

# CORTRAN APPLICATION



## County of Roanoke Transportation

**CORTRAN**, PO Box 1127, Salem, VA 24153 **PHONE:** (540) 776-7271

**FAX:** (540) 283-6750 **EMAIL:** [CORTRAN@roanokecountyva.gov](mailto:CORTRAN@roanokecountyva.gov)

**Check one:** **New Application** \_\_\_ **Recertification** \_\_\_

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

Permanent Disability \_\_\_ Temporary Disability \_\_\_ 70 years or older \_\_\_

### SECTION 1. CLIENT INFORMATION

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Roanoke County Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_

2. Complete this section **ONLY if Current Address is Temporary** (nursing home or rehab facility)  
Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\* 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: \_\_\_\_\_

3. Emergency Contact  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

Internal Use Only

CORTRAN #: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SECTION 2: NEEDS ASSESSMENT

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

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain limitations and accommodations needed:

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Is this disability temporary? Yes\_\_\_\_ No \_\_\_\_

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

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

Cane

Crutches

Walker

Service Animal

Power Scooter

Leg Braces

Portable Oxygen

Powered Wheelchair

Manual Wheelchair

Long White Cane

Oversized Wheelchair

Prosthesis

Other, please specify:

\_\_\_\_\_

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

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Did someone other than the applicant complete this application? Yes \_\_\_ No \_\_\_

If yes, please complete the following information.

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

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

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

Primary 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.

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**Applicant or Family Member/Responsible Party Signature**

**Date**

## SECTION 3: CERTIFICATION AND POLICY AGREEMENT

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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, 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.

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. See attached No Show Policy.
- Service will be approved for 2 years, after that period, clients must recertify. Those meeting eligibility based on a temporary disability must recertify every 6 months. A new application must be completed to recertify. It is the responsibility of the client to initiate the recertification process.
- 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.

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**Applicant or Family Member/Responsible Party Signature**

**Date**

**\*\*\* Please allow five business days to process application and documentation.**

**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 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

Call (540)776-7271. **Completed forms may be faxed to (540)283-6750.**

Name (Last, First MI): \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
**Applicant or Family Member/Responsible Party 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 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?

Please check all mobility aids that apply.

- Mobility Disability (See question at right)
- Vision Disability
- Hearing Disability
- Cognitive Disability
- Other, specify: \_\_\_\_\_

- Manual wheelchair
- Power wheelchair
- Motorized Scooter
- Guide/Service Dog
- Requires Personal Attendant
- Crutches
- Cane
- Walker
- White Cane

Name of Medical Professional: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

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

\_\_\_\_\_  
**Medical Provider Signature**

\_\_\_\_\_  
**Date**

# County of Roanoke Transportation

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## General Program Information

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CORTRAN is administered by the County of Roanoke with RADAR to provide transportation services. CORTRAN is available only to preapproved, eligible 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.

- 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 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.

## CORTRAN Eligibility

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CORTRAN clients must be Roanoke County residents who have a qualifying disability **and/or** are at least 70 years of age. CORTRAN applicants claiming eligibility due to disability must submit a Certificate of Disability form completed by a medical provider.

CORTRAN clients will be approved for 2 years. After 2 years, recertification will be required by completing a new application and submitting current documentation.

CORTRAN clients residing in the County of Roanoke in a nursing home and/or rehabilitation facilities will 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 client.

## Arranging Transportation

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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. **The client will receive a cancellation number from RADAR dispatch. This number should be retained as proof of the cancellation.** 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. Please see the attached No Show Policy for specifics.**

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

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The fare for a one-way trip is \$5.00. 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.