

ACCESS-A-RIDE SERVICE APPLICATION

New Application Recertification: ID Number _____

MTA New York City Transit’s paratransit service, **Access-A-Ride**, provides door-to-door transportation within New York City on an advance reservation basis to persons who, because of a physical or mental disability, are unable to use public transit buses or subways.

INSTRUCTIONS

You must complete this application and bring it with you to the scheduled evaluation at the offices of the professional certifier selected by NYC Transit listed in the cover letter. Please give the completed application and any supporting documents to the professional certifier.

If a question does not apply to you, clearly mark N/A in the space provided. If you have any questions while completing this application, please call **877-337-2017** and when the recorded message begins press “1” for English and “1” for Eligibility. If you are unable to complete the form yourself, it can be completed by someone you choose to assist you. It may take up to 3 weeks to process your application.

One (1) photograph taken within the last three years must be submitted with this application for use on your identification card. Please see the box below for required size. The photograph must have a solid background and show a full view of your face. Please write your name on the back of the photograph. **If you do not bring the photograph with you to the evaluation center, the application process cannot be completed.**

All of the information you provide will be used solely for the purpose of determining your eligibility, and any special assistance you may need when using paratransit. **The information that you furnish will be kept strictly confidential.**

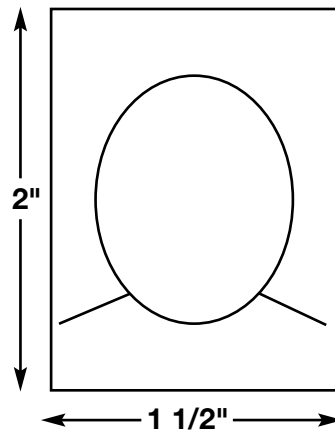
Once issued, an **Access-A-Ride** paratransit service card expires five (5) years from the date it was issued, unless otherwise indicated.

Do you need information in an alternate format?

Check one: Large Print Audio Tape Braille

E-mail _____
Address

Your evaluation will not take place if you arrive at the evaluation center with an incomplete application. You will have to reschedule your evaluation and you may not be provided with transportation for the rescheduled evaluation.



<p>For External Certifier’s Use Initials _____ Date _____</p>
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<p>For NYCT Office Use Application #: _____ Date Entered: _____ By: _____</p>

**AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS
(ALL APPLICANTS MUST SIGN THIS AGREEMENT)**

I understand that as a part of the application process I must attend an in-person evaluation at the offices of a professional certifier selected by NYC Transit.

I understand that MTA NYC Transit reserves the right to request additional proof of my disability or my inability to use public buses and subways.

I understand that my application will not be accepted at the evaluation center if it is not complete.

I affirm that all of the information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification, including verification after my Access-A-Ride card has been issued, and that misrepresentation of any material information will lead to termination of my eligibility.

I agree to notify NYC Transit at **877-337-2017** if I no longer need paratransit service for any reason, including a change in my ability to use bus and subway service. I also understand that my failure to cooperate with a request for additional information to verify statements made on my application after my Access-A-Ride card has been issued will be grounds for suspension or termination of my eligibility for paratransit service. I further understand that my failure to adhere to the policies and procedures for using Access-A-Ride are also grounds for suspension or termination of my eligibility for paratransit service.

Applicant's Signature

Date

If someone other than the applicant has completed this application, please provide the following information:

Name

Relationship to Applicant

Telephone Number

Date

REQUIRED IDENTIFICATION INFORMATION (PLEASE PRINT CLEARLY)

_____ Last Name	_____ First Name	_____ M.I.
_____ Street Address		_____ Apt. No.
_____ City/Borough	_____ State	_____ Zip Code
_____ Cross Streets		
_____ Home Telephone Number		_____ Work Telephone Number
_____ E-mail Address		_____ Cell Phone Number
_____ Date of Birth	Sex: _____ Male Female	

If your mailing address is different from your home address, please complete the following:
(Otherwise leave blank)

_____ P.O. Box or Street Address	_____ Apt. No.	
_____ City/Borough	_____ State	_____ Zip Code

Person to Contact in Case of Emergency: (This section must be completed.)

