Application for Veterans Transportation Services

Ecolane ID: _____

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 #:			

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

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					

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:_____

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 _____*

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)**

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.)

3. If not, how long is it expected to last? _____

4. 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: _____

5. Please check all mobility aids that apply.

   _____ Manual Wheelchair _____ Crutches
   _____ Power Wheelchair _____ 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