



# COMMUNITY TRANSIT

## Instruction and Information Sheet

### ***For completing the Persons with Disabilities Program (PwD) Eligibility and Registration Form***

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The Eligibility and Registration Form is six pages:

- Pages 1—4 must be completed and signed by the applicant on page 4.
- Page 4, Part 6 is a Release Form that must be signed. This Form gives permission for the Community Transit staff to receive information about your disability from a health organization or an individual health professional.
- Page 5 is a Certification Form that is available for you to use if you do not have a document from your professional healthcare provider verifying your disability.
- When completing all of the attached pages, please use black pen or type the information; please, do not use a pencil. Send the completed Eligibility and Registration Form, the Signed Release Form, and all documentation verifying your disability to:

Community Transit of Delaware County, Inc.  
206 Eddystone Avenue  
Ste. 200  
Eddystone, PA 19022

This form is also available in large print, Braille, and audio. To request one of these formats, or if another format is needed, please contact Community Transit of Delaware County at 610-490-3975 and we will assist you.

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#### **Part 1: General**

- Please print your name, address, and other identifying information
- Respond to the question of whether or not you have a disability based on the ADA definition, which is quoted in a box below the question.

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

- **Section 1 (If you have an existing written verification of a disability)**—Place a check next to your healthcare organization or individual healthcare professional on the list whose verification you have obtained (an example of “other” is a Supports Coordinator) and attach the verification to this completed Eligibility and Registration Form.
- **Section 2 (If you do not have a written verification of a disability)**—complete the top portion of Attachment A (Certification of Disability Form). The bottom of this form must be completed and signed by your healthcare provider or a healthcare organization from the list in Part 2. Attach the completed Certification of Disabilities Form (Attachment A) to the completed Eligibility and Registration Form.

### **Part 3: Income and Household related Data**

- Place a check next to the range that matches your gross annual income. The gross annual income is the same amount reported on your income taxes. Please note all information is kept confidential.
- Place a check next to your household size. Household size means the number of persons who reside in your residence).

### **Part 4: Avoiding Duplication of Transportation Services**

- Section 1—If you receive transportation funded by any other program, please place a check mark next to all the programs that apply to you.
- If you are a current Medical Assistance Transportation Program (MATP) consumer, you must provide a copy of your Access Card, or the card issue and recipient numbers.
- Your eligibility should not be disqualified for the PwD program for checking off multiple programs.
- Section 2—Please do not complete this section, Community Transit staff completes this section. If applicable, Community Transit will process a referral on your behalf to the County Assistance Office (CAO) to determine if you qualify for the Medical Assistance Transportation Program (MATP). Community Transit will provide additional information about the MATP, and will fax your Eligibility and Registration Form to the CAO.

### **Section 5: Information So We May Serve You Better**

- Answer questions 1—4. These questions concern the nature of your disability. Eligibility for this program is based on the Americans with Disability Act (ADA) definition. According to the ADA, “According to the ADA, “Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. Major life activities mean functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.”
- Answer question 5—Indicate if you require an escort or a personal care attendant to ride along with you on the trip and how often. ***Please note that Community Transit does not provide escorts or personal care attendants.***
- Answer question 6—An example of a service animal is a seeing eye dog; please indicate if you will be using a service animal and the kind of service animal.
- Answer question 7—Community Transit must have emergency contact information for all riders.
- Questions 8 and 9—Please check all the destinations that reflect your transportation needs and estimate how often you will schedule your trips.

### **Part 6: Your Certification of the Application Form**

- Sign and date this section to confirm the certification statement. If someone else completed the form on your behalf, the person that completed the form must sign and date the form. Please write their phone number and their relationship to you.

### **Attachment A—Signed Release Form**

- Sign the Release Form on page 4, Section 6. If you have an existing certification of disability or if you are obtaining a certification from an organization by using Attachment A (Certification of Disabilities Form), you must sign the Release Form. This form gives Community Transit staff permission to receive information about your disability.

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**Letter of Acceptance**—Community Transit will send a letter of Acceptance if you are determined to be eligible for the Program and a brochure will be included.

**Missing Information Letter**—this will be sent if we are missing any information on the Eligibility and Registration Form.