_____ Last Name	_____ First Name	_____ M.I.
_____ Home Telephone Number		_____ Work Telephone Number
Relationship to Applicant: _____		

APPLICATION FORM

1. How do you currently travel? (Check all that apply)

- Public Transit Bus Subway School Bus Walking Automobile
 Access-A-Ride Commuter Railroad
 Ambulette Taxi/Car Service
 Other: _____

2. Are you registered with the MTA Reduced-Fare program?

- Yes No

3. Do you have a MetroCard? (Check all that apply)

- Yes, I use my MetroCard when traveling by bus
 Yes, I use my MetroCard when traveling by subway
 No, I don't have a MetroCard

4. Is your disability:

- Permanent Temporary I don't know

5. If temporary, please indicate how long you believe the temporary disability will continue.

- 2 months 3 months 6 months
 Other (Specify): _____

6. Indicate which support device(s) you use when traveling or walking outside your home.

- I do not require a support device
 Respirator/Oxygen Tank Walker Braces
 Support Cane Scooter* Crutches
 Prosthesis
 Service Animal (an animal that provides assistance)
 Manual Wheelchair*
 Motorized Wheelchair*
 Other (Specify) _____

***Access-A-Ride vehicles can only accommodate a wheelchair or scooter that is less than 33.5 inches in width and 51 inches in length and does not weigh more than 800 pounds when occupied.**

7. If you have a service animal, indicate the tasks(s) your service animal performs for you.

- Guides me (vision impairment)
 Alerts me (hearing impairment)
 Pulls me (manual wheelchair)
 Carries items for me
 Other (Specify): _____

8. Have you received training to use public transit buses or subways?

- Yes No No, I would like training
 I am in the training process

**9. Would you be able to travel by bus or subway if Access-A-Ride took you from:
(Check all that apply)**

- your home to a bus stop
- the bus stop to your home
- your destination back to the bus stop
- your home to an accessible subway station
- the accessible subway station to your home
- your destination back to the accessible subway station
- Not applicable

10. a. How far from your home is the nearest public transit bus stop?

- Less than 1 block
- 1 to 2 blocks
- 3 to 4 blocks
- 5 or more blocks

Identify location of public transit bus stop:

b. How long does it take you to walk to the nearest public transit bus stop?

- Less than 5 minutes
- 5-10 minutes
- More than 10 minutes
- Not sure

11. On your own or using a support device, are you able to get to and from the public transit bus stop nearest your home?

- Yes
 - No
 - Sometimes—describe the circumstances:
-

12. On your own or using a support device, can you get on, ride, and get off a public transit bus when the “kneeler” is lowered (a kneeler is a device that lowers the front of the bus)?

- Yes
- No
- Sometimes—describe the circumstances: _____

13. How often do you travel on public transit buses?

- Daily
- Weekly
- Monthly
- Occasionally
- Never

If you have used a public transit bus in the past, when did you stop?

_____ (Mo./Yr.)

Why did you stop traveling by public transit bus?

14. If you cannot walk up the steps on a bus or use the kneeler, are you able to use the bus lift? (Please note that persons who cannot climb the bus steps have the right to enter the bus by standing on the lift.)

- Yes
- No
- Sometimes
- Don't Know

15. Are you able to identify and understand the destination and route number signs on public transit buses?

- Yes No
- Only when the bus operator announces them
- Sometimes—describe the circumstances: _____

16. Are you able to determine when you have reached your destination to get off the public transit bus?

- Yes No
- Only when the bus operator announces the stop
- Sometimes—describe the circumstances: _____

17. a. How far from your home is the nearest subway station?

- Less than 1 block 1 to 2 blocks
- 3 to 4 blocks 5 or more blocks

Identify location of subway station:

b. How long does it take you to walk to the nearest subway station?

- Less than 5 minutes 5-10 minutes
- More than 10 minutes Not sure

18. On your own or using a support device, are you able to get to and from the subway station nearest your home?

- Yes No
- Sometimes—describe the circumstances: _____

19. On your own or using a support device, can you ride on an escalator?

- Yes No
- Sometimes—describe the circumstances: _____

20. On your own or using a support device, are you able to go to and from the station platform and the street entrance?

- Yes No
- Sometimes—describe the circumstances: _____
- Only if equipped with an elevator

21. On your own or using a support device, how far can you travel on a level street? Please answer in city blocks.

- Less than 1 block 1 to 2 blocks
- 3 to 4 blocks 5 or more blocks

22. On your own or using a support device, can you get on, ride and get off a subway train?

- Yes No
- Sometimes—describe the circumstances: _____

23. Are you able to determine surfaces (platform, top or bottom of stairs) in a subway station?

- Yes No
- Sometimes—describe the circumstances: _____

24. Are you able to identify and understand the destination and subway line signs?

- Yes No
- Sometimes—describe the circumstances:

25. Are you able to determine when you have reached your destination to get off the subway?

- Yes No
- Sometimes—describe the circumstances:

- Only when the conductor announces the stop

26. How often do you travel using the subway?

- Daily Weekly Monthly Occasionally
- Not at All

If you have used the subway in the past, when did you stop using it?

_____ (Mo./Yr.)

Why did you stop traveling by subway?

27. a. Do you currently travel with a Personal Care Attendant (PCA), a person such as a home attendant who assists you regularly when you travel outside your home?

