1060 Lehigh St.
Allentown, PA 18103
Phone: (610) 432-3200
Email: LANtaVanApps@lantabus-pa.gov

Instructions for Completing the Application for LANtaVan Paratransit Services for People with Disabilities

This application is for people with disabilities and people eligible for the ADA, Persons with Disabilities ("PwD"), and Medical Assistance Transportation Programs. The purpose of this application is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using the LANtaBus service. LANtaBus service refers to LANTA's system of fixed route bus routes which operate on a designated route and schedule. *Lack of LANtaBus service is not a qualifier for LANtaVan.*

Information in this application regarding your age, disability and county of residence will be used to determine your eligibility for shared ride paratransit transportation services under the Persons with Disabilities and Medical Assistance Transportation Programs. Other information within the application will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and to provide you with the appropriate referral service.

Please note the following:

- If you are applying for MATP service and LANTA can confirm your eligibility for the MATP program, you will automatically be provided with temporary eligibility for 30 days under MATP beginning on the date that LANTA receives your application.
- A medical condition and/or eligibility for other disability programs does not necessarily qualify you to use LANtaVan services.
- If you have a mental health disability, you may have a mental health professional complete and submit the Mental Health Disability Professional Verification with your application. The form is not required, but may provide additional information about your disability.
- If you are between the ages of 12 and 64, you will be required to complete an in-person physical and/or cognitive assessment. This assessment will be scheduled after a completed application is received and reviewed.
- You will be notified, by mail, of your eligibility to participate, within 21 days from the date your in-person physical and/or cognitive assessment is completed and reviewed.
- LANtaVan is not a free service.

If you have questions about this process, please call LANtaVan at (610) 432-3200.

Application for LANtaVan
Paratransit Services
For People with Disabilities

_____
Ecolane ID #

PART 1: GENERAL INFORMATION

Last Name:_____**First Name**:_____**M.I.**:_____

Date of Birth:_____**Social Security Number**:_____**Gender**:_____

Home Address (Street and Number):_____

Apt. #: _____ **City**:_____**State**:____**Zip Code**:_____**County**:_____

Telephone:**Trip Reminder Calls**_____**Trip Status Calls**_____

Email Address:_____

Mailing Address (If different from above):_____

How would you like to receive notifications regarding your application status? Mail _____ Email _____

ATTENTION: All applications must be submitted with a legible copy of one of the proofs of age listed below.

Please indicate which proof of age you are including:

___Armed forces discharge/separation papers
___Baptismal certificate
___Birth certificate
___PACE ID Card
___Statement of age from U.S. Social Security Administration
___Passport/naturalization papers
___Pennsylvania ID card (issued by DMV)
___Photo motor vehicle driver's license
___Resident Alien Card
___Veteran's Universal Access ID Card (date of birth must be on card)

Emergency Contact

Primary Contact Name:_____**Telephone**:_____

Secondary Contact Name:_____**Telephone**:_____

Mobility Device

Do you use a mobility aide? Yes _____ No _____

If yes, please check each mobility aid you use:

_____Manual wheelchair	_____Service Animal	_____Prosthesis
_____Motorized wheelchair	_____White cane	_____Crutches
_____3-wheeled scooter	_____Cane	_____Portable O2
_____4-wheeled scooter	_____Walker	_____Braces
_____Personal care attendant	Other _____	

Personal Care Attendant

Note: A ("PCA") is someone, aged 12 or older, employed specifically to assist you with the completion of at least one daily life activity on a regular basis. LANtaVan does not provide PCAs. If you require a PCA, you must provide your own and the PCA will ride for free whenever you need them to travel with you.

Do you currently use a personal care attendant (PCA) to travel (check one): Yes _____ No _____

If you marked that you currently use a Personal Care Attendant (PCA) when traveling, do you require a PCA to travel with you at all times or only for certain trips?

