



Dear PwD Program Applicant:

Thank you for requesting the enclosed Persons with Disabilities (PwD) Application from the Cambria County Transit Authority. Please complete the application with the proper documentation and return it the Cambria County Transit Authority, Attn: ADA/PwD Administrator - CamTran+, 1226 N. Center Street, Ebensburg, PA 15931.

This program is for the use of transportation for clients between the ages of 18-64 with disabilities that have no other transportation. This transportation is to be used as a last resort of transportation. Therefore, if you were eligible for County Assistance or Medical transportation through Community Action you would not be able to use the PwD service for those trips. However, if you had no transportation to go shopping or the bank then you would be able to use the PwD service.

Please note that your application for PwD may be processed more quickly if you can submit any medical diagnosis or other documentation to support your contention that you are disabled. Also, you may be contacted for additional information to verify your disabling condition.

Your information will be kept confidential. However, if you meet the guidelines for aide from the County Assistance Office, the Transit Authority will refer you to them, and you will be notified via letter that you have been referred. If you do not want this assistance, please notify us with your application. Please note that if the assistance office determines that you qualify for the Medical Assistance Transportation Program and decline this aide, medical trips will not be eligible through the PwD program.

After we receive your application and it is completed, we will have twenty- one (21) days to determine if you are eligible for PwD services or if you will be referred to other agencies for transportation. All information must be received within 60 days of the date of your application. Otherwise, your application will be discarded, and you will have to reapply.

You will be notified by mail of the determination. If you are determined to be eligible, you will receive specific information on how to use the PwD services.

CamTran+ Rural Division: 1226 North Center St, Ebensburg, PA 15931
1-800-252-3889 Fax 814-471-6820
www.camtranbus.com

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 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: Cambria County Transit Authority, 1226 N. Center St., Ebensburg, PA 15931

■ 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 alternative format please call: 814-471-6601 or 1-800-252-3889

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 (No. and street): _____

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 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 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 a 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, please 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 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 | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Bureau of Blindness & Visual Services | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Center of Independent Living (CIL) | <input type="checkbox"/> PA Attendant Care Program |
| <input type="checkbox"/> Community Services Program for Persons with | <input type="checkbox"/> Other: _____ |

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

Please have a professional familiar with your disability fill out the certification of disability form attached to this application. It provides verification of a disability according to the definition in the Americans with Disability Act (ADA). This form can be used to acquire the necessary information for verifying a disability from a qualified health professional. See **Attachment 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"/> \$30,001 - \$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, 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.

I was referred to the County Assistance Office for Medical Assistance eligibility determination on Date: _____

Initials of staff person faxing the referral to the County Assistance Office _____

PART 5: INFORMATION SO WE MAY SERVE YOU BETTER

1. Is your disability permanent? Yes No
2. If not, how long is it expected to last? _____
3. What is the nature of your disability? (check those that apply)
- | | |
|--|---|
| <input type="checkbox"/> Mobility disability (please see question 4 below) | <input type="checkbox"/> Hearing disability |
| <input type="checkbox"/> Vision disability | <input type="checkbox"/> Cognitive disability |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Mental disability |

4. Please check all mobility aids that apply:

Manual Wheelchair Crutches

Power Wheelchair Cane

Motorized Scooter Walker

3. 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: _____

4. Emergency Contact (Optional)

Name: _____

Relationship: _____

Phone (home): _____ (work) _____

5. 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 the Cambria County Transit Authority 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 person completing 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:

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 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, 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.

ATTACHMENT F

**Certification of Disability Form
Reduce 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 Local Service Provider. If you have any questions about the form, please call 1-800-252-3889.

Applicant information (to be completed by applicant):

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

Address (Street & No.): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____

Email: _____

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 the eligibility information) **Is the application disability permanent (to last beyond 12 months)?** _____ Yes _____ No

If no, how long is the 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

___ Mental disability

___ Other – please specify: _____

Signature of Professional: _____ Date: _____

Title: _____ Name of Agency or Organization: _____

Address: _____ Phone #: _____

Please send completed form to: Cambria County Transit Authority, 1225 N. Center St, Ebensburg, PA 15931