All pages of this application must be completed and returned in order to determined eligibility.

lebanon transit

Eligibility and Registration Form
Rural Transportation for Persons with Disabilities
(PWD) Program

- Reduced fare transportation may be available to you if you are:
  1. A person with a disability and
  2. Age 18-64 and
  3. Need accessible public transit beyond ADA complementary Paratransit services.
- If you would like to participate in this program, please complete this form and send it with a copy of one of the documents listed in Part 2. Mail to:

Lebanon Transit
ATTN: PWD Program
200 Willow Street Lebanon, Pa 17046

- Once your application is received and reviewed you will be notified of your eligibility to participate

- If you have any questions about this program, this form, or need this form in an alternate format, (large print) please call 717-274-3664 or for TTY/TDD please call 1-800-654-5984

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 program. 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 assessing the program for future recommendations.
PLEASE PRINT CLEARLY.

PART 1: GENERAL INFORMATION

Date of Application: _____

Last Name: _____ First Name: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone # Home: _____Work/ Mobile # _____

Date of Birth: _____ Social Security #: _____

Please provide physical address if different from mailing address:

_____

Please provide clear instruction to your home (mandatory)

_____

_____

_____

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 PWD Program.

1. If you have a 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 LT. 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 LT.
Please check the organization or individual whose written verification you are submitting with your application form.

___ Office of Vocational Rehabilitation (OVR)

___ Social Security Insurance (SSI) and Disability Insurance (SSDI)

___ Bureau of Blindness and Visual Services

___ Center of Independent Living (CIL)

___ Mental Health/Mental Retardation Program

___ United Cerebral Palsy

___ Registered Physical/Occupational Therapist

___ Physician

___ Registered Nurse

___ PA Attendant Care Program

___ Community Services Program for person with Physical Disabilities

___ Other: _____

2. If you do not have written verification of a disability:

Please fill out the Certification of Disability Form attached to this form. 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.

Annual Income
___ $0-$29,425.00
___ $29,425.01-$39,825.00
___ $39,825.01-$50,225.00
___ $50,225.01-$60,625.00
___ $60,625.01-$71,025.00
___ $71,025.01-$81,425.00
___ $81,425.01-$91,825.00
___ $91,825.01-$102,225.00

Household Size
___ 1
___ 2
___ 3
___ 4
___ 5
___ 6
___ 7
___ 8

PART 4: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the PwD program 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 check all that apply from the following list:

___ Senior Citizens Shared-Ride Transportation Program
___ Area Agency on Aging
___ Americans with Disability Complementary Para-Transit
___ Mental Health/Mental Retardation (OVR)
___ Group home where you live
___ Other (please specify) _____

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 Lebanon County Assistance Office
___ I was referred to the CAO 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 all 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
___ Electric Wheelchair
___ Motorized Scooter
___ Crutches
___ Cane
___ Walker

5. Do you require the services of a personal care attendant or escort when you travel?*
*Note-PWD program does not provide funding for PCA, escort or companion to travel with client.

___ Yes
___ No
___ Sometimes

Please describe when you need assistance:
_____
_____
_____

6. Emergency Contact

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 CERTIFICATION OF THE APPLICATION FORM

I give my permission to LT 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 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 the Person Who Completed This Form Date

If someone other than the applicant completed this form, please complete the following:

Print Name: _____

Relationship to applicant: _____

Telephone number: _____

Medical Assistance Transportation Program-Eligibility Guidelines

In keeping with the maintenance of effort policy of the PWD Program, transportation providers and their subcontractors, if appropriate, are required to refer Medical Assistance Transportation Program (MATP) eligible clients to that program for funding for their medical trips.

The County Assistance Office (CAO) provides individuals who are eligible for MA with an ACCESS card. Eligibility for MA and MATP is confirmed through the Department of Public Welfare's computerized Eligibility Verification System or EVS. All MATP providers are required to verify a client's MATP eligibility through EVS, which can be accessed by telephone, a point of sale device, or through an EVS provided computer disk. MATP eligibility verification information must be recorded.

If a transit provider is not the MATP coordinator, then the transit provider must request the MATP coordinator to check on a client's eligibility status through the EVS or the client must be referred to the CAO for an assessment of MA eligibility. The transit provider must notify the client of his/her referral to the CAO prior to making the actual referral.

Clients of the PWD Program, whose incomes indicate a possible eligibility for MA, must be referred to the CAO for a determination of eligibility for MA and other programs. A client who is determined eligible for MA is also eligible for the MATP. PWD providers must then refer them to the MATP for funding of their medical trips. Clients must also receive notification of the CAO referral in advance.

Documentation of Disabilities

The transit provider must obtain documentation of the disability as identified by the applicant.

