Instructions for Completing the Application for LANtaVan Paratransit Services for People with Disabilities

This application is for people with disabilities and people eligible for the ADA, Persons with Disabilities (“PwD”), and Medical Assistance Transportation Programs. The purpose of this application is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using the LANtaBus service. LANtaBus service refers to LANTA’s system of fixed route bus routes which operate on a designated route and schedule. Lack of LANtaBus service is not a qualifier for LANtaVan.

Information 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 Medical Assistance Transportation 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.

Please note the following:

• A medical condition and/or eligibility for other disability programs does not necessarily qualify you to use LANtaVan services.
• If you have a mental health disability, you may have a mental health professional complete and submit the Mental Health Disability Professional Verification with your application. The form is not required, but may provide additional information about your disability.
• If you are between the ages of 12 and 64, you will be required to complete an in-person physical and/or cognitive assessment. This assessment will be scheduled after a completed application is received and reviewed.
• You will be notified, by mail, of your eligibility to participate, within 21 days from the date your in-person physical and/or cognitive assessment is completed and reviewed.
• LANtaVan is not a free service.

If you have questions about this process, please call LANtaVan at (610) 432-3200.
Application for LANtaVan
Paratransit Services
For People with Disabilities

PART 1: GENERAL INFORMATION

Last Name: ________________________________  First Name: ________________________________  M.I.: __________

Date of Birth: ____________________  Social Security Number: ________________________________  Gender: ______

Home Address (Street and Number): _______________________________________________________

Apt. #: _____  City: ________________________________  State: __________  Zip Code: __________  County: _________

Telephone: Trip Reminder Calls ______________  Trip Status Calls ______________

Email Address: _____________________________________________________________

Mailing Address (If different from above): __________________________________________________

How would you like to receive notifications regarding your application status? Mail _____  Email _____

ATTENTION: All applications must be submitted with a legible copy of one of the proofs of age listed below.

Please indicate which proof of age you are including:

___ Armed forces discharge/separation papers  ___ Passport/naturalization papers
___ Baptismal certificate  ___ Pennsylvania ID card (issued by DMV)
___ Birth certificate  ___ Photo motor vehicle driver’s license
___ PACE ID Card  ___ Resident Alien Card
___ Statement of age from U.S. Social Security Administration  ___ Veteran’s Universal Access ID Card (date of birth must be on card)

Emergency Contact

Primary Contact Name: ________________________________  Telephone: ________________________________

Secondary Contact Name: ________________________________  Telephone: ________________________________
**Mobility Device**

Do you use a mobility aide? Yes _______ No _______

If yes, please check each mobility aid you use:

- Manual wheelchair
- Service Animal
- Prosthesis
- Motorized wheelchair
- White cane
- Crutches
- 3-wheeled scooter
- Cane
- Portable O2
- 4-wheeled scooter
- Walker
- Braces
- Personal care attendant
- Other

**Personal Care Attendant**

Note: A (“PCA”) is someone, aged 12 or older, employed specifically to assist you with the completion of at least one daily life activity on a regular basis. LANtaVan does not provide 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.

Do you currently use a personal care attendant (PCA) to travel (check one): Yes _______ No _______

If you marked that you currently use a Personal Care Attendant (PCA) when traveling, do you require a PCA to travel with you at all times or only for certain trips?

- At all times.
- Only for certain trips.

If you marked that you only use a PCA for certain trips, on what trips do you require a PCA?:

Please describe the assistance provided to you by the PCA:

Do you require a PCA temporarily or permanently? Temporarily _______ Permanently _______

If temporarily, for how long will you require a PCA to travel?

- Less than 6 months
- 6 months to 1 year
- 1 year or more
- Unknown
PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION

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. 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. (Skip to Part 3)

