

## **SCTA ADA ELIGIBILITY POLICIES AND PROCEDURES**

### **OVERSIGHT OF THE PROCESS**

Eligibility for SCTA's ADA complementary paratransit service is determined by a SCTA staff member who has been trained in the requirements of 37.125 and SCTA'S ADA eligibility processes and procedures.

All ADA eligibility policies and procedures have been approved by the SCTA's Executive Director and Board of Directors as required by the SCTA.

### **APPLICATION PROCEDURES**

Applications are available by calling SCTS's Customer Service. All requests for ADA applications are logged in to the SCTA eligibility database. The application contains various parts. Parts 1, 2, and 3 must be completed in order to be considered eligible for ADA Service. Applications must be submitted by mail or delivered directly to one of SCTA facilities – faxes are not accepted.

### **PUBLIC INFORMATION**

A brochure explaining eligibility for ADA is included with the application packet and is available at key locations throughout the community such as SCTA's Terminal in Pottsville and our facility in St. Clair.

### **ELIGIBILITY FOR OTHER ADA PROGRAMS**

Requests for ADA eligibility must be accepted and considered, regardless of the applicant's eligibility for any other SCTA services including: Shared Ride, MATP, PwD and Aging Waiver.

SCTA will inform applicants of other transportation offerings within the coordinated system, offer to assist with applications as appropriate and provide mobility management counseling to ensure that individuals understand their options for the various types of trips they take. However, individual and trip eligibility for ADA Complementary Paratransit is not based on eligibility for any other program and must be granted based on the regulatory criteria.

## **PCA ELIGIBILITY**

It will be the policy of SCTA to grant PCA eligibility for all ADA eligible individuals, in recognition of the fact that any individual with a disability may require assistance with a daily life activity associated with an SCTA ride at some point during the duration of their eligibility. There are no restrictions on who may serve as a PCA as long as they are age EIGHTEEN or over and able to provide the necessary assistance during the trip or at the destination.

The ADA's PCA Policy explains the distinction between a PCA and a companion and the advance reservation requirements when scheduling a ride.

## **INCOMPLETE APPLICATION**

Applications received which are missing Part 2A or 2B, which are unsigned, have a substantial number of questions unanswered are returned to the applicant with written instructions. Returned incomplete applications returned are logged into SCTA's data base

## **CONSIDERATION OF HOME ADDRESS**

An applicant's home address alone is not a basis for granting or denying ADA eligibility. The eligibility decision is based on independent functional ability to use the fixed route system, not proximity to a bus stop or place of residence. Any individual with a disability who lives within SCTA's jurisdiction may apply. People who live or travel outside the ADA service area will be informed in writing of their personal eligibility and the requirement that all trips begin and end within the service area.

## **VISITOR ELIGIBILITY**

Individuals who live outside SCTA's jurisdiction may apply for visitor status to use ADA while in the area. No verification of disability is required if the applicant's disability is apparent. If it is a "hidden disability", verification from a health care provider must be presented in advance. Verification of ADA Complementary Paratransit eligibility from another transit system is also accepted. 21 days of eligibility within every 365 day period is provided to qualified visitors with disabilities.

## **TIMELY DECISIONS**

It is the policy of SCTA to make ADA eligibility determinations as promptly as possible, but within 21 days of the receipt of a completed application. Public information about the eligibility process includes this requirement. If an eligibility decision cannot be issued within 21 days, the ADA eligibility coordinator will contact the applicant by phone on the 21<sup>st</sup> day and advise them of their presumptive eligibility and right to use the service until such time as the applicant is notified of his or her eligibility.

SCTA maintains a database for applications, including a mechanism to track the 21 day notification deadline.

## **NOTIFICATION OF DENIAL, CONDITIONAL OR TEMPORARY ELIGIBILITY**

Determination letters issued by SCTA will include the specific reasons for denial, conditional or temporary eligibility in specific enough detail to permit the applicant to prepare for an appeal, if desired.

Letters will also include information about the right to appeal, to be heard in person, and the appeal form, with the 60 day cutoff date section completed.

## **APPEAL PROCESS**

Individuals who have been determined ineligible, conditionally or temporarily eligible have the right to appeal the limitations based on their ADA eligibility. The right to appeal is explained in the determination letter, and the appeal process policy and request for appeal form is included with the determination letter. Applicants are required to make a request for an appeal in writing, but do not have to provide any additional written information if they choose not to.

Upon receipt of a request for appeal, SCTA will conduct an administrative review on the day the appeal is received. If there is sufficient information in the appeal to overturn the initial decision and grant full eligibility with the approval of the eligibility coordinator's supervisor, SCTA will issue a determination letter. Otherwise, the applicant's complete file and any information submitted with the appeal will be sent to the three person appeal committee the following business day.

The committee will have 20 days to consider the information and may consult with each other by conference call during this time. On the 20<sup>th</sup> day they must record a decision and submit it to SCTA. If there is not sufficient information in the appeal to make a

decision, they may request SCTA to notify the applicant of the next two hearing dates and of the opportunity to present their case to the committee in person. If the applicant declines the hearing, the committee will make a decision on the information they have available.

If, after initial review of the appeal, the committee's decision is for anything less than full eligibility, the applicant is notified of the right to appear at either of the next two in person hearing dates. In person hearings are held on the second and fourth Wednesday of each month. If requested, transportation to the hearing will be provided for the applicant at no cost. The applicant has the right to decline the hearing, in which case the original decision of the committee will be final. If there is a hearing, the Committee will render a decision within 10 days. Failure to meet the deadline will result in presumptive eligibility for the applicant until such time as a decision is rendered.

