



**Application for LANtaVan Shared Ride Paratransit Services
(MATP, Persons with Disabilities (PwD), ADA, Senior Shared Ride 65+, Public Full Fare)**

1. LANtaVan is not a free service. Transportation services may be available at a reduced rate if you meet any of the following criteria:
 - Currently on Medical Assistance through the Pennsylvania Department of Human Services;
 - A person with a disability and aged 12-64;
 - A person who lives along the fixed route, but due to a disability is unable to access it;
 - Aged 65 or older.
2. If you would like to apply, please complete this form and send it (original or legible scanned copy, no faxes accepted) with a legible copy of the required proof of age document to the address below:

LANTA
1060 Lehigh Street
Allentown, PA 18103
Attention: LANtaVan Applications
LANtaVanApps@lantabus-pa.gov

Important

- All applicants must complete Parts 1, 4, 5, 6, 7 and 8.
 - If you have Medical Assistance through the Pennsylvania Department of Human Services, please complete Part 2.
 - If you have a disability, please complete Part 3. If you are between the ages of 12-64, you will be required to complete an in-person physical and/or cognitive assessment. This assessment will be scheduled after your application is reviewed.
 - You must include a proof of age with the application.
3. Once your application is received and reviewed, and the in-person physical and/or cognitive assessment (if applicable) is completed and reviewed, you will be notified, by mail, of your eligibility to participate.
 4. If you have any questions about this application or need this form in an alternate format, please call:
LANtaVan Customer Service at (610) 432-3200

Note: The information provided in this application regarding your age, disability, and county of residence will be used to determine your eligibility for shared ride paratransit transportation services under the Persons with Disabilities and Senior Shared Ride programs.

Other information within the application will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and to provide you with the appropriate referral service (MATP, ADA).

This information will be kept confidential and used only by the professionals involved in evaluating your eligibility.

Ecolane ID # _____
Office Use Only

**** PLEASE PRINT ****

PART 1: GENERAL/QUALIFYING QUESTIONS

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

Address (Street and Number): _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Gender: _____

Telephone: Home (____) _____ Cell (____) _____ Work (____) _____

E-Mail: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Acceptable proof of age documents (one required). Please send a legible photocopy of your proof of age along with this application. A Medicare card is not an acceptable proof of age.

- | | |
|---|---|
| 1) Armed forces discharge/separation papers | 6) Passport/naturalization papers |
| 2) Baptismal certificate | 7) Pennsylvania ID card (issued by DMV) |
| 3) Birth certificate | 8) Photo motor vehicle driver's license |
| 4) PACE ID Card | 9) Veteran's Universal Access ID Card (date of birth must be on the card) |
| 5) Resident Alien Card | 10) Statement of age from U.S. Social Security Administration |

Emergency Contact

Name: _____

Relationship: _____

Telephone: _____

Is there anything else you would like us to know so we can serve you better? Yes _____ No _____

If YES, please describe: _____

Mobility Device

Please check mobility device (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Motorized wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> 3 wheeled scooter | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> 4 wheeled scooter | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Guide dog/service animal | <input type="checkbox"/> Leg braces |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Personal care attendant (please complete certification below) | |

Other: _____

Brand name: _____

Personal Care Attendant Certification

LANtaVan does not provide personal care attendants (PCAs). If you require a PCA, you must provide your own and the PCA will ride for free whenever you need them to travel with you.

I certify that I need the services of a PCA to make independent travel possible. A PCA is someone, aged 12 or older, employed specifically to assist me with the completion of at least one daily life activity (as defined in Part 3) on a regular basis.

I will need a PCA (check one): permanently temporarily occasionally

Please describe the assistance to be provided by the PCA: _____

If temporarily, please list the start and end dates when you will need the PCA: _____

If occasionally, provide the circumstances under which you will need the PCA: _____

PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION

The **Medical Assistance Transportation Program**, also known as **MATP**, provides transportation to eligible medical appointments for Medical Assistance recipients who do not have transportation available to them. LANtaVan will determine which type of transportation is the least expensive to provide while still meeting their needs.