_____ I have read the table below and DO NOT think I qualify for MATP. (Skip to Part 3)

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 2018 POVERTY GUIDELINES

<table>
<thead>
<tr>
<th>Size of family unit</th>
<th>100% of poverty</th>
<th>110% of poverty</th>
<th>125% of poverty</th>
<th>150% of poverty</th>
<th>175% of poverty</th>
<th>185% of poverty</th>
<th>200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$13,354</td>
<td>$15,175</td>
<td>$18,210</td>
<td>$21,245</td>
<td>$22,459</td>
<td>$24,280</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>$18,106</td>
<td>$20,575</td>
<td>$24,690</td>
<td>$28,805</td>
<td>$30,451</td>
<td>$32,920</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
<td>$22,858</td>
<td>$25,975</td>
<td>$31,170</td>
<td>$36,365</td>
<td>$38,443</td>
<td>$41,560</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>$27,610</td>
<td>$31,375</td>
<td>$37,650</td>
<td>$43,925</td>
<td>$46,435</td>
<td>$50,200</td>
</tr>
<tr>
<td>5</td>
<td>$29,420</td>
<td>$32,362</td>
<td>$36,775</td>
<td>$44,130</td>
<td>$51,485</td>
<td>$54,427</td>
<td>$58,840</td>
</tr>
<tr>
<td>6</td>
<td>$33,740</td>
<td>$37,114</td>
<td>$42,175</td>
<td>$50,610</td>
<td>$59,045</td>
<td>$62,419</td>
<td>$67,480</td>
</tr>
<tr>
<td>7</td>
<td>$38,060</td>
<td>$41,866</td>
<td>$47,575</td>
<td>$57,090</td>
<td>$66,605</td>
<td>$70,411</td>
<td>$76,120</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
<td>$46,618</td>
<td>$52,975</td>
<td>$63,570</td>
<td>$74,165</td>
<td>$78,403</td>
<td>$84,760</td>
</tr>
</tbody>
</table>

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

If you are already registered with MATP, please indicate your 10 digit MATP identification number below:

____  ____  ____  ____  ____  ____  ____  ____  ____  ____

Note: Your MATP identification number is the 10-digit number from your ACCESS card or your MA Recipient ID/State ID number on your medical insurance card (i.e., Gateway, AmeriHealth, etc.).

Gateway Health

I am requesting (check all that apply):

_____ Car mileage reimbursement

_____ Fixed route bus service reimbursement

_____ LANtaVan shared ride paratransit services

If you indicated that you are requesting LANtaVan shared ride paratransit services, please indicate which of the following apply to you (check all that apply):

_____ I feel I have a disability that prevents me from accessing LANtaBus services.

_____ My home and/or my medical offices are more than ¼ mile from a LANtaBus route.

Revised 10/01/2019
PART 3A: DISABILITY AND FUNCTIONAL ABILITY INFORMATION

Please answer the following questions:

Do you feel that you have a disability that prevents you from using LANtaBus services?

Yes _______ No _______ (if you indicated “No”, skip to Part 4)

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

________ Mobility disability
________ Cognitive disability
________ Mental disability
________ Visual disability
________ Hearing disability
________ Other: ________________________________________________________

Please describe the disability that prevents you from using the LANtaBus service. ________________________________________________________________

______________________________________________________________

Please provide a name and telephone of a healthcare professional who is familiar with your disability as described above:

Name: ___________________________________________________________

Phone Number: ___________________________________________________

Your answers to the questions in this section will help us understand your functional ability in specific areas. For each 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. Cross the street, if there are curb cuts?
   Always    Sometimes    Never    Not sure

5. Wait 10 minutes in good weather outdoors without a place to sit?
   Always    Sometimes    Never    Not sure
PART 3B: ABILITY TO USE LANtaBus SERVICES INFORMATION

Are you familiar with the LANtaBus system? Yes _______ No _______

Do you currently use or have you ever used the LANtaBus service? Yes _______ No _______

If yes, when was the last time you used LANtaBus service?
_____ I currently use LANtaBus service  _____ 6 months to a year ago  ____ More than a year ago

Are you familiar with where the LANtaBus stops are located that you would need to walk (to and from) to make your most common trips? Yes _______ No _______

Are there specific barriers, that due to your disability, prevent you from walking to or from the LANtaBus bus stops you would use to make your most common trips? Yes _______ No _______

If yes, please list the specific locations and describe the barrier(s). (Example: At Chew & 8th St. Allentown; there are cracked sidewalks.)

________________________________________________________________________

________________________________________________________________________

Is the disability or condition that is preventing you from accessing the LANtaBus service temporary or permanent? Temporary _______ Permanent _______

If temporary, how long will your disability or condition last?
_____ Less than 6 months
_____ 6 months to 1 year
_____ 1 year or more
_____ Unknown

How does your disability prevent you from using the LANtaBus service? ________________________________

________________________________________________________________________

________________________________________________________________________

Please tell us anything else you would like us to know about your travel challenges and/or your inability to use the LANtaBus bus services.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PART 4: DEMOGRAPHIC AND HOUSING INFORMATION

Ethnic Information: (This information is requested for reporting purposes.)

_____ White  _____ Asian American/Pacific Islander  _____ African American
_____ Hispanic Origin  _____ American Indian/Alaskan Native  _____ I do not wish to disclose.