### **RECERTIFICATION**

It will be the policy of SCTA to grant unconditional eligibility for a period of not less than two and not more than five years depending on the applicant and potential for a change in functional ability. 90 days prior to expiration, the applicant will receive a recertification form to complete and return to SCTA. In most cases, there will be no requirement to provide additional information from a health care provider. If the recertification form is not received within 30 days of the expiration date the applicant will receive a reminder letter advising them that their eligibility will lapse if they fail to complete the recertification process.

If there appears to be a significant change in functional ability that would result in conditional or denial of eligibility, the SCTA ADA eligibility coordinator may contact the individual and request additional information from professionals as necessary in order to make an accurate determination. If, as part of the recertification process, and applicant moves from unconditional to conditional eligibility, the new eligibility status will not take effect for 60 days to provide ample time for the applicant to appeal.



## ***SCHUYLKILL TRANSPORTATION SYSTEM***

### **Application for Transportation Services**

**Persons with Disabilities (PwD), Americans with Disability Act (ADA), Senior Shared Ride 65+, Public Full Fare**

#### **Important**

- All customers must complete parts 1, 4, 5, 6 & 7
- If you have a disability, please complete parts 2, 3 and the Voter Declination Form

1. Transportation services may be available at a reduced rate if you meet any of the following criteria:
  - a. Currently on Medical Assistance through the Department of Human Services. MATP can be reached at (570) 628-1425 or (888) 656-0700 (medical appointments only).
  - b. A person with a disability and aged 18-64.
  - c. A person who lives along the fixed route, but due to a disability is unable to access it.
  - d. Aged 65 or older and reside in Schuylkill County, please contact the Schuylkill County Office of Senior Services at 570-622-3103.

2. If you would like to apply, please complete this form and send it with a copy of the documents listed to the below address:

***SCHUYLKILL TRANSPORTATION SYSTEM***  
**P.O. Box 67**  
**Saint Clair, PA 17970**

3. Once your application is received and reviewed you will be notified of your eligibility to participate.

4. If you have any questions about this application please call:

**Toll Free Phone: (800) 832-3322 or (570) 429-2701**

NOTE: The information provided in this application regarding your age, disability, and county residence will be used to determine your eligibility for shared ride transportation services under the Rural Transportation for Persons with Disabilities and Senior Shared Ride programs.

Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and provide you with appropriate referral service (MATP, ADA, MH/IDD).

This information will be kept confidential and used only by the professionals involved in evaluating your eligibility.

Also included with your application is a Voter Declination Form. STS is required by Federal law to provide this form to all applicants applying for ADA Complementary Paratransit and Persons w/Disabilities Shared Ride Van programs and can be returned with your completed application. Your elections will not affect your eligibility.

**PART 1: GENERAL / QUALIFYING QUESTIONS**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*M.I. \_\_\_\_\_

\*Address (Street and Number): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Municipality \_\_\_\_\_

\*County of Residence: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\*Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ (Last 4 digits only) \*Date of Birth \_\_\_\_\_ \*Current Age \_\_\_\_\_

Acceptable proof of age documents (one required). Please send a legible photocopy of your proof of age along with this application. A Medicare card is not an acceptable proof of age.

- |   |   |
|---|---|
| 1) Armed forces discharge/separation papers | 6) Passport/naturalization papers                                   |
| 2) Baptismal certificate                    | 7) Pennsylvania ID card   |
| 3) Birth certificate                        | 8) Photo motor vehicle driver's license                             |
| 4) PACE ID card                             | 9) Statement of age from U.S. Social Security Administrative Office |
| 5) Resident Alien Card                      |   |

**\*Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Number \_\_\_\_\_

***\*In order for us to serve you better, please check all that apply.***

Does the client need a lift van? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the client use a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

***(Is the wheelchair oversized?)*** Yes \_\_\_\_\_ No \_\_\_\_\_

Does the client need an oxygen tank? Yes \_\_\_\_\_ No \_\_\_\_\_

***(Oxygen tank must be portable)***

Does the client need an escort? Yes \_\_\_\_\_ No \_\_\_\_\_

Start Date: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Details last reviewed: \_\_\_\_\_

Active: Yes or No: \_\_\_\_\_

Reason Active: \_\_\_\_\_

Status Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**\_\_\_\_\_  
SCTA Employee print name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**\*Information required by the Schuylkill County Office of Senior Services**

## PART 2: PROFESSIONAL WRITTEN VERIFICATION OF DISABILITY

ADA definition of *disability*: “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*” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and work.”

Do you have a disability according to the Americans w/Disabilities Act (ADA)?

YES \_\_\_\_\_ NO \_\_\_\_\_

In order to be eligible based on a disability, written verification by a qualified individual or organization that you are a person with a disability is **required** to participate in the Rural Transportation for Persons with Disabilities Program and the ADA program.

The more information you provide, the better we will be able to understand your ability and travel challenges. Information contained in this application will be kept confidential and shared only with the professionals involved in evaluating your eligibility and appropriate Schuylkill Transportation System personnel. Schuylkill Transportation System staff may need to talk to the applicant later to get more information.

As part of the application process, you will have the opportunity to register to vote if you wish.

### You must provide documentation from either Section 2A or 2B.

#### Section 2A

\_\_\_\_\_ Enclosed Certification of Disability Form (**Preferred**)

#### Section 2B

You will need to send verification from one of the organizations or persons listed below. Please check which verification you are enclosing.

