



## ATTENDANT TRANSPORTATION SERVICE APPLICATION

This application must be completed in its entirety and signed by one of the following:

- Applicant’s Physician
- Registered Nurse
- Physical or Occupational Therapist
- Social Worker
- Health Care or Social Services Professional

Signature on this application certifies the need for the applicant to have an attendant assist him/her with Shared Ride Transportation Service. The provision of Attendant Transportation Service is subject to the availability of funds and may be prioritized.

If assistance is needed in the completion of this form, contact the PCA Helpline at 215-765-9040.

**INCOMPLETE OR IMPROPERLY SIGNED APPLICATIONS WILL NOT BE PROCESSED AND WILL BE IMMEDIATELY RETURNED. PLEASE PRINT CLEARLY.**

### I. APPLICANT INFORMATION

A. **Applicant’s Name:** \_\_\_\_\_  
First Name Middle Initial Last Name

B. **Phone:** \_\_\_\_\_

C. **Address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

D. **Social Security Number:** \_\_\_\_\_ - -

E. **Shared Ride ID Number:** \_\_\_\_\_

F. **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Month Day Year

G. **Is applicant eligible for Medical Assistance:** YES \_\_\_\_\_ NO \_\_\_\_\_

H. **Medical Assistance Number:** \_\_\_\_\_

**I. Age Verification:**

**Date of birth must be verified by one of the following documents listed below. (Check one and attach a copy of the document to the application).**

- 1. Birth Certificate \_\_\_\_\_
- 2. Baptismal Certificate \_\_\_\_\_
- 3. Valid Driver's License \_\_\_\_\_
- 4. Pennsylvania Non-Driver's License \_\_\_\_\_
- 5. Statement of Age Verification from the Social Security Administration (1-800-772-1213) \_\_\_\_\_
- 6. PACE Card \_\_\_\_\_
- 7. Valid Passport \_\_\_\_\_
- 8. Naturalization Papers \_\_\_\_\_
- 9. Armed Forces Discharge Papers \_\_\_\_\_
- 10. Veteran's Universal Access Identification Card \_\_\_\_\_
- 11. Resident Alien Card \_\_\_\_\_

**J. Sex:**

- Male \_\_\_\_\_
- Female \_\_\_\_\_

**L. Marital Status:**

- Married \_\_\_\_\_
- Widowed \_\_\_\_\_
- Divorced \_\_\_\_\_
- Separated \_\_\_\_\_
- Single \_\_\_\_\_

**M. Income Source:**

- None \_\_\_\_\_
- Employment \_\_\_\_\_
- Social Security \_\_\_\_\_
- Pension ( Include VA Insurance) \_\_\_\_\_
- SSI \_\_\_\_\_
- Low Income \_\_\_\_\_
- Public Assistance \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**O. Ownership:**

- Owner \_\_\_\_\_
- Renter \_\_\_\_\_
- Public Housing \_\_\_\_\_
- Subsidized Housing \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Q. Amount of Monthly Income:**  
\$ \_\_\_\_\_

**K. Ethnicity:**

- African American \_\_\_\_\_
- Hispanic \_\_\_\_\_
- American Indian \_\_\_\_\_
- Alaska Native \_\_\_\_\_
- Asian American \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- Non-Minority \_\_\_\_\_

**N. Living Arrangements:**

- Private Home \_\_\_\_\_
- Private Apartment \_\_\_\_\_
- Boarding Home \_\_\_\_\_
- Group Home \_\_\_\_\_
- Nursing Home \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**P. Household Composition**

- Lives Alone \_\_\_\_\_
- With Spouse \_\_\_\_\_
- With Children \_\_\_\_\_
- With Relatives \_\_\_\_\_
- With Non-Relatives \_\_\_\_\_
- Unknown \_\_\_\_\_

**II. EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone

**III. APPLICANT'S WEIGHT \_\_\_\_\_**

**IV. FUNCTIONAL/HEALTH STATUS**

Check all items that would have an impact on transporting this applicant. You may provide additional information in Section B, if needed. This information will be used to help the transportation attendant better serve the applicant's transportation needs.

