

BART Consumer Registration Form

Section 1 – Complete for all Participants

Category (check one): _____ 65 or better

Prefix (circle one): Mr. Mrs. Ms.

Residential Address:

Last Name: _____ Street: _____

First Name: _____ Street: _____

Middle Initial: _____ County: _____

Suffix (circle one): Jr. Sr. Town: _____

Maiden Name: _____ State: _____

AKA Name (nickname): _____ Zip Code: _____

Marital Status (circle one): Married Widowed Township/Borough: _____

Divorced Single Legally Separated

Today's Date: _____

**Mailing Address same as Residential
(circle one): Yes No
If no, provide mailing address here:**

Gender (circle one): Female Male P.O. Box or Street: _____

Birth Date: _____ Street: _____

Social Security #: _____ County: _____

(full or last 4 numbers) Example: xxx/xx/xxxx

Home Phone: _ (____) _____ Town: _____

Cell Phone: _ (____) _____ State: _____

Will you have a riding companion? Yes No Zip Code: _____

If yes, provide name

Complete revise side



BART Consumer Registration Form

Section 2 - Complete for 60+ Participants

Federal & State Reporting Requirements

Circle Answers to the following questions

Ethnicity

Hispanic or Latino: ☐ Yes ☐ No ☐ Unknown

In Poverty: ☐ Yes ☐ No

2023 Poverty Levels

1 Person	1,132/Month
2 Persons	1,525/Month
3 Persons	1,919/Month
4 Persons	2,312/Month
Each Additional	393/Month

Lives Alone: ☐ Yes ☐ No

High Nutritional Risk: ☐ Yes ☐ No

Ethnic Race:

- ☐ American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Non-Minority (White – Non-Hispanic)
- ☐ Other
- ☐ White - Hispanic

Emergency Contact (local family, friend, neighbor)

Name: _____

Relationship _____

Home Phone # (____) _____

Work or Cell Phone # ____ (____) _____

Home Address: _____

Street: _____

Characteristics:

Abused/Neglected/Exploited: ☐ Yes ☐ No

Cognitive Impairment ☐ Unknown

☐ None ☐ Moderate ☐ Mild ☐ Severe

Disabled: ☐ Yes ☐ No

Female Head of Household: ☐ Yes ☐ No

Frail ☐ Yes ☐ No

Homebound: ☐ Yes ☐ No

Medicare Eligible: ☐ Yes ☐ No

Receiving Social Security: ☐ Yes ☐ No

State Resident: ☐ Yes ☐ No

Tribal ☐ Yes ☐ No

Understands English: ☐ Yes ☐ No

US Citizen: ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No

Veteran Dependent: ☐ Yes ☐ No

Primary Language Other than English: _____

Consumer/Consumer Representative

*I certify that the information provided above is true and correct to the best of my knowledge

Consumer Signature

**AGE VERIFICATION – HEALTH FORM
OLDER ADULT - FOR THE BUTLER AREA & RURAL TRANSIT**

(BART)

NAME _____
(Please print legibly)

ADDRESS _____

TELEPHONE NO: _____

DATE OF BIRTH _____

MEDICAL ASSISTANCE NUMBER _____

Please verify your age by providing a copy of one of the following items. **Applications missing this information will not be processed.** So that we may better serve you, please indicate any health concerns on the checklist on the back.

Sign and return this form and a copy of your age verification in the envelope provided.
(BART Applications, C/O Butler County Area Agency on Aging, 111 Sunnyview Circle, Bldg 3, Butler, PA 16001)

ANY QUESTIONS CALL 724-282-3008 OR TOLL FREE 1.888-367-2434

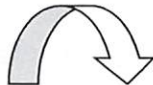
____ BIRTH CERTIFICATE
____ BAPTISMAL CERTIFICATE
____ DRIVER'S LICENSE
____ PA. PHOTO I D CARD
____ ARMED FORCES DISCHARGE
____ STATEMENT OF AGE FROM
SOCIAL SECURITY OFFICE
FOR MEDICARE RECIPIENT

____ PASSPORT
____ NATURALIZATION PAPERS
____ **PACE** IDENTIFICATION CARD
____ VETERAN'S UNIVERSAL
____ RESIDENT ALIEN CARD ISSUED
BY U.S. DEPT OF IMMIGRATION
AND NATURALIZATION

I certify that the information provided here in true and correct to be best of my knowledge.

