

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

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.) <input type="checkbox"/> Yes <input type="checkbox"/> No
6. If your answer is "No", what is the disability which prevents you from using our fixed route service? _____
Is this condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ____/____/____

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**