Application for Paratransit Transportation Services
(MATP, Persons with Disabilities (PwD), ADA, Senior Shared Ride- 60-64 and 65+, Public Full Fare)

1. Transportation services may be available at a reduced rate, if you meet any of the following criteria:
   - Currently on Medical Assistance through the Department of Human Services
   - A person with a disability between the ages of 18-64
   - A person who lives along a fixed route, but due to a disability cannot access it
   - Aged 60 – 64 and live in a county serviced by rabbittransit
   - Aged 65+

2. If you would like to apply, please complete the complete application for transportation services and send it with any copies of qualifying documents to the address below.

   415 Zarfoss Drive
   York, PA 17404

3. Applications are processed in the order that they are received

4. For ADA customers, if we have not processed your application within 21 days of receipt, you will be given presumptive eligibility until we are able to make an eligibility determination.

5. Incomplete of missing information or documents will delay processing

6. Once processed, a Mobility Planner will contact you to notify you of your eligibility

If you have any questions or need this application in an alternate format, please call Mobility Planning at 1-800-632-9063

NOTE: The information provided in this application regarding your age, disability, and county of residence will be used to determine your eligibility for shared ride transportation services under the Rural Transportation for Persons with Disabilities and Senior Shared Ride programs.

Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and provide you with the appropriate referral service (MATP. ADA, MD/IDD). This information is kept confidential and is used by the professionals used only by the professionals involved in evaluating your eligibility.

Please Print

Ecolane ID: ______________

How did you first learn about rabbittransit’s paratransit system?

<table>
<thead>
<tr>
<th>Hospital/Clinic Flyer</th>
<th>Saw a Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend/Family Member</td>
<td>Senior Center</td>
</tr>
<tr>
<td>Case Worker</td>
<td>Advertisement: (Publication)</td>
</tr>
<tr>
<td>rabbittransit’s Information Booth (Prime of Life, Expos, Mall)</td>
<td>Other: (Specify)</td>
</tr>
</tbody>
</table>

GENERAL / QUALIFYING QUESTIONS

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>SSN:</td>
<td>Age:</td>
</tr>
<tr>
<td>Current address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip code:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
<td>County:</td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td>Relationship:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>
NEEDS ASSESSMENT
What is your primary language?____

Do you have a medical assistance card?   ____Yes__ No__

Do you have a vehicle in the household?   ____Yes__ No__ Who owns the vehicle?

Do you have a disability according to the Americans w/ Disabilities Act (ADA)? If yes, attach the Certification of Disability Form

Do you have any mobility devices such as…

____ Manual Wheel Chair   ____ Oxygen   ____ Cane

____ Motorized Scooter   ____ Power Wheel Chair   ____ Walker

____ Crutches   ____ Guide Dog   Other_________

Do you require the services of a personal care assistant or escort when you travel? (Someone that is needed to assist you during the trip or at the origin or destination) ____Yes__ No__ Sometimes

AGE VERIFICATION: Please send a legible photo copy of one of the listed forms of proof of age along with this application

A Medicare card is not an acceptable proof of age. Please check which verification you are enclosing.

____ Armed forces discharge/separation papers   ____ Pennsylvania ID card

____ Passport/naturalization papers   ____ Photo motor vehicle driver’s license

____ Baptismal certificate   ____ Birth certificate (Maiden Name)________

____ PACE ID Card   ____ Veteran’s Universal Access ID Card

____ Statement of age from U.S. Social Security Office   ____ Resident Alien Card

CURRENT TRAVEL
Do you currently use rabbittransit fixed route bus services?   ____Yes__ No__ Sometimes

Does the weather affect your ability to use rabbittransit fixed route bus service?   Yes__ No__

If yes, please explain:

List your most frequent destinations and how you get there now

Destination address where you go How often do you go there? How do you get there?

1.

2.

DUPLICATION OF TRANSPORTATION SERVICES
Do you currently receive any transportation services?   ____Yes__ No__

Are any of your transportation costs paid for by another program or organization? (Select from below all that apply)

____ Senior Citizens Shared Ride Transportation Program   ____ Office of Vocational Rehabilitation (OVR)

____ Medical Assistance Transportation Program   ____ Mental Health/Mental Rehabilitation (MH/IDD)

____ Americans w/Disabilities Act Complementary Paratransit   ____ Area Agency on Aging

____ Group Home (Where you live)   ____ Other_________

ENVIRONMENT AROUND YOUR RESIDENCE
How many steps are there at the entrance you use at your residence?____

Can you get to a vehicle without the help of another person?   ___Yes___ No__

How would you describe the terrain where you live?   ___ Steep ___ Hill ___ Paved Lane ___ Unpaved lane

Are there sidewalks in your neighborhood?   ___Yes___ No__

DEMOGRAPHIC INFORMATION The following information is not required for Shared Ride to sponsor 85% of your trip fare. This information is required by the Offices for Aging, Inc. for reporting purposes.

Ethnic Information:

White ___ African American___ Am Indian/Alaskan Native___ Asian American/Pacific Islander___ Hispanic Origin___

Do you live alone?   ____Yes____ No__ Do you have adequate housing?   ____Yes___ No__
INCOME AND HOUSEHOLD RELATED DATA

If you are NOT registered for the Medical Assistance Transportation Program (MATP), you may qualify, and this program could pay all of the cost for your eligible trips to medical appointments.

After reviewing the chart below I think that...

