

CORTRAN

County of Roanoke Transportation



Please keep the enclosed material for reference regarding the CORTRAN Program. By submitting an application, the applicant acknowledges that the following information has been reviewed.

General Program Information

CORTRAN is operated by the County of Roanoke with RADAR to provide transportation services. CORTRAN is available only to prescreened, qualified County of Roanoke residents needing transportation to and from destinations in the County of Roanoke, Town of Vinton, City of Salem, and City of Roanoke.

- There are no restrictions on priority or trip purpose.
- There is no waiting list.
- Service provided is curb to curb. Door to door service may be provided with advanced approval by contacting RADAR dispatch. (See next page)
- Service provided is origin to destination.
- The driver will provide limited assistance to board and exit the vehicle.
- CORTRAN is NOT an emergency transportation service.

CORTRAN service is offered Monday through Friday, 7:00 AM - 6:00 PM with the last pickup time to be scheduled no later than 5:30 PM.

No service is offered on Saturday or Sunday or on the following holidays: New Year's Day, Good Friday, Memorial Day, July Fourth, Labor Day, Thanksgiving Day, Thanksgiving Friday, and Christmas Day.

Once approved/denied for CORTRAN services, you will receive a mailed letter. If approved, you will receive a Client ID number. This number is to be used when making your reservation with CORTRAN or purchasing tickets with the Roanoke County Treasurer's Office. See "Arranging Transportation" and "Ticket Information" on the next page.

CORTRAN Eligibility

CORTRAN clients must be Roanoke County residents who have a qualifying disability and/or are at least 60 years of age. CORTRAN applicants claiming eligibility due to disability must submit a form completed by a professional or medical provider.

CORTRAN clients will be approved for only 2 years. After 2 years, recertification will be required by completing a new application.

CORTRAN clients residing in the County of Roanoke on a temporary basis including nursing home and rehabilitation facilities will only be approved for 6 months. After 6 months, a new application will be required. Client ID numbers are non-transferable. Approval letter and Client ID number will be mailed directly to the requesting facility.

Questions? Contact CORTRAN at (540) 776-7271 or CORTRAN@roanokecountyva.gov.

Arranging Transportation

To make reservations, call RADAR dispatch at **(540) 343-1721, Ext 4**.

Reservations are taken Monday-Friday, 8:00 AM – 5:00 PM. Reservations must be made at least one day prior and may be made up to fourteen days in advance of a trip.

Please have the following information ready to give to the dispatcher:

- Name and Client Identification Number
- Your Requested Appointment Time and Pick-Up Location
- Your Destination, to include Building Name and Address
- Your Return Time

Every attempt will be made to schedule pick-ups at the time requested. CORTRAN reserves the right to negotiate pick-up times up to one hour before or one hour after the time requested as provided by ADA regulations. If a vehicle has not arrived 10 minutes past your pick-up time, please call the RADAR dispatch phone number above.

A return time must be provided to assist in the most efficient scheduling of vehicles. The passenger must be on time for pick-ups, as drivers have been instructed to wait no more than 5 minutes for a late passenger.

Cancellation of a trip must be made at least one hour in advance of the scheduled pick up time. Failure to be at the scheduled pick-up location within five minutes of the arrival of the vehicle or to cancel your reservation less than one hour prior to a scheduled trip is considered a "No-Show." Three consecutive no-shows could result in suspension of service to the CORTRAN program.

In the case of inclement weather, CORTRAN services will not be provided when Roanoke County Schools are closed. If the service is not provided for any other reason, announcements will be made on local radio and TV stations.

Ticket Information

The fare for a one-way trip is \$4.00. All passengers must pay cash or have a ticket. Exact change is required, and drivers are not allowed to make change. Collection of fares will be completed before the client boards the vehicle.

Tickets can only be purchased by and for an individual. No bulk purchase of tickets will be permitted with a limit of 20 tickets per individual purchase.

Please provide your Client ID number when purchasing tickets. To purchase tickets, contact the County of Roanoke Treasurer's Office at (540) 772-2056, extension 0.

