



### Part 4: DEMOGRAPHIC INFORMATION

\*The following information is not required for Shared Ride to sponsor 85% of your trip fare. This information is required by the Schuylkill County Office of Senior Services for reporting purposes.

**\*Ethnic Information:**

White \_\_\_ African American \_\_\_ Am. Indian/Alaskan Native \_\_\_  
Asian American/Pacific Islander \_\_\_ Hispanic Origin \_\_\_ Other\_\_\_

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**\*Yearly Income: (please circle one)**

1 Member Household – Above \$11,880 Below \$11,880  
2 Member Household – Above \$16,040 Below \$16,040

Circle if: Refuse to Answer

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**\*Other Information:**

Do you live alone? Yes \_\_\_ No \_\_\_  
Are you frail or functionally disabled? Yes \_\_\_ No \_\_\_  
Do you have adequate housing? Yes \_\_\_ No \_\_\_  
Marital Status: Please check one of the following: Married\_\_\_Single\_\_\_Widowed\_\_\_Divorced\_\_\_Legally Separated\_\_\_  
Do you understand English? Yes\_\_\_ No\_\_\_ Language\_\_\_\_\_

Are you a veteran? Yes\_\_\_ No \_\_\_  
Veteran’s Dependent? Yes \_\_\_ No \_\_\_  
Are you a US Citizen? Yes\_\_\_ No \_\_\_  
Rural Yes\_\_\_ No\_\_\_  
Homebound Yes\_\_\_ No\_\_\_  
Are there any effects of a disability of which we need to be aware?

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### PART 5: AVOIDING DUPLICATION OF TRANSPORTATION SERVICES

Transportation services provided under the P.W.D. program are not to be provided in place of any current transportation services that you already receive.

Do you now receive any transportation services or is any of your transportation costs paid for by another program or organization (choose one)? YES \_\_\_ NO \_\_\_

- \_\_\_ Senior Citizens Shared-Ride Transportation Program
- \_\_\_ Area Agency on Aging
- \_\_\_ Medical Assistance Transportation Program
- \_\_\_ Americans with Disabilities Act Complementary Paratransit
- \_\_\_ Intellectual Development Disability (IDD) aka Mental Health/Mental Retardation
- \_\_\_ Office of Vocational Rehabilitation (OVR)
- \_\_\_ Group Home where you live
- \_\_\_ Aging Waiver
- \_\_\_ OTHER \_\_\_\_\_

## Part 6: 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.

Please complete the following:

\_\_\_\_\_ I am already registered with MATP.

\_\_\_\_\_ I already have Medical Assistance through the Department of Human Services and think I may qualify for MATP. I understand I must contact them directly to apply for transportation benefits. They can be reached at (570) 628-1425 or toll free at (888) 656-0700.

\_\_\_\_\_ I think that I may qualify for Medical Assistance through the Department of Human Services. I understand I can prescreen and apply for benefits directly by accessing [www.compass.state.pa.us](http://www.compass.state.pa.us) or by calling my local office at (570) 621-3000 or toll free at (877) 306-5439.

\_\_\_\_\_ I **DO NOT** think I qualify for Medical Assistance.

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## PART 7: RELEASE OF INFORMATION and CERTIFICATION OF APPLICATION

I certify that the information contained in this application is correct and truthful to the best of my knowledge.

I give my permission to STS to contact a healthcare or other professional for additional information to verify that I am a person with a disability or status on billing/other funding sources for services on my behalf and I understand the purpose of this application is to determine if I am eligible to participate in transportation programs delivered by the Schuylkill Transportation System. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

\_\_\_\_\_  
Your Signature or the person who completed the form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person who completed this form

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number