



SUBURBAN TRANSIT NETWORK, INC.

Transportation for Persons with Disabilities (PwD) Project Eligibility and Registration Form – Instructions For Applicant

The standard eligibility and registration form is a total of four pages. This form is also available in large print and Braille. If you require an alternate format, contact Suburban Transit Network, Inc. (TransNet) at 215-542-7433. The following instructions summarize the major sections of the form and provide assistance in effectively completing the form and providing the required documentation.

Part 1: General

- Please print your name, address and other identifying information on the form;
- Respond to the question of whether or not you have a disability based on the ADA definition by checking Yes or No;
- The ADA definition of a disability is quoted.

Part 2: Written Verification That You Are A Person With A Disability

- You must provide written verification of a disability to be eligible for discounted shared-ride fares through the PwD project;
- If you have an existing form of written verification, submit it to TransNet with your registration/eligibility form;
- If you do not have some form of written verification, please contact one of the organizations, or similar, listed on page 2 for confirmation of a disability **or** use the PwD program's Certification of Disability form on page 5. Submit the form to TransNet with your eligibility/registration form.
- Please identify the organization providing the written verification.

Part 3: Income and Household Related Data

- Please place a check next to a range that matches your gross annual income. It is the same as that reported for tax purposes;
- Please place a check next to the appropriate number for household size. Household size means the number of persons who reside in your private residence.

Note: This information is required but does not affect eligibility for PwD. You do not need to complete Part 3 if you do not plan to use the PwD program for medical trips.

Part 4: Avoiding Duplication of Transportation Services

- The PwD program is not to replace current transportation services;
- If current transportation services and costs are covered by another program, you must identify all of the funding sources from the list provided;
- If you are a current Medical Assistance Transportation Program (MATP) client, you must provide your birth date and social security number.

Note: Do not complete section number 2

- TransNet staff will check that, if applicable, they have informed you of your referral to the County Assistance Office (CAO) for a determination of eligibility for Medical Assistance (MA) and other programs;

- The TransNet staff person making the referral to the CAO will initial the form;
- If you are eligible for MA, you are eligible for the MATP. This program provides non-emergency medical transportation to covered MA services at no cost to you.

Part 5: Information So We May Serve You Better

- You must indicate whether or not you have a permanent disability based on the standard definition that is provided;
- If you do not have a permanent disability, please specify how long the disability is expected to last;
- Regarding the nature of the disability, place a check mark next to all of the listed disabilities that are applicable (Attachment B of the supporting information section provides a description of three categories of disabilities);
- If you have a mobility disability, please check all of the mobility aids that are used;
- Also, check whether or not you need a personal care attendant or escort;
- If a personal care attendant or escort is needed sometimes, describe when the assistance is needed;
- You should provide the name and contact information for an emergency contact (optional);
- Please describe anything else that TransNet needs to know in order to provide you with better service.

Part 6: Release of Information and Your Certification of the Application Form

- This section is a release of information statement that gives permission for TransNet staff to receive information about your disability from a health organization;
- There is also a statement that certifies your understanding of the PwD program application process and the validity of the information provided;
- You or the person completing the form must confirm these statements by signing and dating the form;
- If you did not complete the form, the last line requests the name and telephone number of the person who completed the form and that person's relationship to you.

Eligibility and Registration Form – Supporting Information

- Documentation of Disabilities – This section references Attachment B, which describes three disability categories: mental impairment, including development disabilities; physical impairment; and major life activities. These disability categories relate to the question concerning the nature of an applicant's disability in Part 5 of the form.

Note: As stated in Part 2, **if you have no other existing form of written verification**, then Attachment A, 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 TransNet. Please contact TransNet if there are questions.