



42 Clark Street, Warren, PA 16365  
814-723-1874

**Application for Transportation Services  
Americans with Disabilities (ADA)  
Persons with Disabilities (PwD)**

**HOW TO APPLY FOR TAWC PARATRANSIT ELIGIBILITY:**

1. Fill out PART A of this application.
2. Take or send the application to your health care professional to have PART B completed.
3. Drop or mail the completed application to TAWC, 42 Clark Street, Warren, PA 16365.
4. TAWC will notify you as to your eligibility status.
5. For ADA customers, if we have not processed your application within 21 days of receipt, you will be given presumptive eligibility until we are able to make an eligibility determination.
6. Incomplete or missing information or documents will delay processing.
7. Once processed, you will receive a letter notifying you that you are eligible.

If you have any questions or need this application in an alternate format, please call 814-723-1874

**PART A – APPLICANT**

Ecolane ID \_\_\_\_\_

GENERAL/QUALIFYING QUESTIONS		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Email:
Current Address:		
City:	State:	Zip Code
Home Phone:	Cell Phone:	
Emergency Contact:	Relationship:	Phone #:

NEEDS ASSESSMENT		
What is your primary language?		
Do you have a medical assistance card? ___yes ___no		
Do you have any mobility devices such as....		
___ Manual Wheel Chair	___ Oxygen	___ Cane
___ Motorized Scooter	___ Power Wheel Chair	___ Walker
___ Crutches	___ Guide Dog	Other
Do you require the services of a personal care assistant or escort when you travel? (Someone that is needed to assist you during the trip or at the origin or destination) ___ Yes ___ No ___ Sometimes		

By signing below, I hereby agree to report any changes to this Service Provider regarding my eligibility for funding assistance. I understand that giving knowingly false statements is a criminal offense. The information will be held by only the Service Provider in the strictest confidence and will not be shared with any other agency, except the professionals from which we are receiving the information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you have completed this application for another person you must provide the following information:

Your name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CURRENT TRAVEL		
Do you currently use TAWC's fixed route bus services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes		
Does the weather affect your ability to use TAWC's fixed route bus service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
List your most frequent destinations and how you get there now		
Destination address where you go	How often do you go there:	How do you get there?
1.		
2.		

ENVIRONMENT AROUND YOUR RESIDENCE
How many steps are there at the entrance you use at your residence?
Can you get to a vehicle without the help of another person? <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you describe the terrain where you live? <input type="checkbox"/> Steep <input type="checkbox"/> Hill <input type="checkbox"/> Paved Lane <input type="checkbox"/> Unpaved Lane
Are there sidewalks in your neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No

MOBILITY FUNCTIONAL ASSESSMENT				
For each below question, check <b>one</b> 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:				
Walk up and down three steps if there are handrails on both sides?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Use the telephone to get information?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Cross the street if there are curb cuts?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Ride up and down a wheelchair lift with handrails on both sides?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Find your way to the bus stop if someone shows you the way?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure

Currently travel by yourself?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Wait 10 minutes in good weather outdoors without a place to sit?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Step on and off the curb from a sidewalk?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Travel 3 level blocks, on the sidewalk, when the weather is good?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Travel up or down a gradual hill on the sidewalk, in good weather	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
If you are able to do this, how long does it take you?	<input type="checkbox"/> < 5 min	<input type="checkbox"/> 5 – 10 min	<input type="checkbox"/> > 10	<input type="checkbox"/> Unsure
Have you ever gotten lost when traveling alone?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid? (Please select the box which most closely matches your answer)				
<input type="checkbox"/> I cannot travel alone	<input type="checkbox"/> Less than 1 block	<input type="checkbox"/> 3 blocks	<input type="checkbox"/> 6 blocks	
<input type="checkbox"/> Curb in front of house	<input type="checkbox"/> 9 blocks	<input type="checkbox"/> More than 9 blocks	Other	

**ADA applicants: If you are Applying Specifically for ADA Services, the Application Ends HERE.**

INCOME AND HOUSEHOLD RELATED DATA
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
After reviewing the chart below I think that...
<input type="checkbox"/> I'm already registered with MATP <input type="checkbox"/> I may qualify for MATP <input type="checkbox"/> I do not think I qualify for MATP

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 2023 POVERTY GUIDELINES			
Household Size (select one)	Annual Income (select one)		
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> less than \$14,580	<input type="checkbox"/> \$14,581 - \$19,720	<input type="checkbox"/> \$19,721 - \$24,860
<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> \$24,861 - \$30,000	<input type="checkbox"/> \$30,001 - \$35,140	<input type="checkbox"/> \$35,141 - \$40,280
<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> \$40,281 - \$45,420	<input type="checkbox"/> \$45,421 - \$50,560	
<input type="checkbox"/> 7 <input type="checkbox"/> 8	For families/households with more than 8 persons, add \$5,140 for each additional person.		

PART B

**Certification of Disability Form**

Persons with Disabilities (PwD) Program and Americans with Disabilities Act Program (ADA)

The purpose of this form is to provide written, independent verification that the applicant named below has a disability according to the definition in the Americans with Disabilities Act. **This form is to be completed by a professional who is familiar with the applicant's disability. A professional is someone who has medical training, provides rehabilitative or therapeutic services, does cognitive assessments, or provides independent living and counseling services to people with disabilities.** The applicant has applied for transportation services under the Transportation for Persons with Disabilities (PwD) program, which is being administered by the Pennsylvania Department of Transportation with services provided by the Warren County Transit Authority. If you have any questions about the form, please call 723-1874 OR toll free at 877-723-9456.

Applicant Information to be completed by applicant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address (Street & No.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature or that of the person who completed this form Date

**Definition of 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". "...a *major life activity means* functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Please answer the following questions to be completed by the agency or person providing verification of eligibility information:

Is the applicant's disability permanent?  Yes  No  
(A standard definition of a permanent disability is one that lasts for 12 months or longer.)

If not, how long is it expected to last? \_\_\_\_\_

What is the nature of the applicant's disability? Check those that apply. Please check all mobility aids that apply.

<input type="checkbox"/> Mobility disability (please see question to the right)	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Crutches
<input type="checkbox"/> Vision disability	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Cane
<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Motorized Scooter	<input type="checkbox"/> Walker
<input type="checkbox"/> Cognitive disability	<input type="checkbox"/> Guide/Service Dog	<input type="checkbox"/> White Cane
<input type="checkbox"/> Mental disability	<input type="checkbox"/> Requires Personal Assistant (nurse, Health aide, etc.)	
<input type="checkbox"/> Other — Please specify: _____	<input type="checkbox"/> Requires Escort	

\_\_\_\_\_  
Signature of Professional Date

\_\_\_\_\_  
Title Name of Agency or Organization

\_\_\_\_\_  
Address Telephone

Please send completed form to: **Warren County Transit Authority • 42 Clark St • Warren • PA 16365**