



## Extension Request for Paratransit Eligibility

**\*\*PLEASE PRINT\*\***

This form is to be completed to request an extension of temporary eligibility for LANtaVan. Extensions may only be granted for the same condition for which the temporary eligibility was approved. The extension request must be filed within **30 days** of the expiration of the rider's temporary eligibility period. Applicants seeking a second extension or an extension requiring longer than six months should reapply for service by completing a LANtaVan application. *This form is to be completed in full by a medical professional familiar with the condition for which the extension is being requested.*

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rider's Full Name: \_\_\_\_\_ Rider's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What is the condition for which the rider is being treated? \_\_\_\_\_  
\_\_\_\_\_
2. Please describe why the rider's paratransit eligibility needs to be extended (for example: condition is more severe than originally anticipated and additional treatment is required; un-anticipated post-operative complication has required additional treatment; etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How long will the rider continue to need paratransit service to address the condition?  3 months  6 months

Printed Name of Medical Professional \_\_\_\_\_

Signature of Medical Professional \_\_\_\_\_

Office Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Once complete, this form may be submitted via:

- US mail to Rider Resources & Communications, 1060 Lehigh St., Allentown, PA 18103 or
- Scan and email as a .PDF file to [lantavanapps@lantabus-pa.gov](mailto:lantavanapps@lantabus-pa.gov) or
- Secure fax to 484-633-3625.

**Please do not submit the form via more than 1 method.**