



## ADA Paratransit for the Metropolitan Transit Authority

### Information materials and application form for AccessRide

Thank you for your interest in AccessRide, the ADA paratransit program for the Metropolitan Transit Authority. Please read the information materials carefully, following the steps below. These materials explain transportation requirements of the Americans with Disabilities Act (ADA) and will help you assess if you may qualify for AccessRide service.

- Step 1 Read carefully "What Is ADA? What Is AccessRide?" below.
- Step 2 Complete the ADA eligibility worksheet. If your answers on this worksheet indicate that AccessRide might be appropriate for you, please go to step 3 below. If your answers indicate AccessRide may not be appropriate, there may be specialized services available for you including the reduced MTA fare program. Call (615) 862-5950 for registration information. MTA also offers free travel training to anyone interested in learning how to ride MTA buses. Call 880-3970 ext. 1552.
- Step 3 After going through Steps 1 and 2, if you think AccessRide might be appropriate for you and you are interested in applying, please complete the Application form. The application consists of two parts:  
Section 1 to be completed by the applicant.  
Section 2 to be completed by a licensed professional knowledgeable about the applicant's primary disability.
- Step 4 Once the application is complete, *including the Professional Certification*, **call to set up an in-person interview and functional assessment at (615) 880-3970, Ext. 1107 (8:30 a.m. – 4:00 p.m., Monday – Friday). Do not mail or fax your application. Bring completed application with you to the interview.** All persons seeking eligibility for AccessRide must set up an in-person interview. During the interview, we will review the application with you and help complete it if necessary. We will also discuss your assessment of your own travel abilities and limitations in more detail. You must bring your primary mobility aid or aids that you would use when traveling in the community. You may be asked to participate in a functional assessment which might involve outdoor travel. Please dress accordingly. Transportation to and from the interview will be provided if necessary at no cost to the applicant. This process will take approximately 45 minutes to 1 hour.
- Step 5 A decision will be made within 21 days of a complete application, in-person interview, and functional assessment.

If you still have questions or if you need this information in alternative formats, please call the AccessRide Office at (615) 880-3970 for Voice, or (615) 862-6130 for TDD, and ask for the Eligibility Specialist.

## What is ADA? What is AccessRide?

### **What is ADA?**

ADA stands for the Americans with Disabilities Act. Signed into law in 1990, the ADA is federal civil rights law prohibiting discrimination against individuals with disabilities in a range of categories, including transportation.

The ADA law mandated that improvements be made to public transit systems to make them accessible to persons with disabilities. Interestingly, many of these improvements make public transit easier for everyone to use. These are some of the things that the ADA mandates:

- All new buses used for regular fixed-route services must have a lift or ramp to allow boarding by those passengers who cannot enter by the steps or have difficulty entering by the steps.

The ADA law also mandated that public transit systems provide ADA paratransit service for those persons whose disabilities prevent them from using accessible fixed-route transit. This does not include disabilities that make use of fixed-route service difficult or inconvenient. The specific criteria for determining who is eligible for ADA paratransit are defined by ADA law.

### **What is AccessRide?**

The Metropolitan Transit Authority AccessRide program is a publicly funded paratransit service, which operates specialized van services for persons with disabilities who are unable to use regular fixed-route buses. AccessRide provides door-to-door paratransit service within Davidson County 1.5 miles from a regular bus route.

# ADA Eligibility Worksheet: Is AccessRide Right for You?

Your name: \_\_\_\_\_

***This worksheet is for your own use.*** It will help you understand ADA eligibility and determine if AccessRide is the appropriate service for you. As explained in [What is ADA? What is AccessRide?](#) The ADA law states that ADA eligibility is given to persons whose disabilities prevent use of regular accessible fixed-route transit services: an individual's disabilities must be so significant that the individual is not able to use fixed-route transit service.

Read the 5 questions on the left side of the worksheet and then check your answers on the right side. Your answers will help you determine if AccessRide might be appropriate for you.

Question	Check your answers below.		
	Yes	Sometimes	No, never
1. Are you able to get to and from the bus stop closest to where you live?			
2. With help from the bus driver, are you able to get on and off a bus which has a lift or ramp?			
3. Are you able to get on and off a bus, which does not have a lift or ramp, by entering by the steps?			
4. With help from the bus driver who announces major bus stops and transfer points, are you able to figure out the right bus stop to get off?			
5. If your trip on the bus involves transferring to another bus, are you able to make the transfer?			

