

Medical Assistance Transportation Program (MATP) Application

Part A TO BE COMPLETED BY CUSTOMER

SS# _____ - _____ - _____ NAME _____
 ADDRESS _____ CITY/ZIP _____
 PHONE _____ DATE OF BIRTH _____ / _____ / _____
 IN CASE OF EMERGENCY CONTACT: _____
 EMERGENCY ADDRESS _____ PHONE _____
 Are you able to use the EMTA bus? _____ Yes _____ no

Please note: Our wheelchair ramps have a loading capacity of 600 lbs, including the wheelchair, and are 28 ½ inches wide by 48 inches long with a door height of 5 feet.

If you live within ¼ mile of a bus route this application MUST be signed in Part B by your physician or a Social Service Agency to qualify for LIFT services.

Part B TO BE COMPLETED BY PHYSICIAN OR SOCIAL SERVICE AGENCY

If the customer cannot use a EMTA bus, please provide a description of the functional disability and the extent of the disability ***in non-clinical terms:***

Is this disability temporary? _____ Does the customer require an escort? _____

I certify that, to the best of my knowledge, the above named person's functional disability, as stated above, requires paratransit transportation.

Name (Sign) _____ (Print) _____
 Date _____ Phone _____ Address _____

Part C MEDICAL ASSISTANCE CARD INFORMATION

RECIPIENT # _____ CARD ISSUE # _____
 OTHER ELIGIBLE HOUSEHOLD MEMBERS:

NAME	RECIP #	SSN	DOB

You may attach a separate sheet if necessary.

Part D TO BE SIGNED BY ALL APPLICANTS

****This application cannot be processed unless signed and dated. If you fail to sign this application it will be returned to you.

Affirmation of Information:

I hereby certify, that, to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to this Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Public Welfare fair hearing. This affirmation statement covers all attachments required for the determination of eligibility.

Signature of Applicant _____ Date _____

How did you hear about the LIFT? _____ Radio _____ TV _____ newspaper
_____ friend _____ other (please specify) _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ELIGIBILITY INFORMATION FOR MATP

DATE OF SERVICE: _____

HEALTH BENEFIT CODE: _____

CATEGORY OF ASSISTANCE: _____

PROGRAM STATUS CODE: _____

MATP FUNDING STATUS: GROUP I _____ GROUP II _____

GROUP II = D-00, D-05, B-00, PD-00, PD-21, PD-22, PD-29, TB-00, TD-00, TD-11

APPLICATION PROCESSING INFORMATION

AUTHORIZED SIGNATURE: _____

DATE: _____

FUNDING RECEIVED: _____

Certification of Disability Form
Medical Assistance Transportation Program (MATP)

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 Medical Assistance Transportation Program (MATP), which is being administered by the Pennsylvania Department of Transportation with services provided by the EMTA/LIFT. If you have any questions about the form, please call (814) 455-3330.

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

Definition of Disability
Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, " <i>Disability</i> 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". " <i>...major life activities</i> means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Please answer the following questions (to be completed by the agency or person 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.

<input type="checkbox"/> Mobility disability (please see question to the right)	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Crutches
<input type="checkbox"/> Vision disability	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Cane
<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Motorized Scooter	<input type="checkbox"/> Walker
<input type="checkbox"/> Cognitive disability		
<input type="checkbox"/> Mental disability		
<input type="checkbox"/> Other — Please specify: _____		

Signature of Professional

Date

Title

Name of Agency or Organization

Address

Telephone

Please send completed form to:
EMTA/LIFT
Attn: MATP Program Coordinator
825 West 18th St.
Erie, PA 16502-1663

ASSESSMENT OF NEEDS

The following pages are to be completed by all applicants and must be completed in full:

Do you have a vehicle that you are able to drive?	Yes	No	
Can you drive yourself to your appointments?	Yes	No	
Do you have family and/or friends who can transport you to your appointments?	Yes	No	
Can you maneuver your wheelchair/scooter in a small confined area?	Yes	No	Does not apply
Can you transfer to a seat?	Yes	No	
Do you need assistance to transfer to a seat?	Yes	No	