Treasurer's Office Mailing Address: PO Box 21009, Roanoke, VA 24018
Treasurer's Office Street Address: 5204 Bernard Drive, Roanoke VA 24018

No ticket or fare is required for ONE personal care attendant to accompany client if needed. However, personal care attendant must pay if they are also a CORTRAN client.

Questions? Contact CORTRAN at (540) 776-7271 or CORTRAN@roanokecountyva.gov.

CORTRAN

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Check one: **New Application** ___ **Recertification** ___

Please check ALL that apply regarding your eligibility to utilize CORTRAN service:

Permanent Disability ___ Temporary Disability ___ 60 years or older ___

Applicants must complete ALL sections of the application regardless of qualification for the program. Incomplete applications may be returned. Send complete application to:

CORTRAN, PO Box 1127, Salem, VA 24153

FAX: (540) 387-6210 **EMAIL:** CORTRAN@roanokecountyva.gov

SECTION 1. CLIENT INFORMATION

1. Name (Last, First MI): _____

Date of Birth: _____

2. Current Street Address: _____

City/State: _____ Zip Code: _____

Is your current address a Roanoke County address? Yes ___ No ___

Is the current address: Temporary ___ Permanent ___

If Temporary, is this a nursing home/rehabilitation center/assisted care facility?

Yes ___ No ___

If Yes, what is the name of the facility? _____

How long do you plan to reside at this address? _____

3. Complete this section **ONLY** if Current Address is Temporary.

Permanent Address: _____

City/State: _____ Zip Code: _____

Is your permanent address a Roanoke County address? Yes ___ No ___

How long have you lived at this address? _____

4. Current Telephone Number: _____

Current Cell Phone Number: _____

Current E-mail address: _____

5. Emergency Contact

Relationship to Client: _____

Name: _____

Home Address: _____

City/State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

6. Did someone other than the applicant complete this application? Yes ___ No ___

If Yes, please complete the following information.

Name: _____

Street Address: _____

City/State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Relationship to Applicant: _____

Do you have Power of Attorney for the Applicant? Yes ___ No ___

I certify that the information provided on behalf of the applicant is correct and truthful to the best of my knowledge.

Signature: _____ **Date:** _____

SECTION 2: NEEDS ASSESSMENT

Do you have a disability that limits you from providing your own transportation?

Yes _____ No _____

If yes, please explain limitations and accommodations needed:

Is this disability temporary? Yes _____ No _____ N/A _____

If yes, how long do you expect to be limited from providing transportation?

Do you use any of the following mobility aids or specialized equipment?

- | | |
|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Long White Cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Oversized Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Portable Oxygen | _____ |

Please circle the appropriate answer.

Will you require a personal care attendant to accompany you when riding CORTRAN?	YES	NO	SOMETIMES
Are you able to climb three 12-inch steps without assistance?	YES	NO	SOMETIMES
Are you able to wait outside without support for 10 minutes?	YES	NO	SOMETIMES
Are you a member of the Medicaid Program?	YES	NO	N/A

CORTRAN applicants claiming eligibility due to disability must submit Certification of Disability Form completed by a professional or medical provider who is familiar with the applicant's disability. (*Certification of Disability Form available on last page.*)

SECTION 3: ADDITIONAL INFORMATION

Information provided in this section will NOT be used to determine eligibility but may be used to better understand the population CORTRAN serves.

How often do you expect to use CORTRAN?

- Less than once a month
- Once or twice a month
- 1 day a week
- 2-3 days a week
- 4 or more days a week

Where do you plan to take CORTRAN? (Check all that apply)

- Work
- School/College/Training Program
- Shopping
- Medical/Dental Appointments
- Social/Recreational/Visit Family or Friends
- Service Agency
- Other, please specify: _____

Identify the destinations that you plan to most frequently travel using CORTRAN services:

1. Address _____

How often do you travel to this destination? ___ Daily ___ Weekly ___ Monthly

2. Address _____

How often do you travel to this destination? ___ Daily ___ Weekly ___ Monthly

3. Address _____

How often do you travel to this destination? ___ Daily ___ Weekly ___ Monthly

Do you utilize any other transportation services for travel in the County, whether you pay for those services or receive them as a benefit from another organization?

