



**The ATA-PwD Program
Transportation for Persons with Disabilities
Eligibility & Registration Form • Instructions For
Applicant**

This is the on-line edition of the ATA PWD Eligibility & Registration form. You can use it in several different ways.

This version has built in form fields that you can type from your computer keyboard prior to printing on your printer.

Simply download this Adobe PDF form to your computer's hard drive so that you can save the electronic copy once you have entered the required information.

Remember that this must be submitted with **original signatures** as shown once you open it on your computer. [Let us know](#) if you plan to use electronic signatures. Otherwise complete the required fields and certifications then print the form for signatures.

It is a good idea to keep a duplicate copy of the printed form with signatures once it is completed and signed.

You are welcome to email this completed PDF to [ATA customer service](#) to advise the ATA staff of your intention to submit a signed copy of the application. We will review it tentatively for completeness and answer any remaining questions you may have.

NOTE – THE LAST TWO PAGES OF THIS PDF CONTAIN INSTRUCTIONS FOR COMPLETION OF THESE PWD APPLICATION & ELIGIBILITY FORMS:

CLICK HERE

RideATA

PwD Eligibility and Registration Form

ATA-PwD Transportation for Persons with Disabilities



◆ 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 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:

**AREA TRANSPORTATION AUTHORITY (ATA)
44 TRANSPORTATION CENTER
JOHNSONBURG PA 15845-2102**

◆ 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:

CUSTOMER SERVICE • 1.866.282.4968

customerservice@RideATA.com

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 (Street & No.): _____

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

ADA Definition of Disability

Eligibility for this program is based on disability as defined by the **Americans with Disabilities 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 is required to participate in the PwD project.

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 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 top 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 (SSDI) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Bureau of Blindness and Visual Services | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Center for Independent Living (CIL) | <input type="checkbox"/> PA Attendant Care Program |
| <input type="checkbox"/> Mental Health/Mental Retardation Program | <input type="checkbox"/> Community Services Program for Persons with Physical Disabilities |
| <input type="checkbox"/> United Cerebral Palsy | <input type="checkbox"/> Other: _____ |

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

Please fill out a certification of disability form available from ATA. 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. See Exhibit 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"/> \$30,000-\$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 (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.

- ☐ I have been informed of *pending referral* to the County Assistance Office (CAO)
- ☐ I was referred to the CAO for MA eligibility determination on (date): _____
- Initials of staff person faxing 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.

- ☐ 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
- ☐ Power Wheelchair ☐ Cane
- ☐ Motorized Scooter ☐ Walker

RideATA



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): _____

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

Release of Information

I give my permission to the Area Transportation Authority of North Central Pennsylvania 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 That of the Person Who Completed This 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

Name of the person who completed this form

Relationship

Telephone number

Certification of Disability Form

ATA Transportation for Persons with Disabilities • The ATA-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 ATA. If you have any questions about the form, please call ATA CUSTOMER SERVICE **1.866.282.4968**.

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 signature or that of the person who completed this form

Date

Americans With Disabilities Act • Definition of Disability

Eligibility for this program is based on disability as defined by the Americans with Disabilities 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

____ Mental disability

____ Other — Please specify: _____

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to:

Area Transportation Authority of North Central Pennsylvania (ATA)



ATA Attachment B

Three Categories of Disabilities

ATA Transportation for Persons with Disabilities • The ATA-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 walks, 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.





The ATA-PwD Program Transportation for Persons with Disabilities Eligibility & Registration Form • Instructions For Applicant

The standard eligibility and registration form is a total of six pages. This form is also available in large print. If you require an alternate format, contact the Area Transportation Authority (ATA) at **1-866-282-4968**. The following instructions summarize the major sections of the form and provide assistance in effectively completing the form and providing the required documentation.

Part 1: General

- Please print your name, address and other identifying information on the form.
- Respond to the question of whether or not you have a disability based on the Americans with Disabilities Act (ADA) definition by checking **Yes** or **No**.
- The ADA definition of a disability is quoted.

Part 2: Written Verification That You Are A Person With A Disability

- You must provide written verification of a disability to be eligible for discounted shared-ride fares through the ATA-PwD program.
- If you have an existing form of written verification, submit it to ATA with your registration/eligibility form.
- If you do not have some form of written verification, please contact one of the organizations, or similar, listed on page 2 for confirmation of a disability **or** use the ATA-PwD program's Certification of Disability form on page 5. Submit the form to ATA with your eligibility and registration form.
- Please identify the organization providing the written verification.

Part 3: Income and Household Related Data

- Please place a check next to a range that matches your gross annual income. It is the same as that reported for tax purposes.
- Please place a check next to the appropriate number for household size. Household size means the number of persons who reside in your private residence.

Note: This information is required but does not affect eligibility for PwD. You do not need to complete Part 3 if you do not plan to use the PwD program for medical trips.

Part 4: Avoiding Duplication of Transportation Services

- The PwD program is not to replace current transportation services;
- If current transportation services and costs are covered by another program, you must identify all of the funding sources from the list provided.
- If you are a current Medical Assistance Transportation Program (MATP) client, you must provide your birth date and social security number.

Note: Do not complete section number 2

- ATA staff will check that, if applicable, they have informed you of your referral to the County Assistance Office (CAO) for a determination of eligibility for Medical Assistance (MA) and other programs.



- The ATA staff person making the referral to the CAO will initial the form.
- If you are eligible for MA, you are eligible for the MATP. This program provides non-emergency medical transportation to covered MA services at no cost to you.

Part 5: Information So We May Serve You Better

- You must indicate whether or not you have a permanent disability based on the standard definition that is provided.
- If you do not have a permanent disability, please specify how long the disability is expected to last.
- Regarding the nature of the disability, place a check mark next to all of the listed disabilities that are applicable (Attachment B of the supporting information section provides a description of three categories of disabilities).
- If you have a mobility disability, please check all of the mobility aids that are used.
- Also, check whether or not you need a personal care attendant or escort.
- If a personal care attendant or escort is needed sometimes, describe when the assistance is needed.
- You should provide the name and contact information for an emergency contact (optional).
- Please describe anything else that ATA needs to know in order to provide you with better service.

Part 6: Release of Information and Your Certification of the Application Form

- This section is a release of information statement that gives permission for ATA staff to receive information about your disability from a health organization.
- There is also a statement that certifies your understanding of the PwD program application process and the validity of the information provided.
- You or the person completing the form must confirm these statements by signing and dating the form.
- If you did not complete the form, the last line requests the name and telephone number of the person who completed the form and that person's relationship to you.

Eligibility and Registration Form – Supporting Information

- Documentation of Disabilities – This section references Attachment B, which describes three disability categories: mental impairment, including development disabilities; physical impairment; and major life activities. These disability categories relate to the question concerning the nature of an applicant's disability in Part 5 of the form.

Note: As stated in Part 2, **if you have no other existing form of written verification**, then Attachment A, the PwD Program Certification of Disability Form, can also be used to verify that you have a disability. This form is to be returned to ATA. Please contact ATA if there are questions. customerservice@RideATA.com

