

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.

ELIGIBILITY CRITERIA: You are eligible for Access-A-Ride if you have a disability that prevents you from using the public buses or subways. We will review your application, any medical documentation you provide, and ask you to undergo an individualized assessment. During the assessment, we will ask you to demonstrate whether you can: go up or down subway stairs; travel to a subway station or bus stop; get on, ride, and exit a subway or bus; and ride or navigate the bus or subway system independently. Evaluating your ability to do these things will help us determine if you are eligible for conditional or full Access-A-Ride services. We will also evaluate your gait, balance, endurance, strength, range of motion, and, if applicable, assess whether you have any cognitive or psychological conditions that may prevent you from using the bus or subway.

INSTRUCTIONS: Please complete this application and bring it with you to the scheduled evaluation at the offices of the professional certifier selected by NYC Transit and listed in the cover letter. If you have any questions while completing the application, call **877-337-2017**. Please note that **Access-A-Ride** provides telephonic interpretation services in many languages including, but not limited to, Spanish, Chinese, French Creole, Korean, Russian and Bengali. **For assistance in English**, please press "1" and then "1" again for Eligibility. If "1" is not pressed, callers will hear choices in each of the respective languages: **for assistance in Spanish**, please press "2." **For assistance in Russian, Chinese, French Creole, Korean or Bengali**, please press "3." **For all other languages**, please press "4." If you are unable to complete the form yourself, it can be completed by someone you choose to assist you.

Please give the completed application and any supporting documents to the professional certifier. It may take up to 3 weeks after your visit to the assessment center to process your application.

Your photograph will be taken at the evaluation center on the day of your scheduled in-person assessment. The photograph will be used on your AAR identification.

All the information you provide will be used solely for determining your eligibility for paratransit service. **This information will be kept strictly confidential.**

Once issued, your AAR identification expires five (5) years from the date it was issued, unless otherwise indicated.

Do you need information in an alternate format or language other than English?

Check One: Large Print Audio Tape Braille Preferred Language: _____

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

For External Certifier's Use Initials: _____ Date: _____

For NYCT Office Use Application #: _____ Date Entered: _____ By: _____
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**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 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 identification 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 identification has been issued may 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 may also be grounds for suspension or termination of my eligibility for paratransit service.

I acknowledge that, if approved for Access-A-Ride service, I will receive communications from NYC Transit and/or its affiliates and contractors related to the operation of the service. Such communications may include fax, e-mails, text messages, calls, and push notifications. By way of example, I may receive texts, calls or push notifications providing vehicle location information or reminding me of eligibility appointments. I agree that texts, calls or prerecorded messages may be generated by automatic telephone

dialing systems. I acknowledge that any standard text messaging charges applied by my cell phone carrier will apply to such text messages.

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

and _____

Home Telephone Number

Work Telephone Number

E-mail Address

Cell Phone Number

Date of Birth

Gender: _____

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 Access-A-Ride Not Applicable
 Taxi/Car Service Other: _____

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

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

3. Is your disability:

- Permanent Temporary: __2 months __3 months __6 months __Other:

 I don't know

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

- Artificial Limb/Prosthesis Respirator
 Braces/Crutches Support Cane
 Lift Required White Guide Cane
 Double Wheelchair* Walker
 Oxygen Tank Wheelchair *
 Oversized Wheelchair* Wheelchair Scooter*
 Adaptive Stroller Other (Specify) _____

***Access-A-Ride vehicles can only accommodate a wheelchair or scooter that is less than 33 inches in width and 51 inches in length and does not weigh more than 800 pounds when occupied.**

5. Do you have a service animal?

- No Yes, please indicate the task(s) performed
 Guides me Alerts me Pulls me Carries items for me
 Other (Specify): _____

6. 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 the 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

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

- Daily Weekly Monthly Occasionally Not at All

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? _____

8. 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 the 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

9. 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?

_____ (Mo./Yr.)

Why did you stop traveling by subway? _____

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

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

11. a. Do you require the assistance of a Personal Care Attendant (PCA)?

A PCA is someone who assists you when you travel. Yes No

b. If Yes, what specifically does the PCA do for you when you travel?

12. 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 public transit bus
- 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

13. 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	Check all Applicable
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:	

Neuromuscular	Check all Applicable
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:	

General Medical	Check all Applicable
AIDS	
Atrophy	
Chemotherapy Treatment: Dates:	
Diabetes	
Edema	
Epilepsy	
HIV	
Lupus	

Rheumatoid Arthritis	
Kidney Dialysis	
Radiation Treatment: Dates:	
Other:	

Orthopedic	Check all Applicable
Amputation: specify extremity (ies)	
Broken/Fracture: Date:	
Degenerative Joint Disease	
Gout	
Hip Replacement	
Knee Replacement	
Osteoarthritis	
Osteoporosis	
Scoliosis	
Spondylitis	
Other:	

Vision [Specify eye (s)]	One Eye	Both Eyes
Cataracts		
Cortical Blindness		
Glaucoma (all types)		
Macular Degeneration		
Retinal Detachment		
Legally Blind		
Totally Blind		
Other:		

Cognitive/Psychological	Check all Applicable
Alzheimer's Disease	
ADD/Attention Deficit Disorder	
Autism	

Dementia	
Head Trauma	
Intellectual/Developmental	
Panic Disorder	
Schizophrenia	
Other:	

14. 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	Weekly	Monthly
1.					
2.					
3.					

15. Please explain why you believe you need paratransit service?

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, 929, 646, 718, 347, 516, 631, 914, 845, 917, 332.

From all other area codes, dial **718-393-4999**

Customers who are deaf / hard of hearing can use their preferred relay service or the free 711 relay service.

For assistance in: English, press “1” and then “1” again for Eligibility

If “1” is not pressed, callers will hear choices in each of the respective languages:

For assistance in: Spanish, press “2”

For assistance in Russian, Chinese, French Creole, Korean or Bengali, please press “3”

For all other languages, please press “4”

PLEASE REMEMBER THAT YOU MUST:

- Complete and sign the Agreement section.
- Complete the application (please be sure to answer every question), and bring it with you when you go to the evaluation center.