- \_\_\_\_\_ Office of Vocational Rehabilitation (OVR)
- \_\_\_\_\_ Disability Insurance (SSDI)
- \_\_\_\_\_ Bureau of Blindness and Visual Services.
- \_\_\_\_\_ Center for Independent Living (CIL)
- \_\_\_\_\_ Intellectual Development Disability (IDD) aka Mental Health/Mental Retardation
- \_\_\_\_\_ United Cerebral Palsy
- \_\_\_\_\_ Registered Physical/Occupational Therapist
- \_\_\_\_\_ Physician
- \_\_\_\_\_ Registered Nurse
- \_\_\_\_\_ PA Attendant Care Program
- \_\_\_\_\_ Community Services Program for Persons with Physical Disabilities
- \_\_\_\_\_ Other \_\_\_\_\_

## PART 2A: Certification of Disability Form

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 persons with disabilities. The applicant has applied for transportation services under the Persons with Disabilities (PwD) or ADA program, which is being administered by the Pennsylvania Department of Transportation with services provided by the Schuylkill Transportation System. If you have any questions about the form, please call 570-429-2701 or 800-832-3322.

### Applicant Information (to be completed by the applicant):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.: \_\_\_\_\_

Address (Street & No.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant signature or that of the person who completed this form

Date

### 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 means functions such as caring for one's self, performing manual tasks, walking, speaking, breathing, learning, and work."

Please answer the following questions (to be completed by the agency or person providing verification of eligibility information)

What is the disability that prevents the applicant from using Schuylkill Trans. bus service? \_\_\_\_\_

How many blocks can this person walk unassisted? (circle one) <1      1-2      2-3      6      9

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 do you expect the applicant to have this disability? \_\_\_\_\_

Does the disability change much from day to day? \_\_\_\_\_ Yes      \_\_\_\_\_ No

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)

\_\_\_\_\_ Manual Wheel Chair      \_\_\_\_\_ Crutches

\_\_\_\_\_ Vision disability

\_\_\_\_\_ Power Wheel Chair      \_\_\_\_\_ Cane

\_\_\_\_\_ Hearing disability

\_\_\_\_\_ Motorized Scooter      \_\_\_\_\_ Walker

\_\_\_\_\_ Cognitive disability

\_\_\_\_\_ Dog Guide      \_\_\_\_\_ Oxygen

\_\_\_\_\_ Mental disability

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other – Please specify: \_\_\_\_\_

Signature of Professional

Printed Name

Date

Title

Name of Agency or Organization

Address

Telephone Number



### PART 3: ADA FUNCTIONAL ASSESSMENT

Do you currently use Schuylkill Transportation **fixed route** services at all? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_

Which route do you currently use? \_\_\_\_\_

When was the last time you independently used Schuylkill Trans. **fixed route** bus service? \_\_\_\_\_

Have you used Schuylkill Trans. **fixed route** bus service in the last year? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_

Which Schuylkill Trans. **fixed route** bus routes serve your neighborhood? \_\_\_\_\_

If you used the **fixed route bus service and stopped, please explain.** \_\_\_\_\_

What is the closest **fixed route** bus stop to your home? Please give the location (Ex. Corner of Fifth and Grant)

Can you get to this fixed bus route yourself? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_

- If no, why not? \_\_\_\_\_
- If you use Schuylkill Trans. **fixed route** bus service now, do you need the assistance of another person?  
**Always** \_\_\_ **Never** \_\_\_ **Sometimes** \_\_\_\_\_
- If you ever need another person's assistance, what does the person do for you?  
\_\_\_\_\_
- What is it about riding a fixed route Schuylkill Transportation bus that is the most difficult for you? (Ex. The bus moves before I am seated) Please list as many things as you can think of:  
\_\_\_\_\_
- Can you ever cross the street by yourself? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_
- If yes, under what circumstances? \_\_\_\_\_

**Please read the following statements and check those that best describe what you believe is your ability to use fixed route bus transportation by yourself. You may select more than one.**

- ☐ I can use fixed route bus service frequently.
- ☐ I can use the bus sometimes, if conditions are right.
- ☐ I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- ☐ I believe I could learn to ride the bus, if someone taught me.
- ☐ I have difficulty or cannot climb stairs and can only board a bus if it has a lift.
- ☐ I have a visual disability that prevents me from ever getting to and from the bus, even with training.
- ☐ The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- ☐ I can never use the bus myself.
- ☐ I can get to and from the bus stop if the distance is not too great, and the route is barrier free.
- ☐ There is no Schuylkill Transportation bus service in my area. I am not really sure if I can use the bus.
- ☐ My disability makes it impossible to walk to and from the bus, even in good weather.
- ☐ I do not want to ride the bus.
- ☐ I am not able to use the bus for other reasons: Please explain

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Do you require the services of a personal care attendant or escort when you travel? (Someone that is needed to assist you during the trip or at the origin or destination)

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_

Describe when you need the assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*SCTA USE ONLY\***

APPROVED: Unconditional \_\_\_\_\_ Conditional \_\_\_\_\_ Temporary \_\_\_\_\_

Expiration of eligibility: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PCA: ☐ YES ☐ NO

Service denied: \_\_\_\_\_

By: \_\_\_\_\_

Signature Date

## 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 \_\_\_

### \*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

### \*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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 \_\_\_\_\_

\*Information required by the Schuylkill County Office of Senior Services

## 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.

## 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

**VOTER DECLINATION FORM**

NAME (Please Print Last Name, First, M.I.)

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?**

☐ Yes

☐ No

OR

☐ No, I am already registered to vote where I live now.

**IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

If you apply to register to vote, the office at which you submit this registration application form will remain confidential.

No information relating to a declination to register to vote will be used for any purpose other than for voter registration.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the **Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120**, or call the Department of State, toll-free, at **1-877-VOTESPA (1-877-868-3772)**.