**A. Current Status**

1. Does the applicant have any limitations? No \_\_\_ Yes \_\_\_ (Explain in section B)
2. Speech Impairment: None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_
3. Hearing Impairment: None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_
4. Visual Impairment: None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_
5. Walking requires assistance? No \_\_\_ Yes \_\_\_ (Explain in section B)
6. Mechanical aids: None \_\_\_ Cane \_\_\_ Walker \_\_\_ Other \_\_\_
7. Wheelchair: None \_\_\_ Standard \_\_\_ Motorized \_\_\_ Collapsible \_\_\_
8. Is applicant able to transfer to and from wheelchair? No \_\_\_ Yes \_\_\_
9. Prosthetic devices required and used: No \_\_\_ Yes \_\_\_ (Explain in Section B)
10. Psycho/Social Limitations: No \_\_\_ Yes \_\_\_ (Explain in Section B)
11. Primary Language Spoken: \_\_\_\_\_
12. Primary Language Understood: \_\_\_\_\_
13. Travels with an oxygen tank: No \_\_\_ Yes \_\_\_
14. Does applicant need supervision? No \_\_\_ Yes \_\_\_ (Explain in Section B)

**B. Additional Information**

Provide information regarding the applicant's functional or health status. Include any known medical conditions that would impact his/her transportation needs.

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**V. PHYSICAL ENVIRONMENT**

1. Number of steps to be negotiated:  
(include landings and turns).      Inside    \_\_\_\_\_    Outside    \_\_\_\_\_
2. On which floor does the applicant live?      1<sup>st</sup>    \_\_\_    2<sup>nd</sup>    \_\_\_    3<sup>rd</sup>    \_\_\_    Other    \_\_\_\_\_
3. Width of stairwell:      Standard    \_\_\_\_\_    Narrow    \_\_\_\_\_    Wide    \_\_\_\_\_
4. Width of front door:      Standard    \_\_\_\_\_    Narrow    \_\_\_\_\_    Wide    \_\_\_\_\_
5. Is there an elevator available?      No    \_\_\_\_\_    Yes    \_\_\_\_\_
6. Is a stair glide available?      No    \_\_\_\_\_    Yes    \_\_\_\_\_
7. Is an exterior ramp available?      No    \_\_\_\_\_    Yes    \_\_\_\_\_
8. Is an exterior lift available?      No    \_\_\_\_\_    Yes    \_\_\_\_\_
9. Is a stair chair required?      No    \_\_\_\_\_    Yes    \_\_\_\_\_

**VI. SOURCE OF TRANSPORTATION**

1. What is the applicant's present or most recent source of transportation?

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2. How has the applicant's situation changed to now require Attendant Transportation Service?

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**VII. SERVICE NEED**

1. Specify the applicant's intended destination(s) when using the Attendant Transportation Service? (Example: adult day care, medical appointments, dialysis, etc).

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2. Expected frequency of rides: \_\_\_\_\_

3. Expected duration of service need: ( Please check a or b below )  
a. Short Term (six months or less) \_\_\_\_\_  
b. Long Term (more than six months) \_\_\_\_\_

4. Describe the type of assistance that will be required. (Include information that would assist the attendant in serving the applicant).

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**VIII. VERIFICATION OF NEED STATEMENT**

**I affirm that to the best of my knowledge the applicant needs an attendant to assist him/her with Shared Ride transportation service. Other alternatives have been explored, and there are no other transportation options available to assist this applicant. I also certify that the information submitted and attached with this application is accurate and correct.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_

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**Signature of Person Completing the Form**

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**Applicant's Signature**

**THIS FORM IS ONLY VALID FOR ONE YEAR FROM THE DATE OF CERTIFICATION**

All Attendant Transportation Service consumers are subject to recertification on an annual basis from the date of initial certification. Service may be prioritized based on the level of need and type of trip requested.

Indicate below who PCA may contact if there are questions regarding this application.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return this completed form to:**

**PCA Helpline  
Attendant Transportation Service  
642 North Broad Street  
Philadelphia, PA 19130**