

Request for Certification of ADA Paratransit Eligibility - PART A

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY
PART A

OFFICE USE ONLY	OFFICE USE ONLY
Received: _____	Card No.: _____
By: _____	Issue Date: _____
RPV Mailed: _____	RPV Returned: _____
	Expiration Date: _____
	Personal Care Attendant: [] Yes [] No

The information in this certification process will only be used by the Beaver County Transit Authority to determine eligibility for the provision of transportation services.

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
Borough/Township _____
Location (Give nearest street intersection or name of building): _____
House (Example: Red brick house across from fire station): _____
3. Telephone Number (Home): _____ (Work): _____
4. Date of Birth: _____ / _____ / _____

5. Are you currently riding any Transit Authority fixed route buses? (Fixed route buses travel the same route each day.) [] Yes [] No
6. If your answer is "No", what is the disability which prevents you from using our fixed route service? _____
Is this condition temporary? [] Yes [] No
If "Yes", expected duration until _____ / _____ / _____

EXHIBIT 4 – PART A (Cont.)

7. How does this disability prevent you from using fixed route services?
Please explain completely, using an additional sheet if necessary.

8. Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the Beaver County Transit Authority.

9. Do you use any of the following mobility aides? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Guide Dog |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Other _____ |

10. If you use a wheelchair, can you transfer with little assistance into a car?

- Yes No Your Weight _____ lbs.

11. Do you require a Personal Care Attendant when you travel using transit?

- Yes No

12. Do you receive benefits or service from any of the following: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Medical Assistance (Medicaid) | <input type="checkbox"/> OVR |
| <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Beaver County Rehabilitation Center | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> Association of the Blind | <input type="checkbox"/> MH/MR |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Easter Seal Society |
| <input type="checkbox"/> United Cerebral | <input type="checkbox"/> Cancer Society |
| <input type="checkbox"/> Multiple Sclerosis Society | |
| <input type="checkbox"/> Nursing Home _____ | |
| <input type="checkbox"/> Other _____ | |

EXHIBIT 4 – PART A (Cont.)

13. Do you currently receive any transportation services from any of the agencies listed in number 12? (Write in name of agency.)

14. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

Yes No Sometimes _____

Can you travel 1/4 mile without the assistance of another person?

Yes No Sometimes _____

Can you travel 3/4 mile without the assistance of another person?

Yes No Sometimes _____

Can you climb three 12-inch steps without assistance?

Yes No Sometimes _____

Can you wait outside without support for ten minutes?

Yes No Sometimes _____

Note: Your application for ADA Paratransit eligibility may be processed more quickly if you can submit any medical or other documentation to support your contention that you are functionally disabled. All information will be held in the strictest confidence.

15. Name and telephone number of a person to contact in case of an emergency.

Name: _____ Telephone: _____

16. I hereby certify that the information given above is correct.

Signed: _____ Date: ____ / ____ / ____

EXHIBIT 4 – PART A (Cont.)

17. If this application was completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Signed: _____ Date: ____/____/____

QUESTIONS???

**Questions on any of the information
contained in this application
may be clarified by calling or writing
the Beaver County Transit Authority.**

**Beaver County Transit Authority (Main Office)
131 Pleasant Drive
Aliquippa, PA 15001**

**(724) 375-2895
1-800-262-0343**

Fax: (724) 378-5490