_____ At all times.

_____ Only for certain trips.

If you marked that you only use a PCA for certain trips, on what trips do you require a PCA? :_____

_____

Please describe the assistance provided to you by the PCA:_____

_____

Do you require a PCA temporarily or permanently? Temporarily _____ Permanently _____

If temporarily, for how long will you require a PCA to travel?

_____ Less than 6 months

_____ 6 months to 1 year

_____ 1 year or more

_____ Unknown

PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION

If you are NOT registered for the Medical Assistance Transportation Program (MATP), you may qualify, and this program could pay all of the cost for your eligible trips to medical appointments. Please read the table below and complete the following. You must check 1 of the lines below:

_____I am already registered with MATP.

_____I have read the table below and think I may qualify for MATP. (*Skip to Part 3*)

_____I have read the table below and DO NOT think I qualify for MATP. (*Skip to Part 3*)

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 2018 POVERTY GUIDELINES

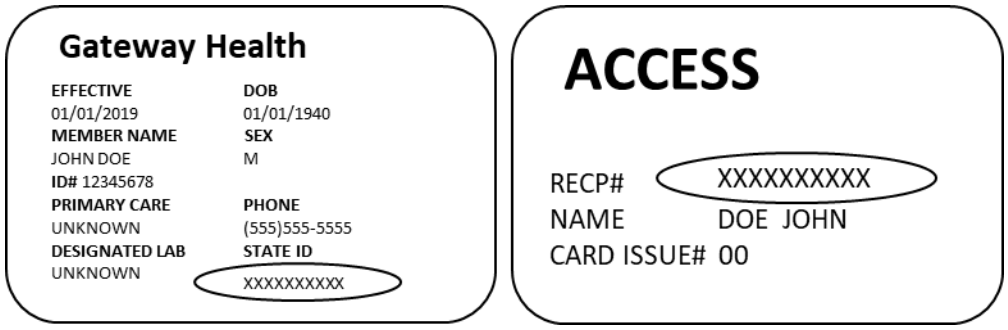
Size of family unit	100% of poverty	110% of poverty	125% of poverty	150% of poverty	175% of poverty	185% of poverty	200% of poverty
1	$12,140	$ 13,354	$ 15,175	$ 18,210	$ 21,245	$ 22,459	$ 24,280
2	$16,460	$ 18,106	$ 20,575	$ 24,690	$ 28,805	$ 30,451	$ 32,920
3	$20,780	$ 22,858	$ 25,975	$ 31,170	$ 36,365	$ 38,443	$ 41,560
4	$25,100	$ 27,610	$ 31,375	$ 37,650	$ 43,925	$ 46,435	$ 50,200
5	$29,420	$ 32,362	$ 36,775	$ 44,130	$ 51,485	$ 54,427	$ 58,840
6	$33,740	$ 37,114	$ 42,175	$ 50,610	$ 59,045	$ 62,419	$ 67,480
7	$38,060	$ 41,866	$ 47,575	$ 57,090	$ 66,605	$ 70,411	$ 76,120
8	$42,380	$ 46,618	$ 52,975	$ 63,570	$ 74,165	$ 78,403	$ 84,760

**For all states (except Alaska and Hawaii) and for the District of Columbia.*

If you are already registered with MATP, please indicate your 10 digit MATP identification number below:

___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Note: Your MATP identification number is the 10-digit number from your ACCESS card or your MA Recipient ID/State ID number on your medical insurance card (i.e., Gateway, AmeriHealth,etc.).



I am requesting (check all that apply):

_____Car mileage reimbursement

_____Fixed route bus service reimbursement

_____LANtaVan shared ride paratransit services

If you indicated that you are requesting LANtaVan shared ride paratransit services, please indicate which of the following apply to you (check all that apply):

_____I feel I have a disability that prevents me from accessing LANtaBus services.

_____My home and/or my medical offices are more than ¼ mile from a LANtaBus route.

PART 3A: DISABILITY AND FUNCTIONAL ABILITY INFORMATION

Please answer the following questions:

Do you feel that you have a disability that prevents you from using LANtaBus services?

