

**Application for Veterans Transportation Services**

# Ecolane ID:

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| **Section 1: 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 #: | | |

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| **Section 2: 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 |

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| **Section 3: 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 | | | | | | | | |

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| **Section 4: 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: \_ |

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| **Section 5: PROFESSIONAL WRITTEN VERIFICATION OF DISABILITY- ONLY IF YOU ARE UNDER 65 YEARS OF AGE** | | | | | |
| In order to be eligible based on a disability, we must receive a completed VA Certification of Disability Form (See Reverse side of this application). 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* |

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| **BEFORE YOU SUBMIT please check to see if you have included the following** | **Proof of Age (See Section 2)** | **Signed Application (See Section 4)** | **Certificate of Disability**  **(See Back Side of this Form)** |

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**VA Certification of Disability Form**

# This form is to be completed by a **professional** who is familiar with the applicant’s medical history. 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.

Dear Professional,

The applicant listed on the reverse side of this form 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.

**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):**

1. How many blocks can this person walked unassisted? (Circle One) <1 block 1-2 blocks 2-3 blocks 6 blocks 9 blocks
2. Is the applicant’s disability permanent? Yes No

(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

1. If not, how long is it expected to last?
2. What is the nature of the applicant’s disability? Check those that apply.

 Mobility disability (If you selected this box, please proceed to Question 5)

 Vision disability

 Hearing disability

 Cognitive disability

 Mental disability

 Other — Please specify:

1. Please check all mobility aids that apply.

Manual Wheelchair

Power Wheelchair

Crutches Cane

Motorized Wheelchair Walker

Guide/Service Dog White Cane

Requires Escort

Requires Personal Assistant (Nurse, health aid, etc.)

Signature of Professional Date

Title Name of Agency or Organization

Address Telephone

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