Monroe County Transit Authority
POCONO PONY

***MUST include clear copies of ACCESS Cards* FOR ALL LISTED**

P.O. BOX 339, Scotrun, PA 18355 (570) 839-6282 • Fax (570) 839-8205

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM ELIGIBILITY FORM

SECTION 1 – GENERAL INFORMATION

LAST NAME:	**FIRST NAME:**
MAILING ADDRESS:	
CITY, STATE, ZIP:	
PHYSICAL ADDRESS: (IF DIFFERENT THAN MAILING)	
PHONE #:	**SOCIAL SECURITY #:** **BIRTHDATE:**

*******REQUIRED TO PROVIDE COPY OF: PROOF OF AGE ID and COPY OF ACCESS CARD FOR ALL LISTED *******

OTHER ELIGIBLE HOUSEHOLD MEMBERS WHO ARE REGISTERING MUST INCLUDE COPIES OF ACCESS CARDS FOR ALL LISTED

NAME	SOCIAL SECURITY#	BIRTHDATE	CATEGORY	RECIPIENT #

Please note that all children ages 0-8 years old must be in an appropriate child safety seat. MCTA does not provide child safety seats. Transportation will be denied if you do not have the appropriate seat.

SECTION 2- 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 (MCTA). I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing services 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. The above statement covers all attachments required for the determination of eligibility.

Applicant or Designee signature:	Date:	Signature of MCTA Interviewer:	Date:

SECTION 3 – ADDITIONAL INFORMATION

DO YOU USE A WHEELCHAIR OR SCOOTER? PLEASE CIRCLE: YES OR NO **SPECIFY TYPE:**
DO YOU LIVE ON THE PUBLIC BUS ROUTE? PLEASE CIRCLE: YES OR NO
CAN YOU DRIVE YOURSELF TO APPOINTMENTS? PLEASE CIRCLE: YES OR NO
DO YOU HAVE SOMEONE WHO CAN DRIVE YOU TO APPOINTMENTS? PLEASE CIRCLE: YES OR NO
DO YOU NEED AN ESCORT? PLEASE CIRCLE: YES OR NO **REASON FOR ESCORT:**
PLEASE SPECIFY ANY OTHER SPECIAL NEEDS:

NAME OF EMERGENCY CONTACTS	**PHONE #**	**RELATIONSHIP**

DIRECTIONS TO YOUR HOME: ***_MUST INCLUDE_: ***WHICH SIDE OF THE STREET, COLOR OF HOUSE AND LANDMARKS

MCTA provides rides in the least costly way to meet your travel needs. Please be aware that the information you have provided on pages 1 thru 2 will be used to determine the most cost effective and most appropriate mode of transportation. If you do not agree with the determination of mode, you do have the right to appeal. Information on how to appeal the mode is given in our Consumer Welcome Brochure.

After reading the following statement, please sign and date below.

I have reviewed pages 1 thru 2 and the information given is true and correct. I understand that this information will be used to determine the mode of transportation, MCTA will assign to me. I will notify MCTA of any changes that occur that could affect the type of transportation provided.

Client Signature	Date

******Please make sure all sections on the application are completely filled out or this could delay the registration process.******

Assessment of need and mode determination: ***FOR INTERNAL USE ONLY***