All agencies should accept the eligibility determinations and documentation that have been prepared by organizations and programs that interact with the disability community. Examples of these agencies and programs include the following:

- Social Security Administration's SSI and SSDI eligibility determinations and supporting documentation such as a SSDI card.
- Office of Vocational Rehabilitation's (OVR) establishment of a mental or physical disability through its Comprehensive Medical Examination.
- Attendant Care Program qualifying disability: any medically determinable physical impairment that can be expected to last for a continuous period of not less than 12 months.
- A qualifying disability through the Community Services Program for Persons with a Physical Disability. A medically determinable condition, excluding primary diagnoses of mental retardation or mental illness, expected to continue indefinitely; and resulting in at least three of the following six substantial functional limitations: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living.
- The Certification of Disability form, which is **Attachment F**, provides verification that an applicant has a disability according to the definition in the Americans with Disabilities Act. If there is no organization available to provide the disability documentation, then the transit provider will use this form to acquire the necessary information for determining eligibility from a qualified medical provider.

Attachment A

Three Categories of Disabilities

Rural Transportation for Persons with Disabilities (PWD) Program

Disabilities are described in the following three categories:

1) <u>Mental impairment, including development disabilities</u>

a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
b. Is likely to continue indefinitely;
c. Results in substantial functional limitations in any of the following area of major life activities, self-direction, learning, mobility, economic self-sufficiency, self-care, capacity for independent living and receptive and expressive language;
d. Causes the substantial diminished level of functioning in the primary aspects of daily living and inability to cope with the ordinary demands of life, attention impairment, cognition impairment, language impairment, memory impairment, conduct disorder or motor disorder.

2) <u>Physical impairment</u>

a. Persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities and affects one or more of the following body systems: anatomical, musculoskeletal, neurological, respiratory including speech organs, cardiovascular, reproductive, digestive, gentio-urinary, hemic and lymphatic, skin and endocrine;
b. The term physical impairment includes but is not limited to such contagious or non-contagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease and tuberculosis.

3) <u>Major life activities</u>

a. Activities relating to the performance of self-care and engaging in leisure or play activities; Self-care includes grooming, mobility, object manipulation, and ambulation;
b. Activities relating to the ability to walks, see, hear, breathe, or communicate;
c. Activities relating to moving about in ones community for purposes that include accessing and participating in vocational, educational, recreational and social activities in the community with other members of the community.

Attachment F

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 PwD Program, which is being administered by the Pennsylvania Department of Transportation with services provided by the County of Lebanon Transit Authority. If you have any questions about the form, please call (717)274-3664.

Applicant information (to be completed by applicant):

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____Zip Code: _____

Telephone Home: _____Work/Cell _____E-mail: _____

SIGNATURE OF APPLICANT **X_____**

<u>This area is to be completed by a Professional who is familiar with the applicant's disability.</u>

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 last for 12 months or longer.)
If not, how long is it expected to last? _____

Please check all that apply**.**

What is the nature of the applicant's disability?
___ Mobility disability (see question to the right)
___ Vision Disability
___ Hearing Disability
___ Cognitive Disability
___ Mental Disability
___ Other-Please specify: _____

Please check all mobility aids that apply:
___ Manual Wheelchair
___ Electric Wheelchair
___ Motorized Scooter
___ Crutches
___ Cane
___ Walker

_____
Signature of Professional Title Date

_____
Printed name of Professional Name of Agency or Organization

_____
Address Telephone #

Please send completed form to: Lebanon Transit 200 Willow St Lebanon, PA 17046

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Attachment
G

250% of FGIP 2026 Federal Poverty Income Guidelines

Family Size	Monthly Limit	Annual Limit
1	$3,325	$39,900
2	$4,509	$54,100
3	$5,692	$68,300
4	$6,875	$82,500
5	$8,059	$96,700
6	$9,242	$110,900
7	$10,425	$125,100
8	$11,609	$139,300
Each Additional	$1,184	$14,200

Eligibility and Registration Form-Supporting Information

THE FOLLOWING FORMS ARE FOR INFORMATIONAL PURPOSE ONLY. ATTACHMENT B SHOULD BE USED IF THE APPLICATION DOES NOT HAVE WRITTEN VERIFICATION OF DISABILITY.

Medical Assistance Transportation Program (MATP) Eligibility Information

Documentation of Disabilities

Three Categories of Disabilities-Attachment A

1) Mental impairment, including development disabilities
2) Physical impairment
3) Major life activities

Forms Used for Determining Disability

4) Attachment F: Certification of Disability Form. To be used if an applicant has no written documentation of his/her disability.
5) Attachment G: Federal Poverty Income Guidelines

Note: As stated in Part 2, **if you have no other existing form of written verification,** the Attachment F: the PwD Program Certification of Disability form can also be used to verify that you have a disability. This form is to be returned to the Lebanon Transit. Please contact LT if there are questions.

