



ERIE METROPOLITAN TRANSIT AUTHORITY



127 E. 14th Street. Erie PA. 16503

814.455.3330

1.800.323.5579

FX: 814.455.3530

REQUEST FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA)

Please be sure to complete all sections in the application.
An incomplete application will lead to a delay in our ability to serve you.

Last Name: _____ First Name: _____
 Street Address: _____ Apt #/Building # _____
 City/Town: _____ State: _____ Zip: _____
 If this is a Licensed Nursing Care Facility, name of facility: _____
 Daytime Telephone _____ Evening Telephone _____
 TDD/Relay # (if applicable) _____ Date of Birth ____ / ____ / ____
 Do you need information given in another format? YES NO
 If yes, which format? larger type braille audio other: _____
 Employer or Program Site (if any): _____
 Contact Person: _____
 Telephone: _____

In case of an emergency or if we are unable to reach you at your regular number(s), please let us know who to contact below:

Last Name: _____ First Name: _____
 Daytime Telephone _____ Evening Telephone _____
 Relationship _____ Agency (if applicable) _____

If someone assisted you with this application, that person must complete the following:

Last Name: _____ First Name: _____
 Street Address: _____ Apt #/Building # _____
 City/Town: _____ State: _____ Zip: _____
 Daytime Telephone _____ Evening Telephone _____
 Relationship _____ Agency (if applicable) _____
 Signature _____ Today's Date ____ / ____ / ____

ADA Eligibility Certification Request

The information obtained through this certification process will only be used by the Erie Metropolitan Transit Authority to determine your eligibility for its special transportation services. Upon your request, information will only be shared with other transit providers to assist your travel in other communities. The information will not be provided to any other person or agency.

The Erie Metropolitan Transit Authority is an affirmative action employer and service provide. We do not discriminate with regard to race, color, creed, religion, national origin, age, ethnic background, sex, sexual orientation or disability.

ADA Definition of Disability

The LIFT will use eligibility criteria established under the Federal Regulations. LIFT does not discriminate against the age of ADA individuals.

The LIFT's eligibility determinations may fit within four (4) different categories as follows:

Category one (1): Unconditional Eligibility - People who can't travel on the bus or train, even if it's accessible, because of a disability.

This category includes people who are unable, due to a mental or physical impairment (including a vision impairment), to board, ride, or disembark from an accessible bus or train without assistance.

Category two (2): Conditional Eligibility – People who need an accessible bus or train.

This category includes wheelchair users and other persons with disabilities who can use an accessible vehicle, but who want to travel on a route that is inaccessible.

Category three (3): Temporary Eligibility – People who have a specific disability-related condition.

This category includes people who have a specific disability-related condition that prevents them from traveling to a boarding location or from a disembarking location. Environmental barriers (such as distance, terrain, weather) or architectural barriers not under control of the transit agency (example: lack of curb ramps) that prevent an individual from traveling to or from the boarding or disembarking locations may form the basis for eligibility.

Category Four (4): Not Eligible – Persons who are not eligible for Paratransit Services.

Paratransit vs. Fixed Route Eligible

In many circumstances, people with disabilities can reach a bus stop. If an impairment-related condition does not prevent travel, then that person is not eligible.

Any person who does not meet the conditional requirements listed above will be advised to apply for EMTA's Reduced Fare Program. Under this program, customers ride for ½ the full fare on EMTA's disability-accessible buses.

Information About Your Public Bus Experience

Do you ride the public bus? YES NO SOMETIMES

When was the last time you used the public bus service? _____

I can use the public bus with little or no difficult.

ALWAYS SOMETIMES NEVER

I can never get to the public bus stop by myself due to the severity of my disability.

YES NO

I have a temporary disability that prevents me from using the public bus. I will need door-to-door services only until I recover.

YES NO

I have a disability that prevents me from remembering and understanding all I have to do to use the public bus. I may be able to learn with training.

YES NO

I have a visual disability that prevents me from getting to and from the public bus stop.

YES NO

I cannot use the public bus for some trips because I have not learned the route, or there are some other barriers that prevent me from using the public bus.

YES NO

Information About Free Travel Training

I could use the public buses if I had general knowledge about routes and times.

YES NO

Travel Training is a free service which teaches people with disabilities how to ride and use the public bus service. Would you like more information?

YES NO

Information About Your Functional Ability

For each statement, check one answer. Your answer should be based on how you feel most of the time under normal circumstances, and whether you can perform this activity.

I can cross the street if there are curb cuts.

- ALWAYS SOMETIMES NEVER

I can travel up/down a gradual hill in good weather conditions.

- ALWAYS SOMETIMES NEVER

I can find my way to the public bus stop if someone shows me once.

- ALWAYS SOMETIMES NEVER

I am able to wait for 10 minutes using my mobility aid (if applicable) at a public bus stop that does not have seats and a shelter.

- ALWAYS SOMETIMES NEVER

I am able to ask for, understand, and follow directions.

- ALWAYS SOMETIMES NEVER

I am able to detect curbs, ramps, and other drop off areas.

- ALWAYS SOMETIMES NEVER

Is there any medication that affects your daily travel? YES NO

Are there any other effects of your disability of which we need to be aware (sensitivity to cold, disorientation, chronic fatigue, etc.)?

Answer the following questions by checking all that apply.

What barriers would make it difficult for you to use the public bus from your home to your destination(s)?

- Busy streets I must cross No Sidewalks Steep Hills
 Sidewalks in poor condition No Curb Cuts No crosswalks at street corners

Other _____

Can you get on and off a public bus?