Your 10 digit MATP issued recipient number is required. _____

I am requesting (check one):

- _____ Car mileage reimbursement (skip to page 11)
- _____ Fixed route bus service reimbursement (skip to page 11)
- _____ LANtaVan shared ride paratransit services

Do you have a vehicle in the household? Yes _____ No _____ Explain: _____

** I hereby certify, that, to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to this Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Human Services hearing. This affirmation statement covers all attachments required for the determination of eligibility.

** I am authorizing that, in the event that the Service Provider must verify information regarding my trips from medical providers to which I am traveling, in order to comply with the Pennsylvania Department of Human Services regulations, you have my permission to do so. 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: _____ **Date:** _____

*******FOR OFFICE USE ONLY*******

Date of Service: _____

EVS CHECKED and ATTACHED

Health Care Benefit Code: _____

Mode Key: **P**=PUBLIC TRANSIT **S**= SHARED RIDE **A**=PRIVATE AUTO **V**=VOLUNTEER **O**=OTHER (See Svc. Notes)

MATP Funding Status: **GROUP 1** **GROUP 2** (D-00, D-05, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TD-11, TB-00)

Eligibility Status: **ELIGIBLE** **INELIGIBLE**

PART 3: ADA TRANSPORTATION PROGRAM

For individuals with disabilities who are unable to ride fixed route bus service, the ADA requires that paratransit services be provided at a level of service comparable to the fixed route system. Not all people with disabilities are eligible for ADA complementary paratransit services. Only those who are unable to access their fixed route system are eligible.

Paratransit services must be offered on the same days and same times fixed route service is offered. Paratransit must serve all areas within a corridor which extends 3/4 of a mile on each side of each route served by the fixed route system.

DESCRIPTION OF DISABILITY

Eligibility for the program is based on disability as defined by the Americans with Disabilities Act (ADA). An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. Major life activities mean function such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and work.

Please answer the following questions:

- What is the nature of your disability? Check all that apply.

___ Mobility disability

___ Cognitive disability

___ Mental disability

___ Visual disability

___ Hearing disability

___ Other (please specify) _____

- What is the disability that prevents you from using the fixed route bus service? _____

-
- Is the disability permanent? Yes _____ No _____
(The standard definition of a permanent disability is one that lasts for 12 months or longer.)

If no, how long do you expect to have a disability? _____

- Does your disability change from day to day? Yes _____ No _____

If yes, please describe. _____

- Does the weather affect your disability? Yes _____ No _____

If yes, please describe. _____

ADA FUNCTIONAL ASSESSMENT

The term "fixed route bus service" in this section refers to LANTA's network of bus routes which operate on a fixed alignment on a publicly published schedule. Passengers board and deboard at established bus stops.

Do you ever use fixed route bus services? Yes No Sometimes

Which bus routes do you use? _____

When was the last time you independently used fixed route bus services? _____

Have you used fixed route bus services in the past year? Yes No Sometimes

If you use the fixed route bus, do you need the assistance of another person to travel independently? (Check one)
 Always Sometimes Never

If always or sometimes, please describe the assistance provided by that person: _____

Which fixed route bus routes serve your neighborhood? _____

What is the fixed route bus stop closest to your home? Please give the location (for example, Corner of Fifth and Chew) _____

Can you get to this fixed route bus stop by yourself? Yes No Sometimes

Please explain if no: _____

Can you cross the street by yourself? Yes No Sometimes

Please explain if no: _____

If you have used the fixed route bus services and stopped, please explain. _____

What is it about riding a fixed route bus that is the most difficult for you? (Example: The bus moves before I am seated). Please list all difficulties you have. _____

Please read the following statements and check those that best describe what you believe is your ability to use fixed route bus transportation by yourself. Please check all that apply.

