ No

I certify that the information contained in this application is correct and truthful to the best of my knowledge. By signing below, I hereby agree to immediately report to the service provider any changes in circumstances regarding my eligibility.

 Consumer's Signature or Name and Signature of Designee (person signing on behalf of consumer)

 Date Relationship Contact Number

To comply with state and federal regulations this signed application, proof of age, and Certification of Disability Form must be returned to our office before your transportation services can commence.

**Clarion County Transportation
 338 Amsler Avenue, Suite 1
 Shipperville, PA 16254**

Consumer's Responsibilities:

1. You must have the ability to get your wheelchair or mobility device to our vehicle by yourself or have an escort to assist you.
2. After disembarking, you must be able to get from our vehicle to the destination by yourself or have an escort to assist you.

WE DO NOT PROVIDE ESCORTS

Driver's Responsibilities:

1. Move wheelchair or mobility device onto vehicle and into the appropriate position
2. Secure wheelchair or mobility device in position with restraints while in transit
3. Return passenger to lift or ramp and discharge at destination

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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 Transportation for Persons with Disabilities (PWD) program, which is being administered by the Pennsylvania Department of Transportation with services provided by Clarion County Transportation. If you have any questions about the form, please call 814-226-7012.

Applicant Information (to be completed by applicant):

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Applicant or Applicant Representative Signature

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 are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."

Verification Questions (to be completed by professional)

How many blocks can this person walk unassisted? (Circle one) < 1 block 1-2 blocks 2-3 blocks 6 blocks 9 blocks

Is the applicant's disability permanent? ____ Yes ____ No

(The 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 all that apply. Please check all the mobility aids that apply.*

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Mobility disability (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"/> Guide/Service dog | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> Requires personal assistant (nurse, health aid, etc.) | |
| <input type="checkbox"/> Other – please specify _____ | <input type="checkbox"/> Requires escort | |

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to: Clarion County Transportation, 338 Amsler Avenue, Suite 1, Shippenville, PA 16254