

SUBURBAN TRANSIT NETWORK, INC.



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

- ◆ 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 Montgomery County beyond SEPTA ADA complementary paratransit services (CCT Connect).

◆ If you would like to participate in this program, please complete this form and send it with a copy of one of the documents listed in Part 2 below to:

**SUBURBAN TRANSIT NETWORK, INC. (TransNet)
980 HARVEST DRIVE, SUITE 100
BLUE BELL, PA 19422-1955**

- ◆ 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:
215-542-7433

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 program. 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 program for future recommendations. Please print clearly or complete in the interactive format.

PART 1: GENERAL

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

Address (Street & No.): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

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 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."

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 required to participate in the PwD program.

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 TransNet. 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 TransNet.

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

Office of Vocational Rehabilitation (OVR)	Registered Physical/Occupational Therapist
Social Security Insurance (SSI) and Disability Insurance (SSDI)	Physician
Bureau of Blindness and Visual Services	Registered Nurse
Center for Independent Living (CIL)	PA Attendant Care Program
Mental Health/Mental Retardation Program	Community Services Program for Persons with Physical Disabilities
United Cerebral Palsy	Other: _____

2. If you do not have written verification of a disability:

Please fill out the attached Certification of Disability Form (Attachment A). 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.

PART 3: INCOME AND HOUSEHOLD RELATED DATA

Passenger income related data is being collected for further decision-making regarding the program. Complete this section only if you plan to use the PwD program for **medical** trips. 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
Less than \$10,000	1
\$10,001-\$15,000	2
\$15,001-\$20,000	3
\$20,001-\$25,000	4
\$25,001-\$30,000	5
\$30,001-\$35,000	6
\$35,001-\$40,000	7
\$40,001-\$45,000	8
\$45,001-\$50,000	
\$50,001-\$55,000	
\$55,001-\$60,000	
\$60,001+	

PART 4: 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.

1. Do you now receive any transportation services or are any of your transportation costs paid for by another program or organization? Please check all that apply from the following list. (This information does not automatically exclude you from eligibility for the PwD program.)

- Senior Citizens Shared Ride Transportation Program (TransNet)
- Area Agency on Aging
- Medical Assistance Transportation Program
- Americans with Disabilities Act Complementary Paratransit (SEPTA CCT Connect or PUT)
- 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 residential program 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.

- Applicant was informed of pending referral to the County Assistance Office (CAO)
- Applicant was referred to the CAO for MA eligibility determination on (date): _____
- Initials of TransNet staff person initiating 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. (See Attachment B for Categories of Disabilities)

- 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 | Guide/Service Dog |
| Power Wheelchair | Cane | White 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) _____ (Cell) _____

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

I give my permission to Suburban Transit Network, Inc. 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

I understand that the purpose of this application is to determine if I am eligible to participate in the PwD program. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

Applicant's Signature _____ Date _____

OR

Representative's Name (Please Print) Relationship to Applicant Telephone number

Representative's Signature _____ Date _____

Attachment A

Certification of Disability Form
Reduced Fare Transportation Services
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 Suburban Transit Network, Inc. If you have any questions about the form, please call 215-542-7433.

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 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 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

Guide/Service Dog

White Cane

Mental disability

Requires Personal Assistant (nurse, health aide, etc)

Other — Please specify: _____

Requires Escort

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to:
Suburban Transit Network, Inc.
980 Harvest Drive, Suite 100, Blue Bell, Pa.
19422-1955
ride@suburbantransit.org

Attachment B

Three Categories of Disabilities

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 walk, 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.