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(Signature)

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(Date)

**SCTA POLICY**  
**PERSONAL CARE ATTENDANTS (PCA) AND COMPANIONS**  
**ADA COMPLEMENTARY PARATRANSIT SERVICE**

**POLICY**

It is the policy of the SCTA that each ADA eligible individual may be accompanied by one PCA and at least one companion as long as the origin and destination are the same as the eligible rider and an advance reservation has been made for the PCA and the companion. Additional companions will be accommodated on a space available basis.

**DEFINITION**

A PCA is anyone who provides the eligible rider with assistance with a daily life activity necessary to complete the trip or at the destination. There are no restrictions on who may serve as a PCA as long as they are age EIGHTEEN and over and able to perform the necessary assistance. An ADA eligible customer may require a PCA for every trip, or only occasionally as needed. A companion is someone whose presence is desired but not required to complete the trip.

**FARE**

A PCA accompanying an ADA eligible rider pays no fare, and a companion pays the same fare as the eligible individual.

**SCHEDULING**

The eligible customer must advise the call-taker at the time of the reservation whether they will be accompanied by a PCA or a companion. The PCA and companion reservations are entered into the Ecolane system to ensure adequate seating. It is the responsibility of the customer to call to cancel a reservation for a PCA or Companion who will not be traveling as these seats can be used for other customers.

# SCTA Reservation Policy

Other than persons eligible for ADA Complimentary Paratransit Service all reservations need to be made by 12:00 pm the day before the trip. Times and destinations are depended on STS's Service Plan as the Shared Ride Program is not to be used as a taxi service and trips are scheduled for the efficiency off all who use it and to insure it's sustainability. Fares are determined on a mileage based system calculated by the length of the trip. In order to receive discounted fares you must first complete an application for one of our programs. Programs include senior shared ride, and PWD (persons with disabilities) along with ADA Complimentary Paratransit Service.

ADA Complimentary Paratransit Service: Once it has been determined through our application process that a person is unable to use STS's Fixed Route Service, along with other guidelines, trips may be booked with STS under this Federal Program. Reservations under this program must be booked by the end the business day the day before the trip and up to fourteen (14) days in advance. Normal business hours are 7 am to 4:30 pm Monday through Friday. A voice mail has been set up to make a reservation on Saturday or Sunday for trips on Monday during these hours, or for Holiday situations.

Help and information is available, for all services, by contacting STS @ 570-429-2701, 800-832-3322, or at [www.go-sts.com](http://www.go-sts.com). Contact our customer service department and we will answer any questions.

## SCTA MOBILITY DEVICE SECUREMENT POLICY

SCTA requires that all common wheelchairs, and/or mobility devices, along with the individual be secured with all provided securement devices and seatbelts. All passengers are required to wear seatbelts on vehicles with such devices.

Those individuals whom do not want their wheelchair secured but are physically able to transfer to a seat will be asked to do so and to wear the appropriate seatbelt. The wheelchair, or mobility device, must be secured in a position as to not allow freedom of movement while the bus is in motion.

Any individual with a common wheelchair or mobility device that can be secured, but refuses to allow the device to be secured, will have the potential hazards explained to them. The hazards may include, but not be limited to, those that could result in damage or injury to themselves and/or their mobility device from not being properly secured while in transit should an accident or incident occur. They also may have future service declined to them.

If a particular type of common wheelchair or mobility device cannot be secured the individual will not be denied transportation. Instead, if the individual is physically able to, he/she will be asked to transfer to a seat and will be required to wear a seatbelt.

In the event that medical circumstances prohibit securement, a reasonable accommodation request will be processed.



## **SCTA'S ADA SERVICE POLICY**

SCTA provides public fixed route transportation services to ALL individuals and will grant equal access to public transportation for people with disabilities. It further recognizes that since the passage of the Americans with Disabilities Act, provisions have evolved which dictate the operations of its transit service. SCTA is committed to adhering to all ADA regulations. A mutual understanding of responsibilities should exist between SCTA and all passengers. The policies stated below apply to any and all fixed route passengers and may be enforced against any passenger, regardless of whether they fall within the definitions set forth in the ADA. The information provided below outlines each participant's role in providing for a safe and enjoyable trip.

### **DRIVERS MUST**

- Provide rides to customers with disabilities.
- Treat ALL passengers with dignity and respect.
- Offer assistance, but not lifting, with boarding and/or deboarding. Such assistance is limited to ensuring that the passenger can have access to transportation.
- Not assume an escort, medical personnel or family members will provide boarding assistance.
- Charge the same fare for a trip whether or not the customer has a disability or requires assistance.
- Not deny service because a disability is annoying, inconvenient or offensive to the driver or other customers.
- Not deny transportation to a rider whose wheelchair or mobility device is difficult to secure.
- Allow service animals to accompany their owners.
- Provide audible announcements of major stops and transfer points.

### **PASSENGER RESPONSIBILITIES**

- Know whether or not your mobility aid is within ADA requirements.
- Know the size and weight of your mobility device with yourself in it because the maximum size and weight capabilities of lifts vary. SCTA's lift platforms measure 34" wide and 51" long. While SCTA may have some vehicles that are rated at more than 600 lbs., SCTA cannot guarantee a specific vehicle for

your route; therefore, if you and your mobility device combined weigh more than 600 lbs, then SCTA cannot guarantee your ride on certain vehicles. Other vehicles may have ramps and/or lifts that can carry up to 800 lbs. Therefore, in the event you and your wheelchair combined exceed 800 lbs., SCTA will not be able to accommodate you and you will have to make other transportation arrangements.

