



**Application for LANtaVan Paratransit Services
For People with Disabilities**

Ecolane ID # _____
Office Use Only

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 (fixed route) bus service. Please complete this application thoroughly so LANtaVan will understand your ability and travel challenges.

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.

Information in the application will be kept confidential and shared only with professionals involved in evaluating your eligibility.

Incomplete applications will be returned to the applicant. In order to be considered complete, every question on the application must be answered and an acceptable proof of age must be submitted.

**** PLEASE PRINT LEGIBLY****

PART 1: GENERAL INFORMATION

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

Home Address (Street and Number): _____

Apt. #: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ Gender: _____

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

Mailing Address (Street and Number): _____

Apt. #: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____

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

Emergency Contact

Name	Telephone	Relationship

Name	Telephone	Relationship

To be completed if the applicant was helped by another person in the completion of this application:

Name: _____ Daytime Telephone: _____

Address: _____

Relationship: _____ Date: _____

Application Certification

I understand that the purpose of this form is to determine if I am eligible to ride LANtaVan. I also 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.

Applicant or personal representative signature

Date

Printed name of personal representative

Relationship

Telephone

PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION

Your 10 digit MATP identification number: _____

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.).

I am requesting (check one):

_____ Car mileage reimbursement (skip to page 14 and complete pages 14, 15 and 16)

_____ Fixed route bus service reimbursement (skip to page 14 and complete pages 14, 15 and 16))

_____ 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 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.

** 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.

Signature: _____ **Date:** _____

PART 3a: DISABILITY AND MOBILITY EQUIPMENT INFORMATION

What is the disability (or disabilities) that prevents you from using the fixed route bus service? _____

How does your disability prevent you from using the fixed route bus service? _____

Have you had a disability for more than one year? Yes _____ No _____

Is the disability permanent (lasting 12 months or longer)? Yes _____ No _____

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. _____

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 _____ None _____ Other

If other, please describe: _____

Brand: _____

I will need a personal care attendant ("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: _____

Note: A ("PCA") is someone, aged 12 or older, employed specifically to assist me 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.

PART 3b: CURRENT MODE(S) OF TRANSPORTATION INFORMATION

List your most frequent destinations and how you get there now:

Destination Address

How often do you go there?

How do you get there?

Do you ever use LANtaBus services? Yes No Sometimes

If yes, which bus routes do you use? _____

When was the last time you independently used LANtaBus services? _____

Have you used LANtaBus services in the past year? Yes No Sometimes

Which LANtaBus routes serve your neighborhood? _____

If you have used LANtaBus services and stopped, please explain. _____

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

What challenges do you face in using LANtaBus services? _____

PART 3c: ABILITY TO USE LANtaBus SERVICES INFORMATION

Can you get to the LANtaBus stop closest to your home by yourself? Yes No
 Sometimes

If no, why not?: _____

Can you cross the street by yourself? Yes No Sometimes

If no, why not?: _____

If you use LANtaBus now, do you need the assistance of another person? Yes No
 Sometimes

If you ever need another person's assistance, what does that person do for you? _____

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. _____

Can you ever cross the street by yourself? Yes No

If yes, under what circumstances? _____

Are you sometimes accompanied by someone who helps you with travel outside your home or when you get to your destination? Yes No Sometimes

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 trained? _____

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

Does the weather affect your ability to use LANtaBus services? Yes No

If you answered yes, please explain how: _____

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

Can you get to the LANtaBus without the help of another person? Yes No

If no, why not? _____

Please describe the terrain where you live (Ex: steep hill, flat, long gradual hill, etc.) _____

Are there sidewalks in your neighborhood? Yes No

Are there any barriers in your neighborhood? Yes No

Please describe (Ex: cracked sidewalks, uneven pavement, narrow roads, etc.) _____

PART 3d: FUNCTIONAL ABILITY

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. 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.

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. The term “fixed route bus” refers to LANtaBus services.

	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 using the fixed route bus service for my transportation.	1	2	3
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.	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
I can use the fixed route bus sometimes, if the conditions are right.	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 use the fixed route bus service frequently.	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 bus 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 on 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 fixed route bus, which would be a problem.	1	2	3
Lifts on the fixed route bus 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
I believe I could learn to ride the fixed route bus if someone taught me.	1	2	3
There is no fixed route bus service in my area. I am not really sure if I can use the fixed route bus.	1	2	3
I have difficulty or cannot climb stairs and can only board a fixed route bus if it has a lift.	1	2	3
I have a visual disability that prevents me from ever getting to and from a fixed route bus, even with training.	1	2	3
The severity of my disability can change from day to day. I can ride the fixed route bus only when I am feeling well.	1	2	3
I can never use the fixed route bus by myself.	1	2	3

	Agree	Disagree	Not Sure
I can get to and from the fixed route bus stop if the distance is not too great, and the route is barrier-free.	1	2	3
My disability makes it impossible to walk to and from the fixed route bus, even in good weather.	1	2	3
I do not want to ride the fixed route bus.	1	2	3
I am not able to use the fixed route bus for other reasons. Please explain:	1	2	3

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 \$12,140	Below \$12,140
For a 2 Member Household	Above \$16,460	Below \$16,460

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 2018 POVERTY GUIDELINES

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

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

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 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.

Your Signature or the person who completed the application

Date

Name of the person who completed this application

Relationship

Telephone