**Look at your answers:**

- If you checked "Yes" to all 5 questions, you are probably not ADA eligible. However, there may be specialized services available for you including the reduced MTA fare program. Call (615) 862-5950 for registration information.
- MTA also offers free travel training to anyone interested in learning how to ride MTA buses. Call 880-3970 ext. 1552.
- If you checked "Sometimes" to one or more questions, you might be determined ADA eligible for certain trips under certain circumstances.
- If you answered "No, never" to one or more of the questions, you might be ADA eligible. A complete application and in-person assessment at our assessment site are necessary to formally determine ADA eligibility.



130 Nestor Street  
Nashville, TN 37210

# ACCESSRIDE



ADA/CIVIL RIGHTS  
INFORMATION  
CONTACT:  
(615) 862-5950

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## APPLICATION INSTRUCTIONS

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MTA's AccessRide service provides specialized transportation for persons who are unable to independently use regular bus service due to a disability or health related condition on a short or long term basis. AccessRide is provided by MTA as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use AccessRide, you must first be certified as eligible. Please read the following instructions thoroughly before filling out the attached application form. **All information that you supply will be kept strictly confidential.**

This information is also available in accessible formats upon request (large print, Braille, audio tape, etc.). However, the application must be filled out in English and must be typed or printed clearly.

1. You may fill out this application yourself, or you may get help from anyone familiar with you and your condition. When completing this application, please keep in mind, the more detailed information you can provide, the better you will enable MTA to make the most appropriate determination regarding your transportation needs. If you have questions or need assistance in completing this form, please call AccessRide at 615-880-3970, Ext. 1107.
2. You are requested to have your physician or other appropriate health care professional complete Section 2 of this application to provide verification of your disability and its effect on your ability to use MTA's regular bus system.
3. Once the application is complete, *including the Professional Certification*, **call to set up an in-person interview and functional assessment at (615) 880-3970, Ext. 1107 (8:30 a.m. – 4:00 p.m., Monday – Friday). Do not mail or fax your application. Bring completed application with you to the interview.** All persons seeking eligibility for AccessRide must set up an in-person interview. During the interview, we will review the application with you and help complete it if necessary. We will also discuss your assessment of your own travel abilities and limitations in more detail. You must bring your primary mobility aid or aids that you would use when traveling in the community. You may be asked to participate in a functional assessment which might involve outdoor travel. Please dress accordingly. Transportation to and from the interview will be provided if necessary at no cost to the applicant. This process will take approximately 45 minutes to 1 hour.
4. Your application will be reviewed and an eligibility determination will be made within twenty-one (21) days of receipt of a *complete* application, in-person interview, and functional assessment. You will receive a notice as to whether or not you are eligible. This review will be based on your ability to use regular bus service. The reviewer may request additional information from you or your health care professional. Please note that verification from a licensed health care professional *does not* automatically qualify you for AccessRide service.
5. You may be found:
  - Eligible for all your travel needs within the service area on AccessRide, (full eligibility);
  - Eligible for some trips on AccessRide (conditional eligibility) depending on the nature of your disability; or
  - Not eligible for paratransit.
6. If you are found ineligible for AccessRide services and you disagree with the determination, you may appeal the decision. Information on the appeals process will be sent to you with your eligibility determination letter.



# ACCESSRIDE

130 Nestor Street  
Nashville, TN 37210

<b>For AccessRide Use Only</b>	
ID#	_____
Appl. Recd.:	_____
Eval.:	_____ Date: _____
PCA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special conditions:	_____
Disability:	_____
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date approved	_____

## APPLICATION FOR SERVICE

# Section 1

Today's Date \_\_\_\_\_

### PERSONAL/CONTACT INFORMATION

If you require future written information to be given to you in a different format, please let us know your preference:

Large Print       Audio Tape       Braille       Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_       Male       Female

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Gate Code: \_\_\_\_\_

House       Apartment       Condominium       Duplex

If an apartment or condo, please give building name: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Optional)

Email address: \_\_\_\_\_

Mailing Address: (if different from home):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Gate Code: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ TTD/TTY: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Primary Language:     English       Other (specify): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Did someone assist you in filling out this form?       Yes       No

Should this person be contacted if additional information is needed?  Yes  No

If yes, Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**New Application** -or-  **Recertification**

**INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES**

**A. Please indicate the reason(s) why you are seeking AccessRide eligibility:**

- I can use MTA buses to go some places, but for other places, I cannot get to or from the bus stops.
- I can use MTA buses sometimes, but only if they are equipped with wheelchair lifts.
- I can *never* use MTA buses because: Explain Briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B. Do you currently travel with a personal care attendant (PCA)?**

- Yes
- No (Go to question D)

If yes, Name(s): 1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

**C. If you travel with the assistance of a PCA, what type of assistance do they provide?**

\_\_\_\_\_  
\_\_\_\_\_

**D. Do you use any of the following mobility aids or specialized equipment? (Check all that apply):**

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> I do not use any mobility aids. | <input type="checkbox"/> Cane           | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Motorized Wheelchair            | <input type="checkbox"/> Walker         | <input type="checkbox"/> Scooter    |
| <input type="checkbox"/> Manual Wheelchair               | <input type="checkbox"/> Leg Braces     | <input type="checkbox"/> Crutches   |
| <input type="checkbox"/> Respirator/Port. Oxygen Tank    | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Other      |

**PLEASE NOTE:** A wheelchair or other mobility device must meet the definition of a “common wheelchair” as specified in the ADA regulations; i.e., not more than 30” wide and 48” long when measured 2” from the floor and must weigh less than 600lbs when occupied.

**E. Using a mobility aid on your own, how far can you travel?**

- I cannot travel outside my house or apartment.
- I can get to the curb in front of my house/apartment.
- I can travel up to 300 feet.
- I can travel up to 1/4 mile.
- I can travel up to 1/2 mile.
- I can travel up to 3/4 mile.

**F. Can you travel only if you are accompanied by another person?**

- Yes
- No

If yes, do you need assistance of this person to help you with:

- Mobility.
- Medication.
- Transfers.
- Other: \_\_\_\_\_

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

- Drive myself
- Someone else drives
- Van or car service
- Taxi
- Regular Bus (MTA)
- AccessRide
- Other: \_\_\_\_\_

**H. Have you ever used the MTA buses?**

- Yes
- No (Proceed to Question K)

**I. How often did you use or have you used MTA per month?**

- Less than 4 trips per month.
- 4 to 8 trips per month.
- 8 to 12 trips per month.
- More than 12 trips per month.

**J. Why is it IMPOSSIBLE and not just difficult for you to now travel on a regular MTA bus?**

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**K. Which of the following are you able to do? Check all that apply.**

Can you:

- Ask for or follow written or oral information such as schedules including TDD, tape or voice.
- Calculate the correct fare.
- Put the fare in the farebox.
- Cross the street when you get off the bus.
- Follow instructions in an emergency.
- Recognize your destination while on the bus.
- Reach your destination once off the bus.

**L. If you did not check off any of the above boxes, how does your disability make it impossible for you to travel on a regular MTA bus? Please explain:**

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M. Have you ever received Travel/ Mobility Training for bus use? Yes  No

Who did the training: (Name of Person or Agency) \_\_\_\_\_

Phone Number of Person or Agency \_\_\_\_\_

Was the training successfully completed? Yes  No

May we contact this person or agency to discuss your training? Yes  No

N. Are you able to get to and from bus stops on your own or using a support device?

Yes (Proceed to Question P)

No (Check all that apply)

I cannot if there are no curb cuts.

I cannot if the street or sidewalk is too steep.

I cannot cross busy streets or intersections.

I cannot find my way at night because of a vision problem.

I get confused and cannot find my way.

I feel unsafe traveling alone.

I cannot travel outside when it is:  Too Hot  Too Cold  Snow and Ice

I probably could with instruction.

*MTA offers free travel training to anyone interested in learning how to ride MTA buses. Would you be interested in getting information about this service?*

Yes

No

O. If you checked off any of the above boxes in Question N explain fully how your disability makes it impossible.

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P. Could you independently ride in a taxi if one were provided? (Note: Must be able to communicate with driver, use a telephone, and not need physical assistance)

