



# 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 “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 of the information that 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 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

\_\_\_\_\_  
and \_\_\_\_\_  
Cross Streets

\_\_\_\_\_  
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    Oxygen Tank    White Guide Cane    Double Wheelchair\*  
 Braces/Crutches    Respirator    Walker    Oversized Wheelchair\*  
 Lift Required    Support Cane    Wheelchair\*    Wheelchair Scooter\*  
 Adaptive Stroller    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    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?

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**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 someone who assists you when you travel.    Yes    No**

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

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**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)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Not applicable                                | <input type="checkbox"/> I feel unsafe traveling by subway | <input type="checkbox"/> Inclement weather                      |
| <input type="checkbox"/> I feel unsafe traveling by public transit bus | <input type="checkbox"/> Distance to subway is too long    | <input type="checkbox"/> Extreme cold                           |
| <input type="checkbox"/> I do not like traveling by public transit bus | <input type="checkbox"/> Subway station has no elevators   | <input type="checkbox"/> Hilly streets                          |
| <input type="checkbox"/> Distance to public transit bus is too long    | <input type="checkbox"/> No curb cuts                      | <input type="checkbox"/> Extreme heat                           |
| <input type="checkbox"/> I do not like traveling by subway             | <input type="checkbox"/> No paved sidewalks                | <input type="checkbox"/> 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: \_\_\_\_\_

**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?**

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**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 “4” 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.