_____ I'm already registered with MATP   _____ I may qualify for MATP  _____ I do not think I qualify for MATP

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 POVERTY GUIDELINES

<table>
<thead>
<tr>
<th>Household Size (select one)</th>
<th>Annual Income (select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> __2</td>
<td><strong>less than $11,770</strong></td>
</tr>
<tr>
<td><strong>$11,771 - $17,930</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$17,931 - $23,985</strong></td>
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</tr>
<tr>
<td><strong>3</strong> __4</td>
<td><strong>$23,986 - $29,425</strong></td>
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<tr>
<td><strong>$29,426 - $30,135</strong></td>
<td></td>
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<tr>
<td><strong>$30,136 - $39,825</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> __6</td>
<td><strong>$39,826 - $42,615</strong></td>
</tr>
<tr>
<td><strong>$42,616 - $48,500</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$48,501 - $55,095</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> __8</td>
<td><strong>$55,096 - $60,625</strong></td>
</tr>
<tr>
<td><strong>$60,626 - $65,140</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$65,141 - $71,025</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$71,026 - $81,425</strong></td>
<td></td>
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<tr>
<td><strong>$81,426 - $85,230</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$85,231 - $91,825</strong></td>
<td></td>
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<tr>
<td><strong>$91,826 - $97,710</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$97,711 - $102,225</strong></td>
<td></td>
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<tr>
<td><strong>$102,226+</strong></td>
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</tbody>
</table>

MEDICAL ASSISTANCE INFORMATION (if applicable)

Access Card # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __.__
**MOBILITY FUNCTIONAL ASSESSMENT**

For each below question, check one answer. Your answers should be based on: how you feel most of the time; under normal circumstances; using your mobility equipment; and whether you can perform this activity independently.

**Without the help of someone else, can you:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk up and down three steps if there are handrails on both sides?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use the telephone to get information?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cross the street, if there are curb cuts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ride up and down a wheelchair lift with handrails on both sides?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Find your way to the bus stop, if someone shows you the way?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently travel by yourself?</td>
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<tr>
<td>Wait 10 minutes in good weather outdoors without a place to sit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step on and off the curb from a sidewalk?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel up or down a gradual hill on the sidewalk, in good weather?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel 3 level blocks, on the sidewalk, when the weather is good?</td>
<td></td>
<td></td>
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<tr>
<td>If you are able to do this, how long does it take you?</td>
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<tr>
<td>Have you ever gotten lost when traveling alone?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid? (Please select the box which most closely your answer)

- [ ] I cannot travel alone
- [ ] Less than 1 block
- [ ] 3 blocks
- [ ] 6 blocks
- [ ] Curb in front of house
- [ ] 9 blocks
- [ ] More than 9 blocks
- [ ] Other:

Have you ever received training to learn how to use the bus or travel around the community?  

- [ ] Yes  
- [ ] No

If yes, which agency or person provided the training?  

When were you trained?

Did you successfully complete the training?  

- [ ] Yes  
- [ ] No  

If no, why not?

Was your training route specific?  

- [ ] Yes  
- [ ] No  

Which routes did you learn?

Would you like to participate in training to learn to ride the bus?  

- [ ] Yes  
- [ ] No

**PROFESSIONAL WRITTEN VERIFICATION OF DISABILITY**

In order to be eligible based on a disability, the Certification of Disability (last page) must be completed by a qualified individual from one of the organizations listed below that you are a person with a disability is required to participate in the Rural Transportation for Persons with Disabilities Program and the ADA program.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Vocational Rehabilitation (OVR)</td>
<td></td>
</tr>
<tr>
<td>Bureau of Blindness and Visual Services</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Disability Insurance (SSDI)</td>
<td></td>
</tr>
<tr>
<td>United Cerebral Palsy</td>
<td></td>
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<tr>
<td>PA Attendant Care Program</td>
<td></td>
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<tr>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>Community Services Program for Persons with Physical Disabilities</td>
<td></td>
</tr>
<tr>
<td>Registered Physical/Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Mental Health/Mental Retardation Program (MH-MR)</td>
<td></td>
</tr>
<tr>
<td>Center for Independent Living (CIL)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility and appropriate rabbittransit personnel. rabbittransit staff may need to talk to the applicant later to get more information.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  

- [ ] Yes  
- [ ] No  

If yes, which agency or person provided the training?  

When were you trained?

Did you successfully complete the training?  

- [ ] Yes  
- [ ] No  

If no, why not?

Was your training route specific?  

- [ ] Yes  
- [ ] No  

Which routes did you learn?

Would you like to participate in training to learn to ride the bus?  

- [ ] Yes  
- [ ] No
Certification of Disability Form
Reduced Fare Transportation Services
Transportation for Persons with Disabilities (PwD) and ADA 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 Transportation for Persons with Disabilities (PwD) program, which is being administered by the Pennsylvania Department of Transportation with services provided by Central Pennsylvania Transportation Authority. If you have any questions about the form, please call 717-846-RIDE (7433) or toll free at 1-800-632-9063.

Applicant Information to be completed by applicant (A completar por el solicitante):

Last Name: ____________________________________  First Name: _______________________________  M.I.:______________
Address (Street & No.): ________________________________________________________________________________________
City: ___________________________________________________  State: __________________  Zip Code: _______________
Telephone: Home: _______________________________  Work: ________________________  E-mail: _____________________
__________________________________________________________________________________________________________

Applicant or Applicant Representative signature  Date

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 (Hecho por profesional):

How many blocks can this person walked unassisted? (Circle One)   <1 block 1-2 blocks 2-3 blocks 6 blocks 9 blocks
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  _____ Guide/Service Dog  _____ White Cane
_____ Mental disability  _____ Requires Personal Assistant (nurse, health aide, etc.)
_____ Other — Please specify: ________________________________________________  _____ Requires Escort

Signature of Professional  Date

Title
Name of Agency or Organization

Address
Telephone

Please send completed form to: 
rabbittransit
415 Zarfoss Drive, York, Pa. 17404