## RED ROSE TRANSIT AUTHORITY 45 Erick Road, Lancaster, PA 17601 717-291-1243 ADA TRANSPORTATION APPLICATION

The information obtained in this certification process will be used by the Red Rose Transit Authority to determine eligibility for ADA Transportation services and will be held in the strictest confidence.

Name	GENERAL INFORMATION				
Sex: M F (circle one)  ELIGIBILITY CERTIFICATION  What best describes your ability to use RRTA regular bus service.  I can use with little or no difficulty I can only use with great difficulty I can only use with great difficulty I cannot use at all I have a disability, which allows me to use public transit only when the weather is good I have a disability, which prevents me from getting to or from my bus stops.  DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following: Physical Visual Cognitive  Describe the nature of your disability_ How does your disability prevent you from using regular bus service?  I use the following mobility aids (Check all that apply).  Manual Motorized Scooter Crutches Service Animal Wheelchair  Electric Walker Cane Other Can you travel alone? Yes No (Please Explain) APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.	Last First Middle	Telephone			
ELIGIBILITY CERTIFICATION  What best describes your ability to use RRTA regular bus service.  I can use with little or no difficulty.  I can only use with great difficulty.  I cannot use at all.  I have a disability, which allows me to use public transit only when the weather is good.  I have a disability, which prevents me from getting to or from my bus stops.  DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following:  Physical Visual Cognitive  Describe the nature of your disability.  How does your disability prevent you from using regular bus service?  I use the following mobility aids (Check all that apply).  Manual Motorized Scooter Crutches Service Animal Wheelchair  Electric Walker Cane Other Can you travel alone? Yes No (Please Explain) APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.		Zip			
What best describes your ability to use RRTA regular bus service.  I can use with little or no difficulty. I can only use with great difficulty. I cannot use at all. I have a disability, which allows me to use public transit only when the weather is good. I have a disability, which prevents me from getting to or from my bus stops.  DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following:  Physical Visual Cognitive  Describe the nature of your disability  How does your disability prevent you from using regular bus service?  I use the following mobility aids (Check all that apply).  Manual Motorized Scooter Crutches Service Animal Wheelchair  Electric Walker Cane Other  Wheelchair  Can you travel alone? Yes No (Please Explain)  APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.	Sex: M F (circle one)	Date of Birth/			
I can use with little or no difficulty.   I can only use with great difficulty.   I cannot use at all.   I have a disability, which allows me to use public transit only when the weather is good.   I have a disability, which prevents me from getting to or from my bus stops.    DESCRIPTION OF DISABILITY	ELIGIBILITY CERTIFICATION				
cannot use at all.     I cannot use at all.     I have a disability, which allows me to use public transit only when the weather is good.     I have a disability, which prevents me from getting to or from my bus stops.    DESCRIPTION OF DISABILITY     My disability can generally be categorized as one of the following:	What best describes your ability to use RRTA regular bus service.				
I cannot use at all I have a disability, which allows me to use public transit only when the weather is good I have a disability, which prevents me from getting to or from my bus stops.  DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following: Physical Visual Cognitive  Describe the nature of your disability How does your disability prevent you from using regular bus service?    I use the following mobility aids (Check all that apply) Manual Motorized Scooter Crutches Service Animal Wheelchair Cane Other    Electric Walker Cane Other    Wheelchair Can you travel alone? Yes No (Please Explain)    APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.	I can use with little or no difficulty.				
I have a disability, which allows me to use public transit only when the weather is good.  I have a disability, which prevents me from getting to or from my bus stops.  DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following: PhysicalVisualCognitive  Describe the nature of your disabilityHow does your disability prevent you from using regular bus service?	I can only use with great difficulty.				
DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following: PhysicalVisualCognitive  Describe the nature of your disability	I cannot use at all.				
DESCRIPTION OF DISABILITY  My disability can generally be categorized as one of the following:	I have a disability, which allows me to use public transit only when the weather is good.				
My disability can generally be categorized as one of the following: PhysicalVisualCognitive  Describe the nature of your disabilityHow does your disability prevent you from using regular bus service?					
My disability can generally be categorized as one of the following: PhysicalVisualCognitive  Describe the nature of your disabilityHow does your disability prevent you from using regular bus service?					
PhysicalVisualCognitive  Describe the nature of your disability					
Describe the nature of your disability					
How does your disability prevent you from using regular bus service?    I use the following mobility aids (Check all that apply).   Manual		•			
I use the following mobility aids (Check all that apply). ManualMotorized ScooterCrutchesService Animal Wheelchair ElectricWalkerCaneOther Wheelchair  Can you travel alone?YesNo (Please Explain)  APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.					
ManualMotorized ScooterCrutchesService Animal Wheelchair ElectricWalkerCaneOther	How does your disability prevent you from using regular bus service?				
ManualMotorized ScooterCrutchesService Animal Wheelchair ElectricWalkerCaneOther					
ManualMotorized ScooterCrutchesService Animal Wheelchair ElectricWalkerCaneOther					
ManualMotorized ScooterCrutchesService Animal Wheelchair ElectricWalkerCaneOther					
Wheelchair ElectricWalkerCaneOther Wheelchair  Can you travel alone?YesNo (Please Explain)  APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.	I use the following mobility aids (Check all that apply).				
Wheelchair  Can you travel alone?YesNo (Please Explain)  APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.		Service Animal			
APPLICANT CERTIFICATION  I hereby certify that the above information is true and correct to the best of my knowledge.		Other			
I hereby certify that the above information is true and correct to the best of my knowledge.	Can you travel alone?YesNo (Please Explain)				
	APPLICANT CERTIFICATION				
Signature of Applicant Date	I hereby certify that the above information is true and correct to the best of my knowledge.				
	Signature of Applicant	Date			