Lebanon Transit
Referral for Services
Authorization for Use or Disclosure of Personal Information

1. **I hereby authorize Lebanon Transit to obtain information pertaining to**:

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

_____Telephone#: _____

2. **Reason for disclosure**: To qualify for Medical Assistance and/or other benefits available through the Pennsylvania Department of Public Welfare.
3. One application has been made at the Lebanon County Assistance Office; the date of the application will be disclosed by Lebanon County Assistance Office to:

Lebanon Transit
Date of DWP Benefits Application: _____

4. **I understand that**:

This authorization may be revoked at any time by writing to Lebanon Transit, except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosures.
The Department and its health and human services programs will not condition treatment, payment, enrollment or eligibility on the provision of authorization.
Information disclosed pursuant to this authorization may be subject to re-disclosure by the individual/organizations identified and is no longer protected by federal privacy regulations.
The Department, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
I may refuse to sign this authorization; I understand that refusal may limit the availability of medical transportation benefits, which includes transportation services from the Lebanon Transit.

This authorization applies only to the extent and for reasons named above. It does not apply to any other agency, organization or reason other than that named above.

_____
Signature of Individual or Personal Representative Date

_____
If Personal Representative, State relationship to Individual

_____
Signature of Witness (necessary only if individual is unable to sign) Date

LEBANON TRANSIT
PERSONS WITH DISABILITY
SHARED RIDE 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 State have established the means to transport anyone, regardless of disability.
In order to qualify for the PWD program you must have a verifiable disability; are 18-64 years of age; need transportation to or from an area that is not currently served by a public fixed route bus.
To be eligible for the Persons with Disability (PWD) program, your origin or destination must be outside ¾ miles of a Fixed Route bus stop. The service is designed to take you to or from an area that is not currently served by public fixed route bus transportation and ADA complementary paratransit services. LT only services Lebanon County. Once the application is approved you will receive a letter indicating your eligibility and any conditions that apply. Determination takes up to twenty-one (21) days.
The 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.
Attachment F in the application must be completed by a professional who is familiar with the disability or you must attach a copy of the Notice of Award from Social Security. The Referral for Services will determine if the person is eligible for medical trips. All information supplied to us is kept confidential.
If you have been determined ineligible, an Appeal Form will be forwarded to you. The Appeal Form must be submitted within sixty (60) days of receiving your determination. The appeal will be reviewed within ten (10) days of receipt. The Appeal form and all other pertinent information is forwarded to an independent party who make the final determination.

Days and Hours of Service
Monday – Friday 8:00 AM – 3:30 PM

HERSHEY SCHEDULE
Starting September 4, 2018
Monday - Friday

DEPART LEBANON	HOPE DRIVE	UNIVERSITY PHYSICIAN CENTER	HERSHEY MEDICAL CENTER	HMC REHAB OLD WEST CHOCOLATE AVE	ARRIVE IN LEBANON
8:00AM	9:15AM	9:25AM	9:30AM	9:40AM	10:30AM
10:45AM	12:00PM	12:10PM	12:15PM	12:25PM	1:15PM

DEPART LEBANON	HMC REHAB OLD WEST CHOCOLATE AVE	HERSHEY MEDICAL CENTER	UNIVERSITY PHYSICIAN CENTER	HOPE DRIVE	ARRIVE IN LEBANON
2:15PM	3:00PM	3:10PM	3:20PM	3:30PM	4:15PM

No Saturday or Sunday Service

Reservation Information
To use the service after you have been approved simply call LT at 717.274.3514 by 2:00 PM,
Monday – Friday, no later than the day prior to your request for service.

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 Saturdays and Sundays or on the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.

Fare Information
0-5 Miles $3.60
5+ Miles $4.50
10+ Miles $4.95
Fare is based on a one way trip.

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Pick-up/Drop off Window
LT's service, like many similar services, operates on the basis of a "window" for pick-up, defined as 15 minutes before or after the scheduled pick–up time. This means the rider must be ready 15 minutes before the scheduled pick-up time. A trip is defined as on time if the driver arrives within 15 minutes of the scheduled time.

Personal Care Attendant
The PWD program does not fund a Personal Care Attendant (PCA) or Companion.
A PCA or Companion is permitted to travel with the client and must pay the Full Fare rate. Additional companions may ride at Full Fare Rate on a "space available" basis.

Visitor Policy
Visitors may complete the eligibility/registration package to use the discounted service. If determined eligible, the visitor(s) may make trip reservations, use the service and receive the PWD discounted fares in accordance with the PWD service in Lebanon County.

Origin to Destination Service
LT provides origin-to-destination service (Commonly referred to as "curb to curb").
Call 717.274.3664 Monday – Friday 8:00 AM till 4:00 PM for information.