Yes _____ No _____ (if you indicated "No", skip to Part 4)

What is the nature of your disability? Check all that apply.

_____ Mobility disability

_____ Cognitive disability

_____ Mental disability

_____ Visual disability

_____ Hearing disability

_____ Other: _____

Please describe the disability that prevents you from using the LANtaBus service._____

_____

_____

Please provide a name and telephone of a healthcare professional who is familiar with your disability as described above:

Name: _____

Phone Number: _____

Your answers to the questions in this section will help us understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on how you feel most of the time, under normal circumstances, using your mobility equipment, and whether you can perform this activity independently.

Without the help of someone else, can you:

1. Walk up and down three steps if there are handrails on both sides?

   Always Sometimes Never Not sure

2. Use the telephone to get information?

   Always Sometimes Never Not sure

3. Travel one level block on the sidewalk when the weather is good?

   Always Sometimes Never Not sure

4. Cross the street, if there are curb cuts?

   Always Sometimes Never Not sure

5. Wait 10 minutes in good weather outdoors without a place to sit?

   Always Sometimes Never Not sure

PART 3B: ABILITY TO USE LANtaBus SERVICES INFORMATION

Are you familiar with the LANtaBus system? Yes _____ No _____

Do you currently use or have you ever used the LANtaBus service? Yes _____ No _____

If yes, when was the last time you used LANtaBus service?

_____ I currently use LANtaBus service _____ 6 months to a year ago ____ More than a year ago

Are you familiar with where the LANtaBus stops are located that you would need to walk (to and from) to make your most common trips? Yes _____ No _____

Are there specific barriers, that due to your disability, prevent you from walking to or from the LANtaBus bus stops you would use to make your most common trips? Yes _____ No _____

If yes, please list the specific locations and describe the barrier(s). (Example: At Chew & 8th St. Allentown; there are cracked sidewalks.)

Is the disability or condition that is preventing you from accessing the LANtaBus service temporary or permanent? Temporary _____ Permanent _____

If temporary, how long will your disability or condition last?

_____ Less than 6 months

_____ 6 months to 1 year

_____ 1 year or more

_____ Unknown

How does your disability prevent you from using the LANtaBus service?

Please tell us anything else you would like us to know about your travel challenges and/or your inability to use the LANtaBus bus services.

PART 4: DEMOGRAPHIC AND HOUSING INFORMATION

Ethnic Information: *(This information is requested for reporting purposes.)*

_____White _____Asian American/Pacific Islander _____African American

_____Hispanic Origin _____American Indian/Alaskan Native _____ I do not wish to disclose.

Other Information:

Do you live alone? _____Yes _____No

Are you frail or functionally disabled? _____Yes _____No

Do you have adequate housing? _____Yes _____No

PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the Persons with Disabilities Program are not to be provided in place of any current transportation services that you already receive.

Do you now receive any transportation services or are any of your transportation costs paid for by another program or organization? _____Yes _____No

Please check all that apply:

_____Senior Citizens Shared Ride Transportation Program
_____Area Agency on Aging
_____Medical Assistance Transportation Program
_____Americans with Disabilities Act Complementary Paratransit
_____Mental Health/Intellectual Disabilities (MH/IDD)
_____Office of Vocational Rehabilitation (OVR)
_____Training/employment program
_____Group home where you live
_____Other:_____

PART 6: DISCLOSURE OF PERSONAL INFORMATION

LANTA is authorized to discuss with and/or provide the following records to the individual(s) listed below:

- ☐ All information regarding this application for service eligibility
- ☐ All information regarding this application and all information regarding the applicant's subsequent service if deemed eligible.

Name: _____

Organization (if applicable): _____

Relationship to Applicant _____

Phone: _____ Email _____

PART 7: CERTIFICATION AND RELEASE OF INFORMATION

(**Applies to all completed applications**) I understand the purpose of this application is to determine if I am eligible to participate in transportation programs delivered by LANtaVan. I understand that I will be required to attend an in-person functional assessment as part of the application process. I certify that I have been truthful in completing this form, and that the information I have provided is true, accurate and complete.