- Know how to contact SCTA and receive service route schedules and information.
- Arrive at the bus stop at the correct time.
- Pay the proper fare.
- Just like all passengers on SCTA vehicles, riders shall maintain appropriate, reasonable personal hygiene. If riders have open or seeping sores or are leaking bodily fluids, for health and safety reasons, SCTA may refuse service until the situation has been contained or corrected.
- Keep service animals under control. This means that your animal must be properly leashed and/or harnessed and under the control of their handlers at all times. You are responsible for any damages or soiling by your animal. An animal may be prohibited from boarding an SCTA vehicle if that animal causes a particular threat to the driver or other passengers. Service animals are not permitted on vehicle seats. (Updated 10/1/18)
- Comply with SCTA's policy of securing ALL wheelchairs and mobility devices.
- Request lap/shoulder belts and securement for your wheelchair, if desired.
- Signal or ask the driver to stop the bus at the designated stop before you get there.
- Treat the driver and other passengers with courtesy and respect.

#### **ADDITIONAL SCTA POLICIES**

- Visual signage of the bus route will be displayed on the front and side of each bus
- Equipment and devices, such as oxygen, may be transported but must be under the care of the passenger.
- Aides riding the public fixed route must pay the correct fare
- In the event that all wheelchair securement positions are filled, SCTA will require that any wheelchair passengers may be denied service until the next available vehicle on the route.
- SCTA drivers will ask non-ADA passengers to vacate preferred seating in order to accommodate an ADA passenger; however, if the passenger refuses

to move, then SCTA's drivers shall not be compelled to move the other passenger.

- Drivers are not permitted to assist passengers in using portable life-saving equipment such as portable oxygen equipment or portable respirators.
- All mobility devices MUST be secured and face forward. Sideways or backward facing shall not be permitted. SCTA prefers that ALL passengers being secured in a mobility device be secured with seatbelt restraints as well; however, upon notice that a person's condition makes a lap belt more dangerous due to a passenger's condition, and then the seatbelt requirement may be waived.
- So long as it is deemed safe, passengers with disabilities may request a reasonable accommodation from the driver, so long as the request does not undertake a fundamental alteration of service such as arranging specific vehicles for certain passengers.
- All SCTA employees will be trained on ADA service policies.
- If a lift is inoperable, SCTA will hold the vehicle until it is deemed safe and operable by the maintenance department. Should the lift be inoperable and out of service for a long period of time (5+ days) and the agency is facing challenging circumstances delivering service, SCTA has the right to put the vehicle in service with an inoperable lift. If a person with a disability is in need of the lift, SCTA will find an alternative method of transportation.

#### **DISRUPTIVE PASSENGER POLICY:**

SCTA may refuse service to any individual with a disability who engages in violent, seriously disruptive or illegal conduct or acts as a direct threat to the health or safety to others, using the same standards for exclusion that would apply to any other person who acted in such an inappropriate way SCTA will not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons.

In the event that a passenger violates this disruptive passenger policy, they shall be immediately asked to stop or correct the offending behavior. Police assistance may be sought if necessary. In the event that the customer refuses to cease the behavior, then they will be issued a letter detailing the incident. The letter will also outline SCTA's "refusal to provide service" information. In the event the passenger has a guardian or service provider, then a copy of said letter will be provided to that person as well. Any such letter may be appealed pursuant to the process outlined in this policy.

Examples of such behavior may include, but are not limited to, the following:

- Failing to appropriately exit the vehicle at the appropriate stop or destination.

- Disrupting the driver when he/she is driving the vehicle.
- Making physical or verbal threats to drivers or other passengers.
- Damaging or destroying vehicle equipment or any employee's or passenger's property.
- Unfastening their wheelchair or mobility device while the vehicle is operating.
- Swearing, name calling and/or abusive language.
- Personal hygiene conditions that result in a public health hazard or discomfort to other passengers.

## **ADA COMPLEMENTARY PARATRANSIT SERVICES**

### **TITLE VI POLICY STATEMENT**

The Schuylkill County Transportation Authority, also known as SCTA, assures the U.S. Department of Transportation and the Pennsylvania Department of Transportation that no person shall on the basis of race, color, and national origin as provided by Title VI of the Civil Rights Act of 1964 as amended. In addition to Title VI, there are other nondiscrimination statutes that afford legal protection such as Section 504 of the Rehabilitation Act of 1973, the Civil Rights Act of 1987, the Civil Rights Restoration Act of 1987, E.O. 12898, and the Americans with Disabilities Act of 1990, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination or retaliation under any program or activity.

### **TITLE VI REPORTING PROCEDURES**

SCTA's Title VI Complaint Procedure is written to specify the process employed by SCTA to investigate complaints, while ensuring due process for complainants and respondents. The process does not preclude SCTA from attempting to informally resolve complaints. When known to SCTA, it will make every effort to investigate complaints of discrimination.

This procedure applies to all external complaints relating to any program or activity administered by SCTA and/or its sub-recipients, consultants and contractors, filed under Title VI of the Civil Rights Act of 1964 as amended, (including Disadvantage Business Enterprise and Equal Opportunity components), as well as other related laws that prohibit discrimination on the basis of race, color, disability, sex, age, low income, nationality or Limited English Proficiency. Additional statutes include, but not limited to, Section 504 of the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1987, and the Americans with Disabilities Act of 1990.

## **PROCESS**

Any individual or his or her representative, who believes that he or she has been subject to discrimination or retaliation prohibited by Title VI and other nondiscrimination provisions, has the right to file a complaint. Complaints need to be filed within 180 calendar days of alleged occurrence, when the alleged discrimination became known to the Complainant, or when there has been a continuing course of conduct, the date on which the conduct was discontinued or latest instance of the conduct.

Individuals can file a formal complaint by completing the Title VI Discrimination Form. The form is available on-line at [www.go-sts.com](http://www.go-sts.com) and at the SCTA Office located at 252 Industrial Park Road St. Clair, Pa. 17970. The form must be signed by the complainant.

As an investigation moves forward, additional information may be required.

