

Bucks County Transport, Inc.

Instruction Sheet

(For completing the **Eligibility and Registration Form** for Rural Transportation for Persons with Disabilities (PwD) Program)

The attached standard Eligibility and Registration Form is a total of 6 pages:

- **Pages 1 – 4 must be completed and signed on page 4.**
- **Page 5 is a Release Form that must be signed. This form gives permission for staff at Bucks County Transport, Inc. to receive information about your disability from a health organization or individual health professional.**
- **Page 6 is a Certification Form that is available for your use if you do not already have a document from a health organization or individual health professional verifying that you are a person with a disability.**
- **When completing all of these pages, please use a pen or type the information. Do not use a pencil. Send the completed Eligibility and Registration Form, the signed Release Form, and your document verifying that you are a person with a disability to:**
 - **Bucks County Transport, Inc.
P.O. Box 510
Holicong, PA 18928**

This form is also available in large print, Braille, and on tape. To request one of these formats or if you require another format, please contact Bucks County Transport, Inc. at 1-888-795-0740.

Part 1: General

- 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. (The ADA definition of a disability is quoted in the 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 the health organization or individual health 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 the form on Page 6. (Certification of Disability Form – Attachment G). The bottom portion of the form must be completed and signed by a health organization or individual health professional from the list in Section 1. Attach the completed Certification of Disability Form – Attachment G to this completed Eligibility and Registration Form.

Part 3: Income and Household Related Data

- Place a check next to a range that matches your gross annual income. (It is the same as that reported for tax purposes)
- 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.

Part 4: Avoiding Duplication of Transportation Services

- Section 1. - If you currently receive transportation service funded by another program, please place a check next to all the programs that apply to you.
- If you are a current Medical Assistance Transportation Program (MATP) client, you must provide a copy of your Access card issue and recipient number.

NOTE: Checking multiple programs should not disqualify your eligibility for the PwD program.

- Section 2. - Do not complete this section. BCT staff will complete this section. If applicable, Bucks County Transport, Inc. (BCT) 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). BCT will provide additional information about the MATP, and will fax your Eligibility and Registration Form to the CAO.

Part 5: Information So We May Serve You Better

- Answer questions 1. through 4. - These questions concern the nature of your disability. Eligibility for this program is based on disability as defined by the Americans with Disability Act (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 means 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 personal care attendant to ride along on the trip, and how often.
- 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 indicate what kind of service animal.
- Answer question 7. – Bucks County Transport, Inc. must have emergency contact information for riders.
- Questions 8. and 9. – Check all the destinations that reflect your transportation needs and an estimate of how often you will schedule trips.

Part 6: Your Certification of the Application Form

- Sign and date this section to confirm the certification statement. If you did not complete the form, the person that completed the form on your behalf must sign and date the form, write their phone number, and indicate their relationship to you.

Attachment F – Release Form

- Sign the Release Form (Attachment F, Page 5). If you have an existing certification of a disability or if you are obtaining a certification from an organization by using Attachment G – Certification of Disability Form, you must sign the Release Form. This form gives permission for staff at BCT to receive information about your disability.