(**Applies if you indicated that you are applying for any MATP service in Part 2**) I hereby certify, that, to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to LANtaVan. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Human Services hearing. This affirmation statement covers all attachments required for the determination of eligibility.

(**Applies if you indicated that you are applying for any MATP service in Part 2**) I am authorizing that, in the event that LANtaVan must verify information regarding my trips from medical providers to which I am traveling, in order to comply with the Pennsylvania Department of Human Services regulations, you have my permission to do so. The information will be held by only LANtaVan and its agents in the strictest confidence and will not be shared with any other agency, except the professionals from which we are receiving the information.

(**Applies if you provided medical professional contact information in Part 3**) I give my permission to LANTA to contact the healthcare or other professional that I designated in Part 3 for additional information regarding my health as it relates to this application and/or may relate to both an appeal or the extension processes.

(**Applies if you listed an individual in Part 6**) I understand that this authorization for disclosure of personal information will remain in effect as noted unless revoked by me, in writing, and submitted to LANTA, but that any such revocation will not affect any disclosures made by LANTA prior to the receipt of any such revocation. LANTA, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.

Permissions Signature

By signing below, I give permissions to all the above areas as related to the completed/applicable sections within this application;

_____ _____

Signature of Applicant *or Power of Attorney/Legal Guardian for Applicant* **Date**

_____

Printed Name of Power of Attorney/Legal Guardian if applicable
Please provide documentation of Power of Attorney/Legal Guardian if applicable

ATTENTION:
Applications that are incomplete, unsigned or illegible will be returned to the applicant. ALL sections must be completed.

Application Completion Check-Off Sheet

Information in the application will be kept confidential and shared only with the professionals involved in evaluating your eligibility. *Incomplete applications will be returned to the applicant*.

- **PART 1: GENERAL INFORMATION**
  - ☐ My first name, last name and date of birth I supplied matches the information as it is stated on the proof of age I am supplying.
  - ☐ I am interested in the Medical Assistance Transportation Program (MATP) and I provided my social security number.
- **PART 2: MEDICAL ASSISTANCE TRANSPORTATION PROGRAM INFORMATION**
  - ☐ My MATP identification number is either the 10-digit number from my ____ ACCESS card; or ____ my MA Recipient ID/State ID number on my medical insurance card.
  - ☐ I indicated whether or not I am interested in applying for the MATP reimbursement program or the paratransit door-to-door service.
- **PART 3A: DISABILITY AND FUNCTIONAL ABILITY INFORMATION**
  - ☐ I answered all questions and thoroughly described my disability and conditions that prevent me from using LANtaBus service.
  - ☐ I provided contact information for a healthcare professional that is familiar with my disability I described.
- **PART 3B: ABILITY TO USE LANtaBus SERVICES INFORMATION**
  - ☐ I answered all questions and thoroughly described my abilities and any travel challenges I face on a daily basis.
- **PART 4: DEMOGRAPHIC INFORMATION**
  - ☐ I selected an answer for each question.
- **PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES**
  - ☐ I indicated all other programs (if any) that I am registered with.
- **PART 6: DISCLOSURE OF PERSONAL INFORMATION**
  - ☐ *If applicable,* I indicated whom I would like my LANtaVan information disclosed to and what type of information I would like disclosed with this individual.
- **PART 7: CERTIFICATION**
  - ☐ I signed the application form and included the complete date (month, day and year).
- **I am attaching a clear, legible photocopy of my proof of age indicated on page 2.**
- **I am submitting my application form and proof of age**
  - ☐ By mail: LANtaVan, 1060 Lehigh Street, Allentown, PA 18103
  - ☐ By e-mail: Submit a .PDF file to LANtaVanApps@lantabus-pa.gov.

  Note: Applications cannot be submitted by fax.