SIGNATURE OF APPLICANT DATE

Complete reverse side



Agency Assessment Notes & Comments:

Date Approved _____

Date BART Advised _____

Date Consumer notified _____

Print Name _____

Please indicate any/all personal information we should know about to better serve you:

___ Alzheimer's – riding alone

___ Alzheimer's – riding with companion

___ Blind – riding alone

___ Blind – riding with a companion

___ Bad eyesight

___ Dementia

___ Diabetes

___ Epilepsy

___ Frail

___ Hearing impaired

___ Use Oxygen

___ Use a walker

___ Use cane

___ Use crutches

___ Use **ELECTRIC** wheel chair

___ Use **XL** wheel chair

Other: _____

BART CALL CENTER HOURS OF OPERATION

MONDAY- 8:00AM-3:00PM

TUESDAY- 8:00AM-3:00PM

WEDNESDAY- 8:00AM-3:00PM

THURSDAY- 8:00AM-3:00PM

FRIDAY- 8:00AM-1:00PM

SATURDAY & SUNDAY- CLOSED

BART Scheduling Procedures

Call us no later than:

Wednesday before 3pm

Thursday before 3pm

Friday before 3pm

Monday before 3pm

Tuesday before 3pm

For Transportation on:

Monday

Tuesday

Wednesday

Thursday

Friday

*****Trips may be scheduled up to 2 weeks in advance.***

BART Dispatch Hours

Monday -5:00am – 8:00pm

Tuesday -5:00am – 8:00pm

Wednesday-5:00am – 8:00pm

Thursday-5:00am – 8:00pm

Friday-5:00am – 8:00pm

Hours may vary depending on schedule.

BART Scheduling and Riding Procedures

- **Call 724-282-6060**
- **Press #4 to schedule, register, or check application status**
- **Press #5 to speak with the dispatch office if you need to cancel, are done early at your appointment or want to check on your ride**
- **BART provides services for appointments between 7am and 3pm at the latest depending on the location.**
- **Approved out of county transportation is provided on Tuesday, Wednesday and Thursday between the hours of 8am and 3pm.**
- **When leaving a voicemail to schedule a trip please leave the following:**
 - **Name**
 - **Phone number**
 - **Date you're requesting**
 - **Destination including address**
 - **Appointment time and estimated return time**
 - **Any accommodations like an escort or you use a wheelchair**

The Call Center isn't able to schedule your trip until all information has been provided.

- You will get a call back to let you know if your trip has been scheduled or more information is needed. If you do not get a confirmation the trip was not reserved.
- BART is not permitted to provide "Same day trips". This is a Penndot regulation, no exceptions can be made.
- BART is a demand based service. BART does not have set routes. The amount of time a rider spends on the BART vehicle for each trip will vary based on the volume and location of trips requested that day.
- Riders may be delivered to their destinations up to 60 minutes prior to their appointment time. Riders may be picked up as much as 60 minutes after their estimated return time.
- Excessive No-shows can result in suspension of service.
- If a rider no-shows the first leg of their trip the return trip will automatically be cancelled.
- Co-pays vary for each passenger depending on which program they qualify for. If you have a question or concern about your co-pay please contact the BART Call Center at 724-282-6060.
- Riders are not permitted on the BART vehicle if they are not listed on the driver's manifest per Penndot. Riders may only be transported to the destination listed on the driver's manifest. No exceptions.

