



lebanon transit

ADA PARATRANSIT APPLICATION

1. NAME: _____ DATE: _____

2. ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

3. HOME# _____ CELL # _____

4. BIRTHDATE: _____

5. LAST 4 DIGITS OF SOCIAL SECURITY #: _____

6. WHAT IS THE DISABILITY WHICH PREVENTS YOU FROM USING OUR
FIXED ROUTE SERVICES?

IS THE CONDITION TEMPORARY? ____ YES ____ NO

IF YES, EXPECTED DISABILITY UNTIL: _____

7. HOW DOES THIS DISABILITY PREVENT YOU FROM USING OUR FIXED
ROUTE SERVICES? PLEASE EXPLAIN COMPLETELY, USE
ADDITIONAL PAPER IF NECESSARY.

8. ARE THERE ANY OTHER EFFECTS OF YOUR DISABILITY WHICH WE
SHOULD BE MADE AWARE OF?

9. DO YOU USE ANY OF THE FOLLOWING AIDS FOR MOBILITY?

- CANE
- CRUTCHES
- SERVICE ANIMAL
- MANUAL WHEELCHAIR
- ELECTRIC WHEELCHAIR

10. DO YOU REQUIRE A PERSONAL CARE ATTENDANT WHEN YOUR TRAVEL USING TRANSIT? YES NO

11. PLEASE ANSWER THE FOLLOWING QUESTIONS.

CAN YOU TRAVEL 200 FEET WITHOUT ASSISTANCE? YES NO

CAN YOU TRAVEL 700 FEET WITHOUT ASSISTANCE? YES NO

CAN YOU TRAVEL ¼ MILE WITHOUT ASSISTANCE? YES NO

CAN YOU TRAVEL ¾ MILE WITHOUT ASSISTANCE? YES NO

CAN YOU CLIMB THREE 12 INCH STEPS WITHOUT ASSISTANCE? YES NO

12. I HERE CERTIFY THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNATURE

DATE

13. IF THIS APPICATION HAS BEEN COMPLETED BY SOMEONE OTHER THAN THE PERSON REQUESTING CERTIFICATION PLEASE PROVIDE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

14. THE ATTACHED MEDICAL RELEASE FORM MUST BE COMPLETED BY A LICENSED OR CERTIFIED HEALTH CARE PROFESSIONAL IN ORDER TO DETERMINE ELIGIBILITY FOR THE LT REDUCED FARE PROGRAM FOR PEOPLE WITH DIABILITIES.



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MEDICAL RELEASE FORM

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

I hereby authorize the Health Care Professional to release to the Lebanon Transit (LT) information about my disability.

Signature _____

Date _____

Health Care Professional info:

Name of Health Care Professional: _____

Phone: _____

Address: _____

City, State, Zip: _____

200 Willow St. Lebanon, PA 17046

Phone: (717)274-3664 Fax: (717)274-8860 Website: www.lebanontransit.org

Voter Registration Declination Form


NAME (Please print Last Name, First Name, Middle Initial)

If you are not registered to vote where you live now, would you like to apply to register to vote through this application process?

Yes

No or No, I am already registered to vote where I live now.

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

-
- Applying to register or declining to register to vote will not affect the amount of assistance that you are provided by  Lebanon Transit.
 - If you apply to register to vote, the office at which you submit this registration application form will remain confidential.
 - No Information relating to a declination to register to vote will be used for any purpose other than voter registration.
 - If you would like help filling out the voter registration application form, we can help you. The decision as to whether or not to seek or accept help is yours. You may fill this form out in private.
 - In order to be qualified to register to vote, you must be 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election, and you must not have been confined to a penal institution for a conviction of a felony within the last five years.
 - If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-800-552-8683.

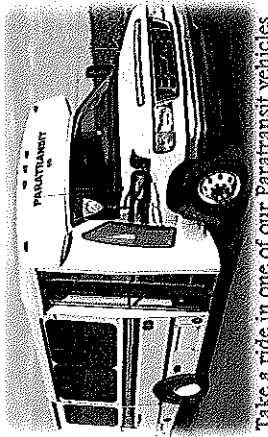
Signature

Date



The service is designed to take you places that you may be able to access utilizing public transit. LT services Lebanon County and portions of Dauphin County. Complimentary Paratransit cannot service an area not currently being serviced by Fixed Route.