If SCTA receives a complaint, the SCTA will acknowledge receipt of the complainant by written notification and will immediately transmit the complaint to the proper federal agency.

SCTA will maintain a log of all Title VI complaints received.

## **SCTA NO-SHOW POLICY**

The Board of Directors, in keeping with the provisions of the Americans with Disabilities Act and the requirements for providing timely service adopts the following procedures for no-shows by passengers in the implementation of their ADA paratransit service. It is SCTA's policy to record all no show trips for all passengers in order to apply appropriate sanctions if it is necessary when customers establish a pattern of excessive no-shows.

In addition to our drivers providing their best efforts to provide timely and efficient service, it is critical that passengers and their companions are also on-time for the service. Timeliness is critical to ensure that SCTA vehicles operate efficiently and that other riders obtain the best service possible to reach their destination in a timely fashion. Therefore, SCTA has adopted the following policy to outline what the system defines as a "no-show" to provide methods of canceling trips and to outline sanctions for those patrons who habitually miss rides.

### **I. SCTA'S POLICY REGARDING ON-TIME PERFORMANCE FOR PARATRANSIT OPERATIONS:**

SCTA makes it a policy that its on-time performance shall be 15 minutes prior to the scheduled trip or 15 minutes after the scheduled trip time. Therefore, passengers should schedule their trips in a manner that allows them to meet their vehicle within this window and in a manner that allows for the range of scheduling to meet their final destination.

### **II. NO STRAND POLICY**

SCTA will never leave you stranded away from your home if you were scheduled for a paratransit ride that day. If you miss a return trip you should contact SCTA at 800-832-3322 for assistance. If a passenger has been transported to his destination, you will not be stranded; however, SCTA cannot guarantee a particular pick-up window.

### **III. SCHEDULING AT SCTA**

SCTA schedules pick-up and return trips separately. SCTA assumes that all return trips are needed unless canceled. In the event that you are a "no-show" for your first scheduled trip of the day, SCTA will not automatically cancel subsequent trips for that day. If you do not need a return trip, you need to cancel that trip as soon as possible.

If you have an appointment, be sure that the reservations agent knows of your appointment time so that they can schedule your trip appropriately. When advising your appointment time, be sure to allow yourself enough time to get from the vehicle to the actual appointment. Example: If you have to be at work or have a medical appointment at 9:00 a.m., but will need fifteen (15) minutes to get to your desk or to sign in, tell customer service that your appointment is at 8:45 a.m.

Doctor's appointments are always late! When making return reservations, please schedule the return trip to leave yourself plenty of time to meet the vehicle on time.

Customers who would like to cancel a trip must contact their carrier directly at least two (2) hours before the scheduled pick-up time to avoid the trip being classified as a late-cancelled trip.

#### **IV. DEFINITION NO-SHOW**

A “no-show” occurs when:

- You fail to show up for your scheduled trip
- You fail to cancel 2 hours prior to your scheduled trip
- You are not ready within 5 minutes of the driver’s arrival during the pick-up window

SCTA will not consider your trip a no show under various circumstances, including but not limited to:

- Accidents
- Family emergency
- Personal care attendant did not arrive on time to assist the rider

“No Shows” are not excused when the trip is not canceled at least two (2) hours prior to the scheduled pick-up time and is missed for one of several reasons, including but not limited to:

- A passenger did not want to travel on that date
- A passenger received another ride
- Passenger did not contact SCTA to advise them that they were not planning to travel

Should you encounter an emergency situation, please contact SCTA as soon as possible to alert transit staff of your circumstances. Taking these steps may prevent

your trip from being recorded as a “no-show” and deter SCTA from imposing any service suspensions.

A no show will not be considered to affect a rider’s riding privileges when there are circumstances beyond a passenger’s control such as driver lateness or transit agency error. Additional factors such as illness, failure of a companion to arrive or additional factors may be considered as “beyond a rider’s control” for purposes of this “miss/no-show” policy

In the event that a passenger knows ahead of their scheduled ride that they will be forced to no show a trip due to factors such as illness or other bona fide known reason, the passenger should contact SCTA at 800-832-3322 to advise them of their circumstance.

## **V. SANCTIONS**

SCTA will impose sanctions for riders who have a pattern or practice of missing scheduled trips. Sanctions may include suspension from service for a period of time.

In the event of sanctions due to a pattern or practice of missing schedule trips, or a “no show” that a rider disputes, an appeal may be filed to SCTA’s Executive Director. See appeals process in Section VI.

## **VI. SANCTIONS OUTLINE**

The Schuylkill County Transportation Authority is authorized by federal and state regulation to establish an administrative process to suspend, for a reasonable period of time, the paratransit/shared ride service of customers who establish a pattern or practice of missing scheduled trips, except where the trips are missed for reasons that are not under their control. This Policy implements the administration of no shows.

SCTA will record each customer “no-show” as a missed trip. Customers whose missed trips are excessive, as defined by this Policy, may be suspended for a reasonable period of time. This Policy applies to both advance reservation and subscription trips.

### **DEFINITION:**

A no-show occurs when the reservationist is not called 2 hours before the service or when the vehicle arrives at the pick-up location within the pick-up window waits the required 5 minutes and the customer does not board the vehicle.



### **EXCESSIVE NO SHOWS:**

SCTA can impose sanctions for a pattern of no-show trips by a customer. A pattern or practice involves intentional, repeated, or regular actions, not an isolated, accident, or singular incident.

A review of a rider's no-shows can occur if there are at least three (3) no-shows within a 30 day period. A sanction could be imposed if more than 50% of all trips scheduled during that period were no-shows that are not beyond the rider's control.

