

BERKS AREA REGIONAL TRANSPORTATION AUTHORITY
1700 N 11TH Street, Reading PA 19604 610-921-2361
ADA TRANSPORTATION APPLICATION

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

GENERAL INFORMATION

Name _____ Telephone _____
Last First Middle

Address _____
Street City State Zip

Sex: M F (circle one) Date of Birth ____/____/____

ELIGIBILITY CERTIFICATION

What best describes your ability to use BARTA 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 Wheelchair
- _____ Motorized Scooter
- _____ Crutches
- _____ Service Animal
- _____ Electric Wheelchair
- _____ 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.

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: _____

1. Indicate applicant mobility status: _____ Ambulatory _____ Non-Ambulatory
2. What is approximate combined weight of the client/wheelchair? _____
3. Nature of disability: _____
4. Is the condition temporary? _____ No _____ Yes - Expected duration until ____/____/____
5. Can the applicant travel alone? _____ Yes _____ No (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 numbers upon request? _____ Yes _____ No
- Can the applicant recognize landmarks and destinations? _____ Yes _____ No
- Can the applicant deal with unexpected changes in routine? _____ Yes _____ No
- Can the applicant ask for, understand and follow directions? _____ Yes _____ No
- Can the applicant tell time? _____ Yes _____ No

7. What additional conditions prevent the applicant from using BARTA regular bus services? _____

PROFESSIONAL DISABILITY CERTIFICATION

The Berks Area Regional Transportation Authority's ADA paratransit transportation is provided to persons with disabilities who are unable to use BARTA regular bus services. ADA paratransit is costly to provide and subsidize and BARTA requires that the physician, case worker or qualified professional completing the application provide certification for qualified applicants only. Applications are subject to final BARTA approval.

I hereby certify that the above information is true and correct.

Name of Professional (PLEASE PRINT) Professional's Signature Date

Name of Agency Address Telephone

FOR BARTA USE ONLY

APPROVED / DENIED By: _____
Signature Date

PCA: Yes / No