- Yes No
- Sometimes—describe the circumstances:

I don't have a Personal Care Attendant

b. If you do need the assistance of a PCA to travel, what kind of traveling assistance does the PCA provide and what specifically does the PCA do for you when he/she travels with you?

28. If you are unable to take some or all of your trips by public transit bus or subway, check off the reasons below. (Check all that apply)

- Not applicable
- I feel unsafe traveling by public transit bus
- I do not like traveling by city buses
- Distance to public transit bus is too long
- I do not like traveling by subway
- I feel unsafe traveling by subway
- Distance to subway is too long
- Subway station has no elevators
- No curb cuts
- No paved sidewalks
- Inclement weather
- Extreme cold
- Hilly streets
- Extreme heat
- I cannot travel to an unfamiliar place

(The application continues on Page 9).

29. a. From the following list, please check off all disabilities or conditions that prevent you from boarding, riding or disembarking from public transit buses or subways.

Cardiovascular/Pulmonary

- Angina _____
- Arteriosclerosis/Atherosclerosis _____
- Asthma _____
- Bypass Surgery: Date: _____
- Chronic Obstructive Pulmonary Disease _____
- Congestive Heart Failure _____
- Cystic Fibrosis _____
- Emphysema _____
- Heart Attack: Date: _____
- HTN/Hypertension _____
- Peripheral Vascular Disease _____
- Phlebitis _____
- Thrombosis _____
- Other: _____

General Medical

- AIDS _____
- Atrophy _____
- Chemotherapy Treatment dates: _____
- _____
- Diabetes _____
- Edema _____
- Epilepsy _____
- HIV _____
- Lupus _____
- Rheumatoid Arthritis _____
- Kidney Dialysis _____
- Radiation Treatment dates: _____
- _____
- Other: _____

Vision [Specify eye (s)] One Eye Both Eyes

- Cataracts _____ _____
- Cortical Blindness _____ _____
- Glaucoma (all types) _____ _____
- Macular Degeneration _____ _____
- Retinal Detachment _____ _____
- Legally Blind _____ _____
- Totally Blind _____ _____
- Other: _____

Neuromuscular

- ALS/Lou Gehrig's Disease _____
- Cerebral Palsy _____
- Charcot-Marie Tooth Syndrome _____
- Equilibrium _____
- Fibromyalgia _____
- Hemiplegia/Hemiparesis _____
- Multiple Sclerosis _____
- Muscular Dystrophy _____
- Neuropathy _____
- Paraplegia _____
- Parkinson's Disease _____
- Polio _____
- Quadriplegia _____
- Sciatica _____
- Spina Bifida _____
- Stroke/Cerebral Trauma: Date: _____
- TIA's (Transient Ischemic Attack) _____
- Other: _____

Orthopedic

- Amputation: specify extremity (ies) _____
- _____
- Broken/Fracture: _____ Date: _____
- Degenerative Joint Disease _____
- Gout _____
- Hip Replacement _____
- Knee Replacement _____
- Osteoarthritis _____
- Osteoporosis _____
- Scoliosis _____
- Spondylitis _____
- Other: _____

Cognitive/Psychological

- Alzheimer's Disease _____
- ADD/Attention Deficit Disorder _____
- Autism _____
- Dementia _____
- Head Trauma _____
- Mental Retardation _____
- Panic Disorder _____
- Schizophrenia _____
- Other: _____

b. For each disability or condition checked on previous page, please describe how it prevents you from boarding, riding or disembarking from public transit buses or subways. You may also include medical documentation to support your disability.

c. Bring a copy of medical documentation that verifies your transportation related disability to the in-person assessment.

CHECK HERE IF YOU ARE NOT BRINGING MEDICAL DOCUMENTATION TO THE IN-PERSON ASSESSMENT.

30. From your residence, what are the addresses of your three (3) most frequent destinations?

Destination Address	Cross Streets	Borough	How Often Do You Travel To This Location (Specify)?		
			Daily	Wkly	Mthly
1.	_____				
2.	_____				
3.	_____				

If you have any questions, please contact Access-A-Ride Customer Information between 9 AM and 5 PM, Monday through Friday.

877-337-2017 Toll free from area codes 212, 646, 718, 347, 516, 631, 914, 845

(Press “1” for English and “1” for Eligibility when the recorded message begins.)

718-393-4999 From all other area codes

Customers who are deaf call through the relay.

PLEASE REMEMBER THAT YOU MUST:

- Submit one (1) photograph measuring 2" x 1 1/2" that has been taken within the last three (3) years.
- Complete and sign the Agreement section.
- Complete the application answering every question, and bring it with you when you go to the evaluation center.