Eligibility and Registration Form
Rural Transportation for Persons with Disabilities (PWD) Project

➢ Reduced fare transportation service may be available to you if you are:
   1. A person with a disability and
   2. Age 18 - 64 and
   3. Need accessible public transit beyond ADA complementary paratransit services?

➢ If you would like to participate in this project, please complete this form and the Certificate of Disability Form and send the form to:

   Chesco Connect
   Persons with Disabilities Program
   601 Westtown Rd, Suite 366
   West Chester, PA 19380

➢ Once your application is received and reviewed you will be notified of your eligibility to participate
➢ If you have questions about this project, this form or need this form in an alternate format please call:

   610-344-5545

Note: The information provided in this application regarding your disability will be used to determine your eligibility for reduced fare transportation services under the PWD project. Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and to provide you with the appropriate type of service. This information will be kept confidential and used only by professionals involved in evaluating your eligibility and in analyzing project for future recommendations. Please print clearly.

PART 1: GENERAL

Last Name: ___________________________ First Name: ___________________________ M.I.: ______

Address (Street & No.): ___________________________

City: ____________________ State: __________ Zip Code: __________

Home Phone: ____________________ Cell Phone: ____________________

E-mail: __________________________

County of Residence: __________________________ Date of Birth: __________

Sex: Male: _____ Female: _____ Language: Spanish: _____ English: _____ Other (Please Specify): ________

Do you have a disability according to the Americans with Disabilities Act (ADA) definition below?

   Yes ______ No ______

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". "...major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."
Certification of Disability Form
Reduced Fare Transportation Services

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 Rural Transportation for Persons with Disabilities (PwD) program or the American's with Disabilities Act complementary paratransit service. Public transportation providers across Pennsylvania provide one or both of these programs to persons with disabilities.

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 ____________

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Please answer the following questions (to be completed by the professional 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.

_______ Mobility disability (please see question to the right)

_______ Vision disability

_______ Hearing disability

_______ Cognitive disability

_______ Mental disability

_______ Other — Please specify: ____________________________

Does the rider require an escort or personal care assistant? ______ Yes ______ No

Signature of Professional ____________________________ Date ____________

Title ____________________________ Name of Agency or Organization ____________________________

Address ____________________________ Telephone ____________________________

Please upload a completed copy of this form to the online eligibility service provided at FindMyRide.PennDOT.gov/eligibility