- I use fixed route bus service frequently.
 - I can use the fixed route bus sometimes, if the conditions are right.
 - I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the fixed route bus.
 - I believe I could learn to ride the fixed route bus, if someone taught me.
 - I have difficulty or cannot climb stairs and can only board a fixed route bus if it has a lift.
 - I have a visual disability that prevents me from ever getting to and from the fixed route bus, even with training.
 - The severity of my disability can change from day to day. I can ride the fixed route bus only when I am feeling well.
 - I can never use the fixed route bus by myself.
 - I can get to and from the fixed route bus stop if the distance is not too great, and the route is barrier-free.
 - There is no fixed route bus service in my area. I am not really sure if I can use the fixed route bus.
 - My disability makes it impossible to walk to and from the fixed route bus, even in good weather.
 - I do not want to ride the fixed route bus.
 - I am not able to use the fixed route bus for other reasons: Please explain:
-
-

For each below question, circle one answer. Your answers should be based on: how you feel most of the time; under normal circumstances; using your mobility equipment; and whether you can perform this activity independently.

Without the help of someone else, can you:

1. Walk up and down three steps if there are handrails on both sides?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------
2. Use the telephone to get information?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------
3. Travel one level block on the sidewalk when the weather is good?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------
4. If you are able to do this, how long does it take you?

Less than 5 min	5 – 10 min	More than 10 min.	Not sure
-----------------	------------	-------------------	----------
5. Cross the street, if there are curb cuts?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------
6. Ride up and down a wheelchair lift with handrails on both sides?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------
7. Travel three level blocks, on the sidewalk, when the weather is good?

Always	Sometimes	Never	Not sure
--------	-----------	-------	----------

8. If you are able to do this, how long does it take you?
Less than 5 min 5 – 10 min More than 10 min. Not sure

9. Wait 10 minutes in good weather outdoors without a place to sit?
Always Sometimes Never Not sure

10. Step on and off the curb from a sidewalk?
Always Sometimes Never Not sure

11. Travel up or down a gradual hill on the sidewalk, if the weather is good?
Always Sometimes Never Not sure

12. Find your own way to the fixed route bus stop, if someone shows you the way once?
Always Sometimes Never Not sure

13. Currently travel by yourself?
Always Sometimes Never Not sure

14. Have you ever gotten lost when traveling alone?
Yes No, I never travel outside alone No, I've never gotten lost

15. If yes, were you able to find your way back?
Yes Yes, with help No

16. If you weren't able to find your way back, what did you do?

17. If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid? (Please check one.)

- I can't travel outdoors alone at all
- Less than 1 block Curb in front of my house
- 3 blocks 6 blocks
- 9 blocks More than 9 blocks
- Not sure Other (explain) _____

Please tell us anything else you would like us to know about your travel challenges and your ability to use the fixed route bus services.

The questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.

	Agree	Disagree	Not Sure
The fixed route bus system is too complicated for me to figure out.	1	2	3
I've heard really good stories about the fixed route bus service from other people.	1	2	3
I'm not interested in fixed route bus service for my transportation.	1	2	3
I have to have a seat on the fixed route bus, and I'm afraid I won't get one.	1	2	3
Everyone on the fixed route bus will be inconvenienced since it takes me longer to get on. People will get angry.	1	2	3
Riding the fixed route bus makes me more vulnerable to crime.	1	2	3
I think my neighborhood has good fixed route bus service.	1	2	3
I'm afraid I'll get off at the wrong stop.	1	2	3
Arriving at my destination on time is not very important to me.	1	2	3
The fixed route service has cheaper fares than paratransit service. Paying less is an incentive for me to ride the fixed route bus.	1	2	3
Taking my trips by fixed route bus would take too long.	1	2	3
I need help with wheelchair securements and I don't think fixed route bus drivers will help.	1	2	3
I'd have to get up earlier in the morning to use the fixed route bus, which would be a problem.	1	2	3
Lifts on the fixed route buses break often. I don't think the service is reliable.	1	2	3
If the fixed route bus moves before I'm seated, I might fall.	1	2	3

HOME ENVIRONMENT

• How many steps are there at the entrance you use at your residence? _____

• Can you get to a vehicle without the help of another person? _____ Yes _____ No

If no, why not? _____

• How would you describe the terrain where you live? (Example: steep hill, flat, long gradual hill, etc.)

