



## Effective immediately:

All BeST Transit Persons completing Disability Transportation Program applications **must include** one of the following forms of identification.

- Armed Force discharge/Separation Papers
- Baptismal Certificate
- Birth Certificate
- Passport/Naturalization Papers
- Pennsylvania ID Card
- Resident Alien Card
- PACE Identification Card
- Photo Motor Vehicle Operator's License
- State of Age from U.S. Social Security Administration





**Eligibility and Registration Form  
Rural Transportation for Persons with Disabilities (PwD) Project**



◆ Reduced fare transportation service may be available to you if you are:

1. A person with a disability and
2. Under 65 years old 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:

**BeST Transit  
29800 Route 220  
Athens PA 18810**

◆ 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 Department  
**570-888-7330 or 1-800-242-3484**

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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a disability according to the Americans with Disabilities Act (ADA) definition below?

Yes       No

**Definition of Disability**

Eligibility for this program is based on disability as defined by the Americans with Disability 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 EMTA's Offices or at [www.EMTATransit.com](http://www.EMTATransit.com) . 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:

<b>Annual Income</b>	<b>Household Size</b>
<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	

**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 MATP 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

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 \_\_\_\_\_ 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**  
 Reduced Fare Transportation Services  
 Rural Transportation for Persons with Disabilities (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 the **EMTA** you have any questions about the form, please call **570-888-7330** or **1-800-242-3484**.

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

**Definition of Disability**

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





**THIS SECTION ( PAGES 8 & 9 ) MUST BE COMPLETED. THANK YOU.**

The information in this application shall be used strictly by BeST TRANSIT in determining the eligibility of **ADA Paratransit Service**, a Federal program for discounted door to door service. This information may be shared with your primary care physician to verify accuracy. BeST Transit provides fixed route services in Athens, Blossburg, Canton, Dushore, Lawrenceville, Mansfield, Monroeton, New Albany, Sayre, Towanda, Troy, Ulster, Wellsboro, Westfield, Wyalusing, Wysox and nearby communities. You may be eligible for ADA Paratransit service if you live or travel within  $\frac{3}{4}$  of a mile of fixed route bus stops.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please describe 1. The disability that restricts you from using the fixed route bus and 2. How this disability restricts you from riding the fixed route bus.

\_\_\_\_\_  
\_\_\_\_\_

Is this condition temporary? \_\_\_\_ YES \_\_\_\_ NO

If yes, what is the expected duration of this condition? \_\_\_\_\_

Do you live within  $\frac{3}{4}$  a mile of an existing BeST Fixed Route:  Yes  No  Not sure

Do you know that BEST TRANSIT fixed route buses are fully ADA compliant with wheelchair securement areas, preferential seating for the disabled?

Yes  No

Can you ride the regular fixed route bus on certain occasions?

Yes  No  Sometimes

If yes or sometimes, please specify when you can ride the fixed route bus:

Have you ridden the BEST TRANSIT fixed route bus within the last 4 weeks?

Yes  No

Can you wait at a bus stop for up to 10 minutes at a time?

Yes  No  Sometimes

If yes or sometimes, please specify when you can stand at a bus stop:

When traveling, do you require the assistance of any of the following (check all that apply.)

- Personal Care Attendant
- Manual or Electric Wheelchair
- Power Scooter
- Cane
- Service Animal
- Crutches
- Other

Can you travel, unassisted: (Check all that apply)

- 200 feet  6 blocks or about 1/2 a mile?
- 3 blocks or about 1/4 a mile?  9 blocks or about 3/4 a mile?

(Continued from Page 8)

**THIS SECTION ( PAGES 8 & 9 ) MUST BE COMPLETED. THANK YOU.**

Please list the name and phone number of your primary care physician OR the physician that can verify the information you have provided in this application.

**Physician's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

By signing this form, you understand that you are giving BEST TRANSIT and the independent physician group the ability to contact your primary care physician to verify any and all information on this application. You also understand that submission of an application does not guarantee ADA Paratransit eligibility. Any application that is not completed in full will be returned to the applicant.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If another person is completing this application on behalf of the individual requesting ADA Paratransit service, please provide:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# BeST Transit's ADA Paratransit Program (KEEP FOR YOUR RECORDS)

## Background:

The Americans with Disability Act of 1990 specifies that all transit authorities who offer Fixed Route services must make available Paratransit service to those individuals who cannot use the Fixed Route bus based on disability.

ADA Regulations strictly limit the use of ADA Paratransit Service to the following individuals: Any individual with a disability who is unable, as a result of a physical or mental impairment & without the assistance of another individual (except the operator of a wheelchair lift or other boarding device) to board, ride or disembark from any vehicle on the system which is readily accessible to and usable for individuals with disabilities. OR Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on the Fixed Route system.

