

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR
CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY**

1. Make sure every question is answered and all information is complete in Part A.
2. Send the application to a social service agency that you are affiliated with or to your physician to complete Part B.
3. Return the completed application to:
ADA Administrator
EMTA
P.O. Box 2057
Erie, PA 16512-2057
4. You will be notified when your application is approved.
5. If you have indicated on your application that you would like information on travel training an EMTA employee will contact you.
6. If you are denied eligibility you have the right to appeal. Appeal instructions are provided in the denial notification.
7. If you have any questions please call Patti Zielewski at 459-4287.

**APPLICATION FOR
REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY**

The information obtained in this certification process will only be used by the Erie Metropolitan Transit Authority for the provision of transportation services. The information will be held in the strictest confidence.

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION.

**PART A
General Information**

Name _____

Address _____

City/State/Zip Code _____

Telephone Number (Home) _____ (Work) _____

Date of Birth ____/____/____ Sex (Circle One) M F

(Optional) Social Security Number _____ - _____ - _____

Do you have medical assistance? (If yes, Circle One of the following) Access
Gateway MedPlus Ion

Eligibility Certification

Please check what best describes your ability to use EMTA regular bus service:

_____ I can use with little or no difficulty.

_____ I can only use with great difficulty.

_____ I cannot use at all.

_____ I have a disability that allows me to use public transit only when the weather is good.

_____ I have a disability that prevents me from getting to or from my bus stop.

Description of Disability

My disability can generally be categorized as follows (check all that apply):

Physical _____ Visual _____ Cognitive _____ Other _____

Describe the nature of your disability: _____

How does your disability prevent you from using regular bus service? _____

Are there any other effects of your disability of which we need to be aware, as might apply in an emergency situation? _____

I use the following mobility aids: (Check all that apply)

_____ Manual Wheelchair	_____ Motorized Scooter	_____ Power Wheelchair
_____ Service Animal	_____ Crutches	_____ Walker
_____ Cane	_____ Other _____	

Can you travel alone? (Circle one) Yes No

If no, please explain: _____

Is a Wheelchair lift required? (Circle One) Yes No

If yes, can you transfer (move with minimal assistance out of the wheelchair into a vehicle seat)? (Circle One) Yes No

Please read the information on Travel Training in Attachment 2 of this application and answer the following questions.

Have you ever had training to learn how to travel around the community or on how to use fixed route buses? (Circle One) Yes No

Would you like information about free training to use the fixed route buses? (Circle One) Yes No

needs another individual to assist them past the point where a driver is able to assist them, or when a personal care attendant is medically necessary. A personal care attendant is someone specifically designated or employed by the person with a disability and is required by the person in order to complete the trip or its purpose. A PCA is not considered a companion. There is a provision for having a companion accompany the person on a trip.

Does the applicant require a personal care attendant?

(Circle One) Yes No Sometimes

Please answer the appropriate section(s) that apply to the applicant.

Verification of Physical Impairment:

Can the applicant climb three 12-inch steps?
Yes _____ No _____ Sometimes* _____

Can the applicant travel 7 blocks on their own?
Yes _____ No _____ Sometimes* _____

Can the applicant wait outside without support for 10 minutes?
Yes _____ No _____ Sometimes* _____

Can the applicant travel 2 blocks on their own?
Yes _____ No _____ Sometimes* _____

*If sometimes please explain _____

Verification of Visual Impairment:

Describe _____

Visual Acuity with best correction _____ Right _____ Left

Visual Fields _____

Depth perception _____

Functional implications _____

Verification of Hearing Impairment:

Describe _____

Verification of Cognitive Impairment:

Can the applicant give address and telephone numbers upon request?

Yes_____ No_____

Can the applicant recognize landmarks and destinations?

Yes_____ No_____

Can the applicant deal with unexpected changes in routine?

Yes_____ No_____

Can the applicant ask for, understand and follow directions?

Yes_____ No_____

Can the applicant tell time?

Yes_____ No_____

Does the applicant possess the necessary social skills to function successfully in the community?

Yes_____ No_____

What additional conditions prevent the applicant from using EMTA regular bus service? _____

Physician's or Social Service Agency's Certification

The Erie Metropolitan Transit Authority's Shared Ride Transportation (LIFT) is provided to persons with disabilities who are unable to use EMTA fixed route bus services. Shared ride service is costly to provide and subsidize and EMTA requires that the physician or social service agency completing the application provide certification for qualified applicants only. Applicants are subject to final EMTA approval.

I hereby certify that the above information is true and correct.

Signature of Physician or person representing Social Service Agency

Date

Please print name of Physician or Social Service Agency
Address _____
Phone Number _____

FOR EMTA USE ONLY:

APPROVED/DENIED BY: _____
Signature

DATE: _____

CONDITIONAL ELIGIBILITY: _____

PCA: Yes No Sometimes

EXPIRATION DATE OF ELIGIBILITY: _____

TEMPORARY-THROUGH _____

ADDITIONAL COMMENTS: _____

ATTACHMENT 1

THREE CATEGORIES OF DISABILITIES

Disabilities are described in the following three categories:

Mental impairment including development disabilities

- a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- b. Is likely to continue indefinitely;
- c. Results in substantial functional limitations in any of the following areas of major life activities: self-direction, learning, mobility, economic self-sufficiency, self-care, capacity for independent living and receptive and expressive language;
- d. Causes the substantial diminished level of functioning in the primary aspects of daily living and an inability to cope with ordinary demands of life, attention impairment, cognition impairment, language impairment, memory impairment, conduct disorder, or motor disorder.

Physical impairment

- a. Persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities and affects one or more of the following body systems: anatomical, musculoskeletal, neurological, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine;
- b. The term physical impairment includes but is not limited to such contagious or non-contagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities; HIV disease and tuberculosis.

Major life activities

- a. Activities relating to the performance of self-care and engaging in leisure or play activities. Self-care includes grooming, mobility, object manipulation, and ambulation;
- b. Activities relating to the ability to walk, see, hear, breathe or communicate;
- c. Activities relating to moving about in one's community for purposes that include assessing and participating in vocational, educational, recreational, and social activities in the community with other members of the community.