

Carbon County Community Transit Application

Part 1	Information about you. Please print or type the following information:				
Last Name:	First Name:	Middle Initial:			
Address:					
City:		State:	Postal Code:		
Township:	Date of Birth:	Social Security Number:			
Please submit a photocopy of one of the following proof of age documents: driver's license, PACE card, birth certificate, baptismal certificate, passport or naturalization papers, military discharge or separation papers, letter from Social Security office with date of birth listed, or a State-Issued ID card.					
Telephone Number:	Emergency Contact:	Emergency Contact Phone:			
CCCT provides service to those who are prevented from using the regular fixed route service due to a physical or mental disability. Please describe your disability:					
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>					
Do you use any of the following:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Service Animal <input type="checkbox"/> Oxygen </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Leg Brace <input type="checkbox"/> Personal Care Attendant </td> </tr> </table>				<input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Service Animal <input type="checkbox"/> Oxygen	<input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Leg Brace <input type="checkbox"/> Personal Care Attendant
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Service Animal <input type="checkbox"/> Oxygen	<input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Leg Brace <input type="checkbox"/> Personal Care Attendant				
If you use a wheelchair, can you transfer?		Do you have an ACCESS card?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have an ACCESS card from the Department of Public Welfare, you must complete Part A on the next page and have a Medical Professional complete Part B. Remember to include a copy of your ACCESS card with your application					
I hereby certify that to the best of my knowledge the information given above is correct:					
Applicant's Signature:		Date:			

Part A:			To be completed by physician, health or rehabilitation professional.		
The following (check one) <input type="checkbox"/> Physician, <input type="checkbox"/> Health Care, or <input type="checkbox"/> Rehabilitation Professional, is familiar with my disability and is authorized to provide information to complete this certification.					
Name of Professional:					
Address:					
City:		State:		Postal Code:	
Telephone Number:					
Federal law requires that those whose physical or mental impairment prevents them from using available fixed route services, be provided with alternative door-to-door transportation. "Distance" and "inconvenience" are not the basis of eligibility, but rather the person's functional inability to use regular transit service for those living in the ADA area (3/4 mile from fixed route bus stop)					
Part B:			To be completed by a physician, health care, or rehabilitation professional:		
<p style="text-align: center;">Is the applicant's condition temporary? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expected duration until</i> _____ / _____ / _____</p> <p style="text-align: center;">What is the condition/diagnosis of the applicant?</p> <hr/> <hr/> <hr/>					
<p style="text-align: center;">Are there any other effects of the disability of which the drivers should be aware in order to properly provide transportation service? Please describe:</p> <hr/> <hr/> <hr/>					
<p style="text-align: center;">Does this person require an escort (not provided by CCCT)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i> _____</p>					
<p style="text-align: center;">Is the person able to:</p> <ul style="list-style-type: none"> - Give addresses and telephone numbers upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">- Recognize a destination or landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">- Manage unexpected situations/changes in routine? <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">- Ask for, understand and follow directions? <input type="checkbox"/> Yes <input type="checkbox"/> No - Safely/effectively travel through crowded/complex facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
Signature			Date:		