### **NO SHOW SUSPENSIONS:**

- After one (1) no-show, SCTA will issue a documented written warning to the rider with a copy of the No-Show Policy.
- After two (2) no-shows, SCTA will issue a documented written warning to the rider with a copy of the No-Show Policy.
- After three (3) no-shows within a 30 day period, AND if more than 50% of all trips scheduled during that period were no-shows that were not beyond the rider's control, a one-week (7 days) suspension of service may occur
- After four (4) no-shows within a 30 day period, AND if more than 50% of all trips scheduled during that period were no-shows that were not beyond the rider's control, a ten day (10 days) suspension of service may occur

### **Non-No Show Service Suspension:**

SCTA has the right to suspend service to a client when the following occurs:

- The client no longer needs service.
- The client misuses the service.
- The client displays uncooperative behavior.

Actions leading to suspension of service include, but are not limited to the following:

- No-Shows
- Any action that impedes on safe vehicle operation
- Use of obscene language
- Uncooperative, offensive, or immoral behavior
- Smoking on the vehicles
- Eating or drinking on vehicles
- Willful damage to SCTA property

- Willful injury or assault to another passenger, employee or volunteers
- Willful damage to the property of any SCTA representative
- Reoccurring or unresolved hygiene or incontinence issues
- Issues related to health and safety of others
- Any unlawful actions
- Any transfer of transit script or tickets

## **NOTICE OF SUSPENSION:**

SCTA will send a notice of suspension to customers in violation of this Policy. The notice will identify each late cancellation and/or no-show that customers made. All suspensions will go into effect ten (10) calendar days from the date of the letter notifying the client of service suspension. The notice will also advise customers of the dates when the suspension begins and ends, as well as the date customers can begin to use paratransit service again.

## **Appeal Process**

Anytime SCTA must suspend a customer's service, that customer has the right to appeal SCTA's decision.

Should a customer wish to appeal SCTA's decision to suspend service, the following process must be followed by the customer and SCTA.

Upon receiving SCTA's letter notifying them that their service will be suspended, the customer must complete a Service Suspension/Termination Appeal Form(s) and return the form(s) within 7 business days. Forms are available at our St. Clair office Facility. The appeal should be sent to the Executive Director of SCTA. MATP trips are governed by MATP Policy. Questions or concerns related to those trips/suspensions must be directed to the MATP office.

Schuylkill County Medical Assistance Transportation Program  
420 North Centre Street, Pottsville, PA 17901

If a Service Suspension Appeal Form cannot be completed within the seven (7) days, the customer must call the SCTA Call Center at 570-429-2701 or 1-800-832-3322 and a SCTA staff member will complete this form over the telephone.

Upon receipt of the Service Suspension Appeal Form, SCTA will respond to the customer's appeal within 10 business days. All appeals will be reviewed by the Service Suspension Review Committee. The customer must continue to receive service while the suspension is under appeal, with the exception of issues of safety.

## **SCTA DISRUPTIVE PASSENGER POLICY**

The SCTA's passengers and employees are what makes providing the public service we provide each day possible. While the SCTA seeks to provide rides to all eligible passengers, it is mindful of the safety and security of its other passengers and employees. In keeping with the SCTA's goals, the Board is publicly posting its policy on what happens when confronted with behavior that is not acceptable as well as the process and procedures for notifying passengers of service interruption and appeal rights.

### **I. DISRUPTIVE BEHAVIOR**

When riding a SCTA's Vehicle, customer conduct will not be accepted nor allowed that is violent, seriously disruptive, or illegal.

The SCTA may suspend individual passengers and/or refuse service to an individual with a disability who engages in violent, seriously disruptive, or illegal conduct, using the same standards for exclusion that would apply to any other person who acted in such an inappropriate way.

*The SCTA will not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons.<sup>1</sup>* When faced with an incident involving violent, seriously disruptive, or illegal conduct, the vehicle's operator will complete an incident report detailing the situation and forward it the Operations Supervisor at the conclusion of the shift. In cases of imminent danger or harm, the vehicle operator shall make the necessary report as in the case of any such incident on a SCTA vehicle.

With regard to considering a "direct threat" U.S. Department of Justice regulations state in 28 CFR Sec. 36.208. In determining whether an individual poses a direct threat to the health or safety of others, a public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures will mitigate the risk.

Examples of the violent, seriously disruptive, or illegal conduct resulting in “refusal to provide service” include but are not limited to the following:

- Disrupting the driver while he/she is driving the vehicle.
- Engaging in any conduct or activity that represents a danger to himself/herself, to other passengers or to the driver.
- Making physical or verbal threats to the driver or to other passengers. Such threats may be either verbal or written.
- Damaging or destroying vehicle equipment or any employee’s or passenger’s property.
- Getting out of the seat while the vehicle is in motion or while the trip is underway.
- Refusing to wear a seat belt.
- Smoking, consuming alcoholic beverages or any illegal substance while on board the SCTA vehicle.
- Disrupting other passengers.
- Disrobing.
- Swearing, name calling and/or abusive language.
- Personal Hygiene condition, resulting in a public health hazard.

## **II. PROCESSING DISRUPTIVE BEHAVIOR:**

If a customer engages in violent, seriously disruptive, or illegal conduct, the offending customer will:

1. Immediately be asked by either the vehicle’s operator or other member of the SCTA’s management staff to stop or correct the disruptive behavior. If the customer continues to engage in a violent, seriously disruptive, or illegal behavior, assistance will be sought as necessary; and
2. Be issued a letter detailing the incident. The letter will also outline the subsequent “suspension of service” notification to the passenger and will include the reason for such determination. A copy of the letter will also be sent to the passenger’s guardian, and/or the passenger’s service provider. Despite this notification, the SCTA’s staff must be mindful of the critical importance of maintaining confidentiality concerning information about a passenger’s identity, personal circumstances, disability status, etc.