To become qualified for ADA Paratransit Service you must complete an application (attached to this brochure) and submit the application to BEST TRANSIT for review. BEST TRANSIT will make a determination regarding your status for the ADA Paratransit Service. You will either be granted permanent status until age 65, yearly recertification status and temporary status or denied ADA Paratransit Service.

### **Federal Guidelines for ADA Paratransit Service:**

1. Once approved for ADA Paratransit Service, you can utilize the service at any time that the fixed route bus operates.
2. ADA Paratransit approved riders are permitted to have a personal care attendant (PCA) ride for free so long as the PCA boards and disembarks the bus with the rider. A note from a physician stating a PCA is medically necessary to accompany a passenger may be needed.
3. ADA Paratransit approved riders are permitted to have 1 guest ride with them. The guest must pay the ADA fare. PCA's are not considered guests.
4. ADA Paratransit approved riders can have more than one guest ride with them so long as there are available seats on the bus. BEST TRANSIT is not required to make accommodations for more than 1 PCA and 1 guest.

## FAQ regarding BEST TRANSIT's ADA Paratransit program

### **Q. Who is eligible for ADA Paratransit service?**

**A.** Any person under the age of 65 that lives or travels within  $\frac{3}{4}$  of one mile of the boundaries of the BEST TRANSIT Fixed Route network and cannot use the Fixed Route due to a physical or mental disability.

### **Q. How much does it cost to ride the ADA Paratransit Service?**

**A.** A. Federal law allows BEST Transit to charge twice the fixed route fare for persons who use the ADA Paratransit Service. The current one-way fare for an ADA trip is double the normal zoned fare. Persons need to call during normal business hours a minimum of one day before to schedule a Paratransit trip. In the event an ADA Paratransit trip is requested for a day following a weekend, observed holiday or other day in which the BeST offices are closed, the rider must call the business day ahead. BeST will then contact the rider to confirm the trip request on the next business day. All fares must be paid at time of boarding

### **Q. Where can I go on the ADA Paratransit Service?**

**A.** Once approved for ADA Paratransit Service, you can travel to any destination along the BEST TRANSIT fixed route. BEST TRANSIT cannot limit your usage of ADA Paratransit Service once you are approved.

### **Q. What if I need to go somewhere that the BEST TRANSIT fixed route bus does not go?**

**A.** Then you cannot use ADA Paratransit Service for that trip. You must either pay full fare or utilize the PWD program under the BeST TRANSIT guidelines.

### **Q. If I am determined to be ADA Paratransit eligible and I want to ride the fixed route bus instead, how much does it cost to ride the fixed route bus?**

**A.** BEST TRANSIT encourages **EVERYONE** to ride the fixed route bus. If you are determined to be ADA Paratransit eligible, you also qualify to ride the fixed route bus at the normal fixed-route fare.

### **Q. How do I schedule an ADA Paratransit trip?**

**A.** You must schedule your trip during normal business hours which are Monday – Friday between 8:00 AM – 4:00 PM. BEST TRANSIT cannot accept same day reservations. ADA law allows BEST TRANSIT to negotiate trip pick up and drop off times, but all trips must be provided within one hour of the initially requested time.

### **Q. Is there a penalty for not showing up or canceling my scheduled trip?**

**A.** YES. You must call BEST Transit within two hours of your scheduled pick up time to cancel your trip. Failure to do so may result in your trip being labeled as a "No-Show". Should a pattern of repeat no-shows be established within a time period of 90 days, BeST reserves the right to temporarily suspend riding privileges. BEST Transit will issue you a letter after the first, second and third no-show and provide written documentation regarding future no shows and/or a potential temporary suspension of service. All ADA riders will have an opportunity to appeal a temporary suspension by providing written documentation to BeST.

### **What is the process for determining if I am ADA Paratransit eligible?**

All information about ADA Paratransit Service is available in accessible formats including large print upon request.

**1.** You must complete the attached ADA Paratransit.

**2.** After BEST TRANSIT receives your completed application for ADA Paratransit Service, you are entitled to a decision from BEST TRANSIT within 21 days. Should you not receive a decision within 21 days, you can request and use ADA Paratransit Service until a decision is made.

**3.** BEST TRANSIT will review your application and submit a decision to you in writing regarding your ADA Paratransit status.

**4.** BEST TRANSIT may require recertification of the eligibility of ADA Paratransit eligible individuals at reasonable intervals.

**5.** BEST TRANSIT has an administrative appeal process through which individuals that are denied eligibility can obtain review of the denial.

That process is this: All appeals must be submitted to BEST TRANSIT in writing within 60 days of notice of decision. BEST TRANSIT may request a face to face meeting and/or forward the appeal to the BEST TRANSIT Board of Directors for consideration.