



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 and Russian. **For assistance in English**, please press **"1"** and then **"4"** 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: _____

**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 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 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

FOR INFORMATIONAL PURPOSES ONLY

_____ 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		Sex: _____ Male Female		

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

 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 or OMNY card? (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 ☐ Oxygen Tank ☐ White Guide Cane ☐ Double Wheelchair*
☐ Braces/Crutches ☐ Respirator ☐ Walker ☐ Oversized Wheelchair*
☐ Lift Required ☐ Support Cane ☐ Wheelchair* ☐ Wheelchair Scooter*
☐ 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.**

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

FOR INFORMATIONAL PURPOSES ONLY

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 a 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 a 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

(The application continues on Page 6).

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

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 _____
 Intellectual/Developmental _____
 Panic Disorder _____
 Schizophrenia _____

Other: _____

FOR INFORMATIONAL PURPOSES ONLY

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	Wkly	Mthly
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 service relay.
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 or Korean, 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.

FOR INFORMATIONAL PURPOSES ONLY