

SEN-HAN TRANSIT

Disabled Transportation Application

A project of Senior Citizens United Community Services of Camden County, Inc.

Funds provided by the Camden County Board of Chosen Freeholders through Senior Citizens and Disabled Residents Assistance Program.

Instructions: **Applicant** - fill out Page 1. **Physician** - fill out pages 2 & 3. Eligibility Criteria on page 4.

Date of Application _____

Name _____
(Last) (First) (Middle Initial)

Address _____
(Please include street address & name, apartment building name, building number, and/or apartment #)

City _____ County _____ State _____ Zip Code _____

Phone (_____) _____ Cell Phone (_____) _____

Sex: Male or Female Weight: _____ pounds.

Date of Birth: ____/____/____
Month Day Year

Social Security #: ____/____/____

Please Indicate Insurance Coverage

- Medicare # _____
- Medicaid # _____
- Other _____
- Veteran _____
- Spouse of Veteran _____
- None

Please Indicate the Ambulatory Status:

- AMBULATORY
- SEMI-AMBULATORY
- With a cane?
- With a walker?
- NON-AMBULATORY
- Do You Own a Standard Manual Hospital Type Wheelchair?
- Do You Own a Motorized Mobility Device?
Manufacturer _____
Model _____
Reclining Back Yes No

Residence Description:

- Number steps from Door to Ground: _____
Ramp Available: NO YES
 Permanent Portable

EMERGENCY CONTACT:

Name _____ Phone (_____) _____

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

<input type="checkbox"/> Approved	Explain:	
<input type="checkbox"/> Denied		
Passenger # Assigned:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary, # of Months _____
Effective:	To	Signature

PHYSICIAN INFORMATION:

CRITERIA:

The criteria for eligibility on the application are in accordance with the following definition: "Disabled citizens means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, is unable (without special facilities or special planning or design) to utilize mass transportation facilities and services as effectively as persons who are not so affected.

EXCLUSIONS:

1. Persons whose sole incapacity is:
 - a. Pregnancy
 - b. Obesity
 - c. Acute or chronic alcoholism or drug addiction
2. Contagious diseases are specifically excluded from eligibility.
3. Persons who are a physical threat to themselves or others.

Physician's Instructions:

Please check the appropriate box listed in the criteria describing your patient. Check the sub-category that makes your patient eligible and describe in detail the nature of the impairment or disability in the space provided. You are assured that you are not liable to SCUCS in any way as the result of furnishing this opinion.

The time length of the Impairment or Disability is:

- PERMANENT
- TEMPORARY - estimated period of disability: From _____ / _____ / _____ to _____ / _____ / _____
(date) (date)

The impairment or disability is considered:

- NON-AMBULATORY DISABLED

Any person whose incapacity or disability will not allow that person to walk, even with the assistance of devices, but with or without the assistance of an attendant, has the personal mobility and independence in a wheelchair and that use of appropriate public transportation poses an unreasonable difficulty or danger.

DETAILS OF NON-AMBULATORY DISABILITY:

- SEMI-AMBULATORY DISABLED

Any person whose incapacity or disability will not allow that person to walk without the assistance of walkers, crutches, canes, artificial legs, or other such adaptive device and for whom appropriate public transportation poses an unreasonable difficulty or danger.

DETAILS OF SEMI-AMBULATORY DISABILITY:

AMBULATORY DISABLED

Any person whose disability relates to a degree of visual, audio, physiological, mental or psychological disability or impairment as specified below, and for whom private personal transportation poses an unreasonable difficulty or danger.

- Cerebrovascular accident (stroke)
- Pulmonary disability
- Cardiac disability
- Sight disability - those persons whose vision in the better eye after correction is 20/200 or less; and those persons whose visual field is contracted (commonly known as tunnel vision to 10 degrees or less from a point of fixation, or so the widest diameter subtends an angle no greater than 20 degrees.
- Hearing - loss is 90 dba or greater in the 500, 1000, 2000 HZ ranges.
- Faulty coordination from brain, spinal, peripheral nerve injury or arthritic condition.
- Epilepsy - petit or gran mal
- Autism
- Cerebral palsy
- Mental Retardation - a state of significant subnormal intellectual development with reduction of social competence in a minor or adult person.
- Mental Illness - a mental disease to such extent that a person so afflicted requires care and treatment for his own welfare or the welfare of others or the community. If so, a SCUCS Medical Transportation Referral Form must be filled out and be accompanied by a letter from you attesting that the patient is not a threat to him/herself or others in the community.

DETAILS OF AMBULATORY DISABILITY:

Physician's Name: (Please print legibly) _____

Address: _____

Phone: () _____ **Licensing Identification:** _____

Physician's Signature: _____

PLEASE MAIL COMPLETED APPLICATION DIRECTLY TO:
Senior Citizens United Community Services, Inc.
146 Black Horse Pike, Mt. Ephraim, NJ 08059
PHONE: (856) 456-3344
FAX: (856) 456-1076

email: scucs@scucs.org

Website: www.scucs.org

ELIGIBILITY CRITERIA FOR DISABILITY CERTIFICATION

GENERAL PROVISIONS:

1. Disabled persons must meet the eligibility criteria to be accepted to the SEN-HAN Transit program.
2. SEN-HAN Transit reserves the right to verify certification forms by contacting persons completing the forms.
3. Any fees charged for completion of certification forms are not the responsibility of SEN-HAN Transit.
4. Certification forms will be confidential records and kept on file at the SEN-HAN Transit office during the period of eligibility.
5. The criteria for eligibility on the application are in accordance with the following definition: Disabled citizens means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, is unable (without special facilities or special planning or design) to utilize mass transportation facilities and services as effectively as persons who are not so affected.

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SPECIAL CONDITIONS:

1. **ALL PASSENGERS MUST WEAR A SEAT BELT.**
2. All passengers must adhere to the SEN-HAN Transit Policies and Procedures. A copy will be given to the client at the time of approval and are also available on our website (www.scucs.org).
3. Escorts are welcome, must be over 18 years of age and in some cases may be required to ensure the safety of the passenger. Passengers are required to inform the reservations clerk that an escort will accompany them to reserve additional seating on the vehicle.
4. Wheelchair Passengers with outside steps must have a ramp from their front door to the ground level. Their destination must have a ramp in place of steps.
5. Passengers using electric scooters designed for persons with limited walking capabilities are strongly encouraged to transfer to a SEN-HAN standard wheelchair to insure safe boarding of the vehicle. In this situation, during transit the passenger would either remain in our boarding chair, secured by the tie-down system of the vehicle or be offered assistance in transferring to a passenger seat. The driver will load the empty scooter using the wheelchair lift and secure the scooter as safely as possible using seat belts.
6. Passengers requiring transport accompanied by their trained service animal will be accommodated. Advance notice from passengers of this situation enables SEN-HAN to provide necessary space.
7. Drivers are not trained or permitted to operate or maintain oxygen for passengers. Passengers or their escort must be able to assume these duties. Oxygen containers and respirators will be secured as much as possible by the driver prior to transport.
8. Passengers residing in high-rise buildings are expected to be downstairs in the lobby when the vehicle arrives.