



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.
- ADA and MA passengers are not required to pay the escort fare.

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: _____

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Funding source:

Reviewer Signature and Date:



Physicians Verification

In order to permit the MCTA to determine whether a passenger is eligible for Paratransit service by reason of the passenger's medical or mental condition, disability, or disabilities or where the passenger has medical or mental conditions which make it otherwise difficult for the passenger to walk to a bus stop, the MCTA requests that you (the passenger's physician) provide to the MCTA information regarding the Passenger/Applicant's ability to use the MCTA Fixed Route bus service.

Passenger/Applicant's Name: _____

Passenger/Applicant's Address: _____

Passenger/Applicant's Telephone #: _____

- Does the above named Passenger/Applicant have the physical and mental ability to safely ride the MCTA Fixed Route bus system? _____ Yes _____ No
If no, please state why? _____
- What are the physical or mental limitations that prevent Passenger/Applicant from riding the MCTA Fixed Route bus system?

- Is the Passenger/Applicant's disability or medical or mental condition anticipated to persist longer than 12 consecutive months? _____ Yes _____ No
If no, please give date for expected duration of disability? _____
- In your opinion, what is the distance the Passenger/Applicant may walk? _____
- Does this Passenger/Applicant require an escort to travel on the MCTA bus system? _____ Yes _____ No
If yes, Please state how this escort assists this person _____

The undersigned Passenger/Applicant hereby consents and hereby authorizes the undersigned Physician to provide the foregoing medical information concerning the Passenger/Applicant to the MCTA.

Passenger/Applicant's Signature: _____ Date: _____

Physician's Signature: _____

Physician's Printed Name: _____

(Physicians Stamp is acceptable)

Physician's Address: _____

Physician's Telephone # _____ Date: _____

Physician's PA License # _____

Please return by fax to 570-839-8205

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

MATP requires MCTA to provide the least expensive/most appropriate mode of service to an individual. The information you provide will allow us to better evaluate the Passenger/Applicant's request and provide the most appropriate level of service. Thank you for your cooperation.

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Funding source: _____	Reviewer Signature and Date: _____
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