Yes ____ No ____

If yes, list the other transportation services: _____

Are you currently in a facility, such as a rehabilitation or assisted living facility, where transportation services are available? Yes ____ No ____

My household's total annual income is:

- Under \$25,000
 Between \$25,000 and \$50,000
 Over \$50,000

SECTION 4: VERIFICATION REQUIREMENTS

As part of the application, please provide a copy of the following documents for verification purposes.

Documentation of Age, which can include one of the following:

- Driver's license, passport, birth certificate, or other government issued ID that includes your date of birth

Documentation of Permanent Address, which can include but is not limited to one of the following:

- Utility bill, not more than two months old, issued to the applicant (examples include gas, electric, sewer, water, cable or phone bill).
- Receipt for personal property taxes or real estate taxes paid within the last year
- Current automobile, home, or life insurance bill
- Voter registration card
- Driver's license, learner's permit or DMV-issued photo ID
- Deed, mortgage, monthly mortgage statement, or rental/ lease agreement

CORTRAN applicants claiming eligibility due to disability must submit Certification of Disability Form completed by a professional or medical provider who is familiar with the applicant's disability. (*Certification of Disability Form available on last page.*)

SECTION 5: CERTIFICATION AND POLICY AGREEMENT

I certify that the information contained in this application is correct and truthful to the best of my knowledge. I understand that the purpose of this application is to determine whether I am eligible to use the transportation services provided by CORTRAN.

By signing below, I agree to report any change in my circumstances regarding eligibility for CORTRAN services to CORTRAN as soon as I am aware of such change. Further, I understand that documentation of all eligibility factors may be required to determine my eligibility or for auditing purposes and that knowingly giving false statements may result in disqualification from participating in the CORTRAN program.

Applicant or Representative Signature **Date**

By signing, I acknowledge that I understand that CORTRAN enforces the following policies:

No Show Policy in which three consecutive no-shows may result in suspension of service to the CORTRAN program. A late cancellation (less than 1 hour before pick-up) is the equivalent of a no-show.

Service will be approved for 2 years, and after that period, clients must re-apply. Those meeting eligibility based on a temporary disability must reapply every 6 months or when the client has been discharged from the facility, whichever is sooner.

There is no charge for ONE personal care attendant to accompany a CORTRAN client. An individual who is certified as a CORTRAN client is NOT permitted to act as a personal care attendant for another CORTRAN client, and they will be charged the regular fare for each trip.

All CORTRAN passengers must pay cash or have a ticket, and exact change is required. Cash or a ticket are required before boarding the vehicle.

Service is provided curb to curb and at no time will a driver enter a building to provide assistance. A driver will provide limited assistance during boarding and exiting CORTRAN vehicles.

Applicant or Representative Signature **Date**

<i>For Internal Use ONLY</i>	
Client Verification Date: _____	Date Notified: _____
CORTRAN/RADAR ID #: _____	Verified By: _____

Certification of Disability Form

The purpose of this form is to provide written, independent verification that the applicant named below has a disability according to the definition in the Americans with Disabilities Act. This form is to be completed by a professional or medical provider who is familiar with the applicant's disability.

The applicant has applied for transportation services under the County of Roanoke Transportation program, which is being administered by RADAR. If you have any questions about the form, please contact CORTRAN at (540) 776-7271 or CORTRAN@roanokecountyva.gov.

Name (Last, First MI): _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Applicant or Representative Signature

Date

Definition of Disability

Eligibility for this program is based on disability as defined by the Americans with Disabilities Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." "...major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

This section to be completed by the professional or medical provider providing verification of eligibility information.

Is the applicant's disability permanent, lasting longer than 12 months? Yes No

If no, how long is it expected to last? _____

What is the nature of the applicant's disability?

Mobility Disability (See question at right)

Vision Disability

Hearing Disability

Cognitive Disability

Mental Disability

Other, specify: _____

Please check all mobility aids that apply.

Manual wheelchair Crutches

Power wheelchair Cane

Motorized Scooter Walker

Guide/Service Dog White Cane

Requires Personal Attendant

Name and Title of Professional: _____

Agency/Organization: _____

Address: _____ Phone: _____

Professional/ Medical Provider Signature

Date

Send completed form to:

MAIL: CORTRAN, PO Box 1127, Salem, VA 24153 or **FAX:** (540) 387-6210