

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

I understand that my application will be returned if it is not complete.

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. This may include an evaluation at the offices of a professional certifier selected by NYC Transit.

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 revocation of my registration.

I agree to notify NYC Transit at 1-877-337-2017 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 revocation of my eligibility in this program. I further understand that my failure to adhere to the policies and procedures for using Access-A-Ride are also grounds for suspension or revocation of my eligibility in this program.

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

APPLICATION FORM

1. How have you been traveling within the last 6 months?

(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) _____

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

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

*The AAR vehicles can only accommodate a wheelchair or scooter that does not exceed 30 inches in width and 48 inches in length and does not weigh more than 600 pounds when occupied.

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 level street? Please answer in city 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 why using the list 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

29. a. From the following list, please check off all of the 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 _____
- Diabetes _____
- Edema _____
- Epilepsy _____
- Lupus _____
- Rheumatoid Arthritis _____
- Kidney Dialysis _____
- Radiation Treatment _____
- 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.

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.	_____				

Optional

31. If you believe that the questions on this form do not completely describe your travel ability, please write (print) any additional information you would like us to consider. Attach additional pages if necessary.

Subscription Service

32. If you are presently a subscription service customer, and you:

- a. would like to continue your subscription service, please check this box
- b. have to make changes to your present subscription service, please complete the "Application for Access-A-Ride Subscription Service" and check this box

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" when the recorded message begins.)
718-393-4999 From all other area codes
718-393-4259 TTY

PLEASE REMEMBER THAT YOU MUST:

- Submit two (2) photographs measuring 2" x 1½" that have been taken within the last three (3) years.
- Complete and sign the Agreement section.
- Complete the application answering every question.

(Applications will be returned if any of the above procedures are not followed.)