INCLEMENT WEATHER PROCEDURES FOR BART/ANR

- All BART / ANR closure announcements or delay announcements will be sent to WBUT at newsdesk@bcnnetwork.com and to KDKA television at NewsDesk@KDKA.com and to KDKA radio at radionews@kdka.com.
- If a rider has been delivered to their destination and a BART/ANR closure is announced, dispatch will contact all riders and make arrangements to pick up the rider and return him/her to their residence.
- If your agency experiences a closure, please contact BART/ANR as soon as possible at 724-282-6060.

BART Guidelines

- **BART is a shared ride program--you should expect to ride with others.**
- **BART is not a taxi service or an ambulance service.**
- **BART is non-emergency public transportation available to all Butler County residents over 18 years old.**
- **Riders must pre-register with BART and call at least 3 business days (but no more than 2 weeks) in advance to schedule trips.**
- **BART is a curb to curb service--be prepared to get to and from the BART vehicle unassisted.**
- **If you do require assistance to and from the BART vehicle, you can bring an adult escort free of charge. You must notify BART at the time of scheduling a trip if an escort will be accompanying you.**
- **BART drivers are not required and not permitted to enter private residences or businesses for/or with riders. BART is not a "through the door service".**
- **BART riders are to be ready for pick up at the earliest pick up time given. You will be called in the afternoon on the last business day before your trip with this time (we call on Friday for Monday trips). BART is allowed to arrive within a 30 minute window after that time. BART will only wait 5 minutes upon arrival so make sure to be ready to go.**
- **Unanticipated delays will occur-BART will attempt to notify riders of unexpected delays or cancellations.**

- **BART riders are required to notify BART of cancellations as soon as possible but no less than one hour prior to the scheduled pick up time.**
- **Grocery and other shopping trips-All items must fit inside two (2) bags or containers no larger than 12"x12"x14" and must be kept within your personal seating space. You or your escort must be able to carry all your items. BART drivers are not permitted to carry bags or other personal belongings for riders.**
- **Cash co-pays are required for some trips like shopping. Exact change is required and must be paid for each leg of the BART trip. Co-pays should be put in an envelope with your name and the date on it. Failure to provide the co-pay will result in trip denial.**
- **Oxygen tanks are not permitted on BART vehicles. Small oxygen units strapped to a rider or their wheelchair are permitted.**
- **Inclement weather/emergency shut down notifications will occur through KDKA and/or WBUT radio.**
- **For questions, concerns, and/or complaints call 724-282-6060.**

THANK YOU FOR RIDING WITH BART

BART Bus Sanction Policy

The following policy is to identify the procedures to address “No-Shows” and safety issues under the provision of Shared Ride transportation services. The purpose of this policy is to ensure passenger safety and comfort while providing quality services.

The following process would be followed for no-shows:

****No-Show sanction process starts over once a trip has been delivered****

First Offense:	Verbal warning from BART
Second Offense:	Written warning issued by BART
Third Offense:	3 Day Suspension
Fourth Offense:	10 Day Suspension
	Reinstatement of eligibility upon review

The following process would be followed if someone poses a safety threat on any of the BART buses:

****This policy is zero tolerate regarding violence of any type, the drivers and riders must remain safe. ****

First Offense:	The driver will issue a verbal warning.
Second Offense:	The driver will write an incident report and notify the dispatcher. Intervention with the personal care facility or family by BART staff
Third Offense:	Written warning issued by BART.
Fourth Offense:	Termination of service for 30 days
	Reinstatement of eligibility upon review

The following issues were identified as driver distractions/safety threat and possible causes of being sanctioned. They are not limited to:

- | | |
|--|--------------------------------|
| *Touching the driver | *Drugs/Alcohol on the bus |
| *Moving around the bus | *Personal hygiene/incontinence |
| *Fighting | *Tardiness |
| *Loud or verbal abuse | *Eating or drinking on the bus |
| *Dangerous weapons | *Too many packages |
| *Refusing to use or misuse safety restraints/seatbelts | |

****All suspensions will be reviewed by Logistics Supervisor and initialed prior to implementation. Logistics Supervisor will keep records of all approved suspensions.****

****BART Dispatch Office will address all calls regarding BART warnings and suspensions****