Further suspensions up to and including refusal of service will be determined at exclusive discretion of Director of Operations in the event that the suspension of service have not mitigated the disruptive situation.

### **III. APPEALS PROCESS**

Adequate documentation must be on file to support the decision that a cause for suspension has been identified and carefully investigated, and that action is warranted.

When possible, if sanctions are imposed, the customer must be notified ahead of time in writing or in accessible format

If an immediate sanction is imposed, a verbal notification must be swiftly followed by the required written or accessible format notice.

The notice must identify the basis for the proposed action with specifics and describe the proposed sanction. It must notify the customer of his/her right to appeal and how to file an appeal.

Customers who are issued a "refusal to provide service" letter will have the right to appeal the suspension, as described below:

1. The individual will have sixty (60) calendar days from the date of the notification letter to file an appeal with the SCTA's Executive Director. The information concerning the appeals process will be included in the correspondence sent to the offending customer, caregiver, guardian or advocate. SCTA will provide transportation to the appealing party to and from the hearing free of charge.
2. If during the ADA appeals process it has been determined the SCTA has legitimately refused service to someone who has engaged in violent, seriously disruptive, or illegal conduct, the Executive Director may choose to provide conditional service to him or her on actions that would mitigate the problem. For example, the Executive Director could choose to require an attendant as a condition of providing service it otherwise had the right to refuse.
3. In evaluating the request, the Executive Director may hold a hearing and otherwise gather evidence regarding the claim and the proposed sanction. The passenger may have an opportunity to present evidence and witnesses at the appointed time. The Executive Director findings will be final and binding.

<sup>2</sup> 49 CFR, Part 37.5 (App.D) "If an entity may legitimately refuse service to someone, it may condition service to him on actions that would mitigate the problem. The entity could require an attendant as a condition of providing service it otherwise had the right to refuse.

## **SCTA PARATRANSIT CUSTOMER COMPLAINT POLICY**

### **POLICY SUMMARY**

It is the policy of SCTA to receive complaints or comments from riders and to maintain summaries or complaints and resolutions in accordance

### **STANDARDS FOR PUBLIC INFORMATION**

SCTA has a written complaint policy for service. The complaint procedure is used as a tool to investigate and correct individual or systemic problems, to educate customers, to improve service quality, to identify gaps in service and to increase confidence in the system. Consumers are confident that lodging a complaint does not prompt negative personal consequences.

### **COMPLAINT POLICIES**

- A complaint is a record of dissatisfaction about any aspect of the service and may be registered by anyone.
- Complaints are accepted at the SCTA Customer Service Center by telephone, in person or in writing.
- SCTA drivers are prohibited from accepting complaints from customers and instructed to inform customers of the complaint procedure.
- There is no arbitrary “strict limit” on the age of a complaint except as is practical for investigation
- Customers will receive a response within 10 business days to every complaint filed
- Customers will be protected from retaliation and when appropriate or necessary will be guaranteed confidentiality
- SCTA maintains a “separation of authority” for the complaint investigation and resolution process – complaints are reviewed by administrative staff not involved in the original situation.

### **COMPLAINT PROCEDURES**

- Complaints are recorded on the complaint form and assigned a unique log number for tracking and retrieval.

- Complaints are forwarded by the next business day to the supervisor responsible for investigation, (Operations Manager). Sub-Contractors of SCTA are required to provide written responses to complaints to SCTA within 5 working days of receipt of the complaint.
- All contact is documented, including when and by whom, the result of the investigation and required action. Each valid complaint is coded according to both the outcome (late arrival) and the cause (dispatching error) in order to identify the specific reasons for poor service and identify remedies.
- Corrective action is documented
- A monthly report summarizing valid complaints is prepared for SCTA senior administrators including the type and number of complaints.
- A secondary report listing the cause of each complaint is also prepared for SCTA senior administrators.
- Complaints and all supporting documentation is filed in log number order, scanned, and kept on file at SCTA for five years.

#### COMPLAINT STANDARDS

- Customers will receive a response within 10 business days of receipt of the complaint
- The monthly complaint summary report will be completed and provided to the Executive Director no later than the 20<sup>th</sup> of the following month.

# SCHUYLKILL TRANSPORTATION SYSTEM

## PASSENGER / MOTORIST COMPLAINT FORM

Incident Number:

**TO BE COMPLETED BY DISPATCHER/CALL TAKER**

Complaint Name:

Address:

Telephone No:

E-Mail:

Does the complainant want to be contacted with the results of the investigation: YES ☐ NO ☐

Date of Complaint:  Time of Complaint  A.M. ☐ P.M. ☐

Passenger: ☐ Motorist: ☐ Lost or Damage: ☐ Other: ☐

**What is the Complaint?**

**Subject of the Complaint:**

Safety ☐

Service ☐

Loss or Damage ☐

Other ☐

Name of Driver and/or vehicle number, if known:

Origin and Destination of your trip, if applicable:

Date and Time of the Incident:

Where did the Incident Occur (Be specific, include road names, nearby towns, etc.)

Description of the Alleged Incident:

Call taken by:  Date and Time of Call:

**ASSIGNED TO:**

Results of the Investigation (Based on GPS, driver interview, and other applicable technology methods)

Follow-up Actions with driver, if applicable (Counsel, training, discipline, etc.)

Follow-up Action with Complainant, if applicable (date/time, summary of discussion and/or resolution)

Complaints involving SAFETY ISSUES will be given IMMEDIATELY to the Operations Manager or Operations Supervisor on duty  
Complaints will be forwarded to the Operations Manager by the next business day  
Customer will receive a response within ten (10) business days.

Date Response Due:

Date Response Sent: