Application for Veterans Transportation Services

Ecolane ID: ______

GENERAL / QUALIFYING QUESTIONS			
First Name:	Middle Name:	Last Name:	Phone:
Date of birth:	SSN:	Age:	Email:
Street:	City:	State:	Zip code:	County:
Emergency Contact Name:	Relationship:	Phone #:	

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	__ Statement of age from U.S. Soc Sec Office	
__ Photo motor vehicle driver's license	__ Passport/naturalization papers	__ Veteran's Universal Access ID Card	
__ Birth certificate (Maiden Name______	__ PACE ID Card	__ Baptismal certificate	__ Resident Alien Card

NEEDS ASSESSMENT					
Do you have a Pennsylvania medical assistance card? __ Yes __ No					
Do you have a disability according to the Americans w/ Disabilities Act (ADA)? **If yes, attach the *Certification of Disability Form***					
Please check any mobility devices that you use	___ Cane	___ Walker	___ Crutches	___ Guide Dog	___ Oxygen
___ Wheel Chair	___ Power Wheel Chair	___ Electric Scooter	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					

RELEASE OF INFORMATION and CERTIFICATION OF APPLICATION

By signing below I hereby agree to report any changes to this Service Provider regarding my eligibility for funding assistance. I understand that giving knowingly false statements is a criminal offense The information will be held by only the Service Provider and its agents in the strictest confidence and will not be shared with any other agency, except the professionals from which we are receiving the information.

Signature of person completing this form ____Date:_______________

PROFESSIONAL WRITTEN VERIFICATION OF DISABILITY- ONLY IF YOU ARE UNDER 65 YEARS OF AGE

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

Office of Vocational Rehabilitation (OVR)	*Bureau of Blindness and Visual Services*	*Registered Nurse*	
Disability Insurance (SSDI)	*United Cerebral Palsy*	*PA Attendant Care Program*	*Physician*
Community Services Program for Persons with Physical Disabilities	*Registered Physical/Occupational Therapist*		
Mental Health/Intellectual & Developmental Disability(MH-IDD)	*Center for Independent Living (CIL)*	*Other _________*	

Before you submit please check to see if you have included the following…	**___ Proof of Age**	**___Certificate of Disability**	**___Signed Application**