Other Information:

Do you live alone?  _____ Yes  _____ No

Are you frail or functionally disabled?  _____ Yes  _____ No

Do you have adequate housing?  _____ Yes  _____ No

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/Intellectual Disabilities (MH/IDD)
_____ Office of Vocational Rehabilitation (OVR)
_____ Training/employment program
_____ Group home where you live
_____ Other: ____________________________________________________________

PART 6: DISCLOSURE OF PERSONAL INFORMATION

LANTA is authorized to discuss with and/or provide the following records to the individual(s) listed below:

☐ All information regarding this application for service eligibility
☐ All information regarding this application and all information regarding the applicant’s subsequent service if deemed eligible.

Name: __________________________________________________________________________________

Organization (if applicable): _________________________________________________________________

Relationship to Applicant __________________________________________________________________

Phone: ___________________________ Email ________________________________________________
PART 7: CERTIFICATION AND RELEASE OF INFORMATION

(Applies to all completed applications) I understand the purpose of this application is to determine if I am eligible to participate in transportation programs delivered by LANtaVan. I understand that I will be required to attend an in-person functional assessment as part of the application process. I certify that I have been truthful in completing this form, and that the information I have provided is true, accurate and complete.

(Applies if you indicated that you are applying for any MATP service in Part 2) 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 LANtaVan. 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.

(Applies if you indicated that you are applying for any MATP service in Part 2) I am authorizing that, in the event that LANtaVan 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 LANtaVan 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.

(Applies if you provided medical professional contact information in Part 3) I give my permission to LANTA to contact the healthcare or other professional that I designated in Part 3 for additional information regarding my health as it relates to this application and/or may relate to both an appeal or the extension processes.

(Applies if you listed an individual in Part 6) I understand that this authorization for disclosure of personal information will remain in effect as noted unless revoked by me, in writing, and submitted to LANTA, but that any such revocation will not affect any disclosures made by LANTA prior to the receipt of any such revocation. LANTA, 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.

Permissions Signature

By signing below, I give permissions to all the above areas as related to the completed/applicable sections within this application;

Signature of Applicant or Power of Attorney/Legal Guardian for Applicant ___________________________ Date ___________________________

Printed Name of Power of Attorney/Legal Guardian if applicable ___________________________

Please provide documentation of Power of Attorney/Legal Guardian if applicable

ATTENTION:
Applications that are incomplete, unsigned or illegible will be returned to the applicant. ALL sections must be completed.

Revised 10/01/2019
Application Completion Check-Off Sheet

Information in the application will be kept confidential and shared only with the professionals involved in evaluating your eligibility. *Incomplete applications will be returned to the applicant.*

• **PART 1: GENERAL INFORMATION**
  □ My first name, last name and date of birth I supplied matches the information as it is stated on the proof of age I am supplying.
  □ I am interested in the Medical Assistance Transportation Program (MATP) and I provided my social security number.

• **PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION**
  □ My MATP identification number is either the 10-digit number from my ____ ACCESS card; or ____ my MA Recipient ID/State ID number on my medical insurance card.
  □ I indicated whether or not I am interested in applying for the MATP reimbursement program or the paratransit door-to-door service.

• **PART 3A: DISABILITY AND FUNCTIONAL ABILITY INFORMATION**
  □ I answered all questions and thoroughly described my disability and conditions that prevent me from using LANtaBus service.
  □ I provided contact information for a healthcare professional that is familiar with my disability I described.

• **PART 3B: ABILITY TO USE LANtaBus SERVICES INFORMATION**
  □ I answered all questions and thoroughly described my abilities and any travel challenges I face on a daily basis.

• **PART 4: DEMOGRAPHIC INFORMATION**
  □ I selected an answer for each question.

• **PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES**
  □ I indicated all other programs (if any) that I am registered with.

• **PART 6: DISCLOSURE OF PERSONAL INFORMATION**
  □ If applicable, I indicated whom I would like my LANtaVan information disclosed to and what type of information I would like disclosed with this individual.

• **PART 7: CERTIFICATION**
  □ I signed the application form and included the complete date (month, day and year).

• I am attaching a clear, legible photocopy of my proof of age indicated on page 2.
• I am submitting my application form and proof of age
  □ By mail: LANtaVan, 1060 Lehigh Street, Allentown, PA 18103
  □ By e-mail: Submit a .PDF file to LANtaVanApps@lantabus-pa.gov.

*Note: Applications cannot be submitted by fax.*