REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

OFFICE USE ONLY	OFFICE USE ONLY
Received_____	Card No_____
By_____	Issue Date_____
RPV mailed_____ RPV returned_____	Expiration Date_____
	Personal Care Attendant: [ ] Yes [ ] No

Rev: March. 15

The information in this certification process will only be used by the Cambria County Transit Authority to determine eligibility for the provision of transportation services.

1. Name _____

2. Address_____

   City _____ State_____ Zip_____

   Borough/Township_____

   Location (Give nearest street intersection or name of building.)

   _____

   House (Example: Red brick house across from fire station.)

   _____

3. Telephone Number (Home)_____ (Work)_____

4. Date of Birth_____/_____/_____ _____

5. Are you currently riding any Transit Authority fixed route buses? (Fixed route buses travel the same route each day.)

   [ ] Yes [ ] No

6. If your answer is "No", what is the disability which prevents you from using our fixed route service?

   _____

   Is this condition temporary? [ ] Yes [ ] No

   If "Yes", expected duration until _____/_____/_____.

7. How does this disability prevent you from using fixed route services? Please explain completely, using an additional sheet if necessary.

_____

_____

_____

8. Are there any other effects of your disability of which we need to be aware?

_____

_____

_____

The following information will be used to ensure than an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the Cambria County Transit Authority.

9. Do you use any of the following mobility aides? (Check all that apply.)

[ ]	Manual Wheelchair	[ ]	Powered Scooter
[ ]	Cane	[ ]	Personal Care Attendant
[ ]	Crutches	[ ]	Guide Dog
[ ]	Electric Wheelchair	[ ]	Other_____

10. If you use a wheelchair, can you transfer with little assistance into a car?

[ ] Yes [ ] No Your Weight_____ lbs.

11. Do you require a Personal Care Attendant when you travel using transit?

[ ] Yes [ ] No

12. Do you receive benefits or service from any of the following: (Check all that apply.)

[ ]	Medical Assistance (Medicaid)	[ ]	OVR
[ ]	Workman's Compensation	[ ]	SSI
[ ]	Office of Blindness and Visual Services	[ ]	SSDI
[ ]	Association of Blind & Handicapped	[ ]	IU8
[ ]	Muscular Dystrophy	[ ]	MH/MR
[ ]	United Cerebral	[ ]	Goodwill Industries
[ ]	Multiple Sclerosis Society	[ ]	Easter Seal Society
[ ]	Cancer Society		
[ ]	Nursing Home_____		
[ ]	Other_____		

13. Do you currently receive any transportation services from any of the agencies listed in number 12? (Write in name of agency.)

_____

_____

_____

14. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

[ ] Yes [ ] No Sometimes_____

Can you travel (1/4) mile without the assistance of another person?

[ ] Yes [ ] No Sometimes_____

Can you travel (3/4) mile without the assistance of another person?

[ ] Yes [ ] No Sometimes_____

Can you climb three 12-inch steps without assistance?

[ ] Yes [ ] No Sometimes_____

Can you wait outside without support for ten minutes?

[ ] Yes [ ] No Sometimes_____

Note: Your application for ADA Paratransit eligibility may be processed more quickly if you can submit any medical or other documentation to support your contention that you are functionally disabled. All information will be held in the strictest confidence.

15. Name and telephone number of person to contact in case of an emergency.

Name_____ Telephone_____

16. I hereby certify that the information given above is correct.

Signed_____ Date_____/_____/_____

17. If this application was completed by someone other than the person requesting certification, that person must complete the following:

Name_____

Address_____

City_____ State_____ Zip_____

Daytime Phone_____

Signed_____ Date_____/____/_____

QUESTIONS???

Questions on any of the information contained in this application may be clarified by calling or writing the Cambria County Transit Authority.

Cambria County Transit Authority (Main Office)
502 Maple Ave
Johnstown, PA 15901

(877)-535-2BUS
(814)-535-5526
TDD: (814) 539-1149
Fax: (814)-536-5951

Cambria County Transit Authority
CamTran +
1226 North Center Street
Ebensburg, PA 15931

1-800-252-3889
(814) 471-6601
TDD: 1-800-601-8466

INFORMATION AUTHORIZATION FORM

In order to allow the Cambria County Transit Authority to evaluate your request, it may be necessary to contact a physician to confirm the information you have provided. Please complete the following information authorization form. CamTran needs this information to forward it to the physician or social agency listed below to determine eligibility pertinent to your stated disability.

*** * * * * * * * * ***

The individual named below is familiar with my disability and is authorized to provide information to the Cambria County Transit Authority required to complete this certification.

Physician/Social Agency _____

Medical Facility_____

Address_____

City_____ State_____ Zip_____

Phone Number_____

* * * * * * * * * *

Please print and sign your name below:

Print Name_____ Date of Birth _____/_____/_____

Sign Name_____ Date_____/_____/_____

RETURN ALL PAGES TO:

Cambria County Transit Authority
ADA Administrator
502 Maple Ave
Johnstown, PA 15901
(1-877-535-2BUS)
Fax: (814) 536-5951