• Are there sidewalks in your neighborhood? _____ Yes _____ No

CURRENT TRAVEL

• List your most frequent destinations and how you get there now:
Destination Address How often do you go there? How do you get there?

TRAVEL/MOBILITY TRAINING

• Have you ever received training to learn how to use the bus or travel around the community?
_____ Yes _____ No

If yes, which agency or person provided the training? _____

• When were you in training? _____

• Did you successfully complete training? _____ Yes _____ No

If no, why not? _____

• Was your training route specific? _____ Yes _____ No

If yes, which routes did you learn? _____

• Would you like to participate in training to learn to ride the bus? _____ Yes _____ No

PART 4: DEMOGRAPHIC INFORMATION

This information is required for reporting purposes.

Ethnic Information:

White African American American Indian/Alaskan Native
 Hispanic Origin Asian American/Pacific Islander

Yearly Income (please circle one):

For a 1 Member Household Above \$10,830 Below \$10,830
For a 2 Member Household Above \$14,570 Below \$14,570

Other Information:

Do you live alone? Yes No

Are you frail or functionally disabled? Yes No

Do you have adequate housing? Yes No

Please describe any effects of a disability of which we need to be aware: _____

PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the Persons with Disabilities Program are not to be provided in place of any current transportation services that you already receive.

Do you now receive any transportation services or are any of your transportation costs paid for by another program or organization? Yes No

Please check all that apply:

- Senior Citizens Shared Ride Transportation Program
- Area Agency on Aging
- Medical Assistance Transportation Program
- Americans with Disabilities Act Complementary Paratransit
- Mental Health/Mental Retardation (MH/IDD)
- Office of Vocational Rehabilitation (OVR)
- Training/employment program
- Group home where you live
- Other: _____

PART 6: INCOME AND HOUSEHOLD RELATED DATA

If you are NOT registered for the Medical Assistance Transportation Program (MATP), you may qualify, and this program could pay all of the cost for your eligible trips to medical appointments.

Please read the table below and complete the following. If you think you qualify, please contact us for more information.

You must check 1 of the lines below.

_____ I am already registered with MATP

_____ I have read the table below and think I may qualify for MATP

_____ I have read the table below and DO NOT think I qualify for MATP

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 2015 POVERTY GUIDELINES

Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$11,670	\$12,837	\$14,588	\$17,505	\$20,423	\$21,590	\$23,340
2	\$15,730	\$17,303	\$19,663	\$23,595	\$27,528	\$29,101	\$31,460
3	\$19,790	\$21,769	\$24,738	\$29,685	\$34,633	\$36,612	\$39,580
4	\$23,850	\$26,235	\$29,813	\$35,775	\$41,738	\$44,123	\$47,700
5	\$27,910	\$30,701	\$34,888	\$41,865	\$48,843	\$51,634	\$55,820
6	\$31,970	\$35,167	\$39,963	\$47,955	\$55,948	\$59,145	\$63,940
7	\$36,030	\$39,633	\$45,038	\$54,045	\$63,053	\$66,656	\$72,060
8	\$40,090	\$44,099	\$50,113	\$60,135	\$70,158	\$74,167	\$80,180

For all states (except Alaska and Hawaii) and for the District of Columbia.

Note: For optional use in FFY 2014 and mandatory use in FFY 2015.

PART 7: RELEASE OF INFORMATION

I certify that the information contained in this application is correct and truthful to the best of my knowledge.

I give my permission to LANtaVan to contact a healthcare or other professional that I designate for additional information regarding my health. Yes _____ No _____

Name and telephone of professional who is familiar with my health _____

Your Signature or the person who completed the application

Date

PART 8: CERTIFICATION

I understand that I will be expected to make my own telephone calls to LANtaVan.

Check one:

I am able to make my own telephone calls.

I am unable to make my own telephone calls. I select the following individual to make all my LANtaVan telephone calls.

Name of individual

I also understand the purpose of this application is to determine if I am eligible to participate in transportation programs delivered by LANtaVan. I certify that this information contained in this application is correct and truthful to the best of my knowledge.

Your Signature or the person who completed the application

Date

Name of the person who completed this application

Relationship

Telephone