Yes

No

Q. Could you independently get on and off a lift-equipped bus?

Yes

No

R. Could you maintain balance while seated on a moving vehicle?

Yes

No

S. Can you climb three (3) 11" steps?

Yes

No

T. Can you find a seat by yourself without assistance of another person?

Yes

No



**U. Please list the three trips (place and address) that you would make most frequently using AccessRide.**

1. **From:** \_\_\_\_\_  
**To:** \_\_\_\_\_  
**Trips per week:** \_\_\_\_\_
  
2. **From:** \_\_\_\_\_  
**To:** \_\_\_\_\_  
**Trips per week:** \_\_\_\_\_
  
3. **From:** \_\_\_\_\_  
**To:** \_\_\_\_\_  
**Trips per week:** \_\_\_\_\_

**CERTIFICATION OF APPLICATION**

I hereby certify that, to the best of my knowledge, information given in this application is correct. I understand that this application will be returned if it is not complete. I further understand that the results of this review will be based on my ability to use regular bus (MTA) transportation and may require additional information from me, such as a phone or personal interview, or additional consultation from my physician or other professional. I agree to notify MTA AccessRide if I no longer require AccessRide for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using AccessRide may be grounds for suspension or revoking my eligibility to participate in this program.



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*If someone other than the applicant completed this application, the following information must be provided:*

Name of person completing application: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

*(TO BE COMPLETED BY APPLICANT)*

**I hereby authorize** the following licensed professional<sup>1</sup> who can verify my disability or health related condition, to release this information to my local public transit agency. **This information will be used only to verify my eligibility for paratransit services.** I understand that I have a right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Record or ID#, if known: \_\_\_\_\_



Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Includes: Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse, or Mobility Specialist/Instructor. This list provides some examples, but is not a comprehensive listing.

# Section 2

## PROFESSIONAL CERTIFICATION

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for the Metropolitan Transit Authority's AccessRide service. Please read the following information carefully since it may affect your response.

### Who qualifies for AccessRide?

AccessRide service is designed to serve **only** those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride AccessRide. A person must be **FUNCTIONALLY** unable to use regular MTA service. Service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment – related conditions which **PREVENT** use of regular transit service – not just make it difficult to travel to or from the bus stop.
2. Persons who need a wheelchair lift and a wheelchair lift equipped bus is not available on the route when they need to travel.
3. Persons who are unable to board, ride or exit from regular MTA buses, even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

### What is AccessRide?

AccessRide is an alternative curb to curb or door to door demand responsive service. It is designed to 'mirror' MTA's regular service in terms of service times and areas. Curb to curb and 'mirroring' provisions of ADA mean that **NO** assistance is provided to individuals between the door of their starting point of their destination and the AccessRide vehicle. Assistance is provided **ONLY** to help board and exit vehicles. In addition, AccessRide is only required to provide service if both the starting point and the destination of a trip are located within 1.5 miles of a MTA transit route during hours when that route is operating.

Please review the medical information provided in the application and fill out the certification as appropriate and sign the document. The information you provide will help us to serve **ONLY** those who most need AccessRide.

### Certification of Disability

I (name of licensed professional, *see footnote on previous page*) \_\_\_\_\_,  
certify \_\_\_\_\_ (Name of Patient) to be a person  
with a severe disability who has been a patient of mine since \_\_\_\_\_ (Date) and whose diagnosis is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of onset: \_\_\_\_\_

Prognosis: \_\_\_\_\_

For persons with a cognitive or psychiatric disability, please provide DSM-IV codes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If diagnosis is a seizure disorder or psychiatric disability, is condition currently controlled by medication? \_\_\_\_\_

For persons with a visual disability, please provide visual acuity statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the individual's ability to independently perform the following functions, using the most effective mobility aid:

	Little or No Difficulty	Discomfort and/or Inconvenience	Severe Pain and Additional Impairment	Unable to perform	Not Sure/ Don't know
Travel independently to and from the nearest bus stop up to 1/4 mile with accessible sidewalk and curb cut?					
Wait ten minutes in good weather at a bus stop that does not have a seat or shelter.					
Identify the correct bus stop to board and get off.					
Go up and down three 10-inch steps, using a handrail if needed.					
Get on and off a transit bus with a passenger lift or ramp.					
Safely cross streets.					
Step on and off the curb from a sidewalk.					
Effectively problem solve or judge safety issues.					
Ask for, understand and carry out instructions to take a trip.					
Travel outdoors in adverse weather (heat, cold, ice, snow).					

**Other issues that affect individual's ability to travel in the community independently:**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Licensed Professional) (Profession) (License Number if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)

\_\_\_\_\_  
 (Phone Number) (Fax Number)