- Yes, I can use the lift and/or ramp
 I probably could with instruction
 No (Please explain)

Information About Your Disability

The following information will be used to assure the use of an appropriate vehicle and the proper assistance when you request transportation from the Erie Metropolitan Transit Authority . It will also permit us to conduct an analysis of each trip request.

What type of disability prevents you from using public bus service? Check all that apply:

- Physical Visual Cognitive Mental Health Hearing Other Identify

Disability by Name(s) _____

Please describe your disability in detail _____

Is this condition temporary? YES NO If Yes, how long? _____

Will you use any of the following aids for mobility? (Check all that apply)

- Manual Wheelchair Powered Scooter Cane Service Animal
 Electric Wheelchair Oxygen Tank Walker Braces
 Oversized Wheelchair Crutches Cart Communication Board
 Other _____

Do you require the assistance of a personal care attendant? YES NO SOMETIMES

Can you travel without the assistance of another person? YES NO SOMETIMES

If Yes, how far? _____

Using only your mobility aid (if any) can you wait outside without support?

If Yes, how long? _____

Applicant's Certification

I understand that the purpose of this application is to determine if there are times when I cannot use the public buses and must therefore use paratransit (LIFT) services. I understand that any information about my disability or age contained in this application will be kept confidential and shared only with professionals involved in providing this service. I certify that, to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in the Erie Metropolitan Transit Authority re-evaluating my eligibility.

Signature of Applicant or Guardian

Date

Physician or Other Professional Verification Form

To be completed by one of the following licensed/ qualified professionals:

Chiropractor, Physician, Physician assistant, Registered Nurse, Registered Occupational Therapist, Registered Physical Therapist, Respiratory Care, Ophthalmologist, Speech Pathologist, Vocational Rehabilitation Councilor, Licensed Psychologist, Licensed Social Worker, Mental Health Counselor, Nurse Practitioner, Orientation/Mobility Specialist

1. What type of disability prevents applicant from using public bus service?

Check all that apply:

Physical Visual Cognitive Mental Health Hearing Other

2. Identify Disability by Name(s) DSM-IV _____

3. Date of onset? _____

4. What is the prognosis? _____

5. Is this person taking psychotropic, antidepressant, or other medication?

If yes, answer a, b, c, and d:

a. Did you prescribe this medication? YES NO

b. List medication(s) individual is currently using?

Name of Medication	Dosage/Frequency	Date Prescribed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Do you deem individual to be compliant in taking medication? YES NO

d. How does above medication affect individual's functional ability to travel independently on a EMTA bus? (drowsiness, confusion etc.) _____

Physician or Other Professional Verification Form

6. Has the individual's functional ability changed temporarily due to adjustment to medication? YES NO

If yes, please explain and give expected duration: _____

7. When taking medication compliantly, will the individual be able to travel independently on a bus in the community? YES NO

8. Does the individual drive?
 YES NO

9. Does the individual currently experience either auditory or visual hallucinations?
 YES NO

If yes, would s/he be likely to experience auditory or visual misperceptions due to hallucinations? YES NO

10. Is this individual's disability the same everyday?
 YES NO

a. What is a 'good' day like? _____

b. What is the individual able to do on a 'good' day? _____

c. What is a 'bad' day like? _____

d. How many 'good/bad' days has the individual had in the last month? _____

e. Does anything trigger a 'bad' day? Yes No, Explain _____

Physician or Other Professional Verification Form

11. Are any of the following affected by individual's disability? Check ALL that apply:

- | | |
|--|---|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Monitoring Time | <input type="checkbox"/> Judgement |
| <input type="checkbox"/> Short Term Memory | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Long Term Memory | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Inconsistent Performance |
| <input type="checkbox"/> Gate or Balance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inappropriate Social Behavior (aggressive, sexual, overly-friendly) | |

Please explain how the above affects the individual to safely travel: _____

12. Does this individual demonstrate inappropriate social behavior? YES NO

If yes, please explain. _____

13. Describe how the individual's disability affects his/her ability to complete the following travel tasks:

Traveling alone outside _____

Leaving the house on time _____

Seeking and acting on directions _____

Finding way to and from bus stop _____

Crossing streets _____

Waiting for a bus _____

Boarding the correct bus _____

Riding on the bus _____

Transferring to a second bus or exiting at the correct destination _____

Monitoring time _____

Physician or Other Professional Verification

14. Would EMTA bus travel training (learn how to ride, read schedules, boarding instructions) allow the individual to travel independently under all circumstances on EMTA's bus system? YES NO If no, the why? _____

15. How will using the LIFT better suit this individual than using the EMTA bus system?

16. Are there any other life skills that this individual lacks that would be an indication of his/her inability to use public transportation? _____

17. Is there any additional information regarding this individual which you believe impacts his/her functional ability to use EMTA fixed route service or any special circumstance which you believe should be considered? _____

Physician or Other Professional CERTIFICATION

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named, _____, is under my professional care. I hereby swear and affirm that the information I provided is true and correct.

Name _____ Position Title _____

Office Address _____ City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Signature _____ Date _____

EMTA will determine eligibility within 21 days of receipt of the completed application. If approved, the applicant will be notified in writing and eligibility will be granted for a period of 5 years. When eligibility expires, there is a recertification process to keep eligibility current. If your application is not approved, a determination letter will be sent that will include the reason for ineligibility and advise you of the procedures to follow if you wish to appeal. If EMTA does not make a determination within 21 days, the applicant will be granted temporary eligibility and allowed to ride paratransit service until such time as a determination is made, this includes a written decision. Please note, the submission of this application does not guarantee eligibility