



CAMBRIA COUNTY TRANSIT AUTHORITY

Dear Paratransit Service Applicant:

Thank you for requesting the enclosed complementary Paratransit Eligibility Application from the Cambria County Transit Authority (CamTran). Please complete the application and return it to the Cambria County Transit Authority, ADA Administrator, 1226 N. Center Street, Ebensburg, PA 15931.

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

As indicated in the Accessible Transit Services brochure, your application will be reviewed by qualified rehabilitation professionals. These professionals are trained to determine if your disability qualifies you for paratransit service, as defined by the two definitions presented in the brochure. These professionals will make an eligibility recommendation to the Transit Authority, with the Authority making the final recommendation.

After we receive your application and verification from your physician or social service agency, we will have twenty (20) days to determine if you are eligible for complimentary Paratransit Service. **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 an ADA complementary Paratransit Service Eligibility Card, along with specific information on how to use the paratransit service. Please keep in mind that the paratransit service is not free; reasonable fares will be charged.

CamTran's ADA Complementary Paratransit Service is a "curb to curb" service. This "curb to curb" service **will** require the rider to be at the curb at the scheduled time of his/her pickup. The operator **will not** come to the rider's door, nor will they escort the rider to the curb. This is strictly the rider's responsibility to get to the curb for their scheduled pickup. Upon request, a supervisor will provide "travel training" by coming to your residence with a bus to train you for our service.

If you have any questions, please call 1-800-252-3889 or 814-535-5526.

Respectfully,

ADA Administrator

CamTran Urban Division: 502 Maple Avenue **Johnstown, PA 15901 814-535-5526** Fax 814-536-5951

CamTran+ Rural Division: 1226 North Center Street., P.O. Box 267, **Ebensburg, PA 15931-0267**

800-252-3889 Fax 814-471-6820

www.camtranbus.com

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.)

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Guide Dog |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> 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.)

- | | |
|--|--|
| <input type="checkbox"/> Medical Assistance (Medicaid) | <input type="checkbox"/> OVR |
| <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Office of Blindness and Visual Services | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> Association of Blind & Handicapped | <input type="checkbox"/> IU8 |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> MH/MR |
| <input type="checkbox"/> United Cerebral | <input type="checkbox"/> Goodwill Industries |
| <input type="checkbox"/> Multiple Sclerosis Society | <input type="checkbox"/> Easter Seal Society |
| <input type="checkbox"/> Cancer Society | |
| <input type="checkbox"/> Nursing Home _____ | |
| <input type="checkbox"/> 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 ___ / ___ / ___

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
1226 N. Center St.
Ebensburg, PA
15931**

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
1226 North Center Street
Ebensburg, PA 15931**

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