



Monroe County Transit Authority
Pocono Pony

ESCORT APPLICATION AND POLICY

A passenger who based upon physical, medical, or mental conditions is unable to travel on an MCTA vehicle may travel with an escort ("Escort") of their choice for their safety and wellbeing. The escort is an individual who shall accompany the passenger to his or her destination. The escort is selected by the passenger in the passenger's sole discretion and is responsible for the safety and wellbeing of the passenger.

A passenger may bring someone with them as an Escort for a \$3.00 cost per trip in the following situations:

- A passenger under age 18 must be escorted by a parent or other relative or by a legal guardian.
- A passenger who is unable to independently travel may be accompanied by an escort.
- A passenger with an illness, physical or mental disability may be escorted.
- A passenger who is unable to speak the English language may bring an Escort with them to serve as an interpreter.

As the Escort you must:

1. Not have any disease or physical ailment which would hinder or prevent you from assisting the passenger.
2. Have the physical and mental ability to perform the services required of an escort for the named passenger.
3. Have sufficient strength to physically assist the passenger in embarking and disembarking from the bus and in moving within the bus.
4. Have sufficient strength to carry the passenger's personal items including all mobility aids, such as walkers and canes.
5. Be able to effectively communicate with the passenger if the passenger is visually or hearing impaired.
6. Have the ability to effectively communicate with the passenger and to interpret the passenger's speech if the passenger speaks a foreign language.
7. Have the ability to hear and understand instructions provided by the driver of the bus.
8. Agree to accompany the passenger at all times and provide all reasonable assistance the passenger may require during the course of the trip.
9. Act on the request of the passenger that you serve as the passenger's Escort.
10. Not act by or on behalf of the Monroe County Transportation Authority or any of its employees.
11. Be fully responsible for the named passenger.

Client Name you will accompany: _____

Client Name telephone #: _____

Escort/Agency Name Printed: _____

Escort/Agency Name Signed: _____

Escort Telephone #: _____ Date Signed: _____

FOR INTERNAL USE ONLY

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|-----------------|------------------------------|
| Funding source: | Reviewer Signature and Date: |
|-----------------|------------------------------|



Physicians Verification

We are asking you (the physician) to provide information regarding the applicants' ability to use the MCTA system.

PLEASE NOTE: This allows MCTA to determine those with disabilities who are eligible for Paratransit service, not persons who find it uncomfortable or difficult to get to and from the bus stop.

Applicant Name: _____

Applicant Address: _____

Applicant Telephone #: _____

- Can the above named person ride MCTA Fixed Route to travel? ___ Yes ___ No
If no, please state why? _____
- What are the limitations that prevent this person from riding MCTA Fixed Route?

- Is the disability expected to be longer than 12 months? ___ Yes ___ No
If no, please give date for expected duration of disability? _____
- In your opinion, how many blocks can this person walk? _____
- Does this person require an escort to travel? ___ Yes ___ No
If yes, Please state how this escort assists this person _____

Physicians' Signature: _____

Physicians' Printed Name: _____

(Physicians Stamp is acceptable)

Physicians' Address: _____

Physicians' Telephone # _____ Date: _____

Physicians' PA License # _____

Please return by fax to 570-839-8205

**** For Medical Assistance Clients****

MATP requires MCTA to provide the least costly mode of service to an individual. The information you provide will allow us to better evaluate the applicants request and provide the most appropriate level of service. Thank you for your cooperation in this matter.

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