To be eligible you must complete an ADA Application. This application allows us to verify your status and it also gives us important information so that we can schedule your trips once you have been approved. All information supplied is kept confidential. After receiving the application a form is forwarded to your physician or other professional confirming your disability. Once the application is approved you will receive a letter indicating your eligibility and any conditions that may apply. Determination is made within twenty-one (21) days. If you have been determined ineligible an Appeal Form will be forwarded to you. The Appeal must be submitted within sixty (60) days of receiving your determination. The appeal will be reviewed within ten (10) days of receipt. After eligibility has been determined you will be issued an ADA Identification Card.



Take a ride in one of our Paratransit vehicles

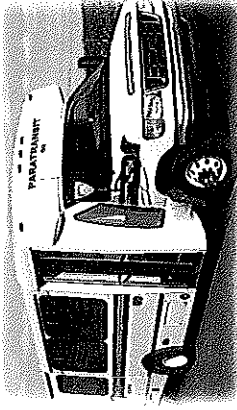
AMERICANS WITH DISABILITY ACT OF 1990

COMPLIMENTARY PARATRANSIT SERVICE

Lebanon Transit (LT) is here to help you get where you need to go. LT as well as other public transit systems across the nation have established the means to transport anyone, regardless of disability. This service is provided in compliance with the Americans with Disabilities Act of 1990 (ADA).

LT will provide service to anyone eligible for ADA Complimentary Paratransit services. To be eligible for ADA Complimentary Paratransit your origination and destination must be within 3/4 of a mile of the Fixed Route bus service.

**Complimentary
ADA
Paratransit**



200 WILLOW ST
LEBANON, PA 17046
Telephone: (717)274-3664
Fax: (717)274-8860
www.lebanontransit.org

LT es un empleador que provee igualdad de oportunidad de empleo. LT es un lugar de empleo libre de drogas.

Service Area

The service area is the same as LT's Fixed Route service, and follows the 3/4 mile corridor along the fixed route, (excluding commuter service).

Days and Hours of Service

The days and hours of service are the same as Fixed Route service and are as follows:

Monday- Friday
6:00 AM- 11:35 PM
Saturday
7:30 AM- 11:35 PM

Reservation Information

To use the service after you are approved simply call LT at 717.274.3514 by 4:00 PM, Monday – Friday, no later than the day prior to your request for service. If calling for Monday service, call 717.274.9467 on Sunday no later than 4:00 PM. Leave your name, address, destination and required pick up time. Appointments called in on Sunday by 4:00 PM will be scheduled for pick up.

How to Cancel a Reservation

If you need to cancel a reservation, call 717.274.3514, at least one (1) hour before your scheduled pick up time.

Holidays

Service is not offered on Sundays or on the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.



Paratransit vehicles are Handicap accessible.

Fare Information

The fare is twice (2x) the regular Fixed Route fare and is as follows:

\$ 3.00 Lebanon City Fare Each Way
\$ 3.50 Lebanon City with Transfer Each Way
\$ 4.00 Outside Lebanon City Each Way
\$ 4.50 Outside Lebanon City with Transfer Each Way

Pick-up/Drop off Window

LT's service, like many similar services, operates on the basis of a "window" for pick-ups, defined as 15 minutes before or after the scheduled pick-up time. This means the passenger must be ready 15 minutes before the scheduled pick-up time.

Personal Care Attendant

A Personal Care Attendant (PCA) is permitted to travel with the passenger at no charge. A companion is charged the same fare as the ADA passenger. Additional companions may ride on a "space available" basis.

Respirator Use

Riders in need of respirators shall be permitted to bring concentrators and/or portable oxygen on the vehicles.

Visitor Policy

LT will honor all requests for service from visitors who have received and present ADA documentation from another jurisdiction. If not available, visitor may present documentation of his/her place of residence and if the disability is not apparent, his/her disability. LT will provide this service for no more than twenty-one (21) days in any 365 day period. Visitors may apply for eligibility in order to receive service in excess of the days referenced above.

Origin to Destination Service

LT provides origin to destination service (commonly referred to as door to door), upon request.

Excessive No-Show

No-shows are considered excessive when a customer reserves four or more trips within any month and no-shows 25 percent or more of those scheduled trips. This will be considered a *pattern* or *practice* of no-shows and the customer will be sent written notification that he/she has violated the No-Show Policy and is subject to suspension.

If you are not eligible for ADA

Complimentary Paratransit, LT offers many other transportation solutions. Call 717. 274.3664 Monday – Friday between 8:00 A.M. and 4:00 P.M. for information.