ALL APPLICANTS MUST HAVE THE REVERSE SIDE COMPLETED BY A PHYSICIAN, CASE WORKER OR QUALIFIED PROFESSIONAL

PROFESSIONAL DISABILITY VERIFICATION  TO BE COMPLETED BY PROFESSIONAL ONLY (PLEASE PRINT)			
NAME OF APPLICANT:			
Indicate applicant mobility status: Amb	ulatoryNon-A	Ambulatory	
2. What is approximate combined weight of the client/w	neelchair?		
3. Nature of disability:			
4. Is the condition temporary?NoYes	Expected duration until		_
5. Can the applicant travel alone?YesN	lo (Explain)		
6. Please answer the appropriate section(s) which apply to the applicant.			
Verification of Physical Impairment:			
Can the applicant climb three 12-inch steps?		Yes	_No
Can the applicant travel 7 blocks on their own?		Yes	_No
Can the applicant wait outside without support for 10	mins?	Yes	_No
Can the applicant travel 2 blocks on their own?		Yes	_No
Verification of Visual Impairment:			
Visual acuity with best correction:		Right	Left
Visual Fields:	_		
Verification of Cognitive Impairment:			
Can the applicant give address and telephone numb upon request?		Yes	_No
Can the applicant recognize landmarks and destinati	ons?	Yes	_No
Can the applicant deal with unexpected changes in r	outine?	Yes	_No
Can the applicant ask for, understand and follow dire	ctions?	Yes	_No
Can the applicant tell time?		Yes	_No
7. What additional conditions prevent the applicant from	using RRTA regular bus	services?	
PROFESSIONAL DISABILITY CERTIFICATION			
The Red Rose Transit Authority's ADA paratransit transportation is provided to persons with disabilities who are unable to use RRTA regular bus services. ADA paratransit is costly to provide and subsidize and RRTA requires that the physician, case worker or qualified professional completing the application provide certification for qualified applicants only. Applications are subject to final RRTA approval.			
I hereby certify that the above information is true and co	rrect.		
Name of Professional (PLEASE PRINT) Prof	essional's Signature		Date
Name of Agency Addres	5	Telephone	
*FOR RRTA USE ONLY*			
APPROVED / DENIED By:			
Signature PCA: Yes / No	Date	9	