



NashvilleMTA.org

***430 Myatt Drive
Nashville, TN 37115***

Your AccessRide paratransit certification has expired or will expire this year. It is required that all AccessRide customers submit an application for recertification every three years or whenever the certification expires (i.e., temporary disability status). In order to avoid service interruption, a complete Recertification Application, including Section 2 (Professional Certification form) must be submitted within 30 days of your expiration date. **Incomplete applications will be returned.** An in-person assessment would not be required unless your medical condition has changed.

The Recertification Application is also available in other formats upon request (large print, Braille, audio tape, etc.). The application must be filled out in English and typed or printed clearly.

Instructions on how to complete your Recertification Application

1. You may fill-out this application yourself or 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 application, please call AccessRide at (615) 880-3970.
2. You will need to have section 2 (Professional Certification) completed by a health care professional to provide verification of your disability and its effect on your ability to use MTA's regular bus system. Some examples of health care professionals that can certify your application include:

Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse or Mobility Specialist/Instructor, etc.

3. Once the application is complete, *including the **Professional Certification***, you can fax the application to MTA's AccessRide Eligibility Department at 615-880-3294 or mail the application to:

**Nashville Metropolitan Transit Authority
AccessRide Eligibility Department
430 Myatt Drive
Nashville, TN 37115**

4. Your application will be reviewed and an eligibility determination will be made within twenty-one (21) days of receipt of a **complete** application, an in-person interview and a functional assessment, if needed. You will receive a letter as to whether or not you are eligible to continue service. 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. Based on your in-person assessment, 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
 - Not eligible for Paratransit.

5. 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.



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<i>For AccessRide Use Only</i>	
ID#	_____
Appl. Rcd.:	_____
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	_____

ACCESSRIDE PARATRANSIT RECERTIFICATION APPLICATION

Section 1

Today's Date _____

PERSONAL/CONTACT INFORMATION

If you require this information in an alternative format, please let us know your preference:

Large Print Audio Tape Braille Other _____

Mr. Mrs. Ms. Miss.

Last Name: _____ First Name: _____ M.I.: _____

Birth Date: ____/____/____ Male Female

Address: _____ Apt #: _____ Gate Code: _____

City: _____ ZIP: _____

House Apartment Condominium Duplex

If an apartment or condo, please give building name: _____

Home Phone: (____) _____ TTD/TTY: (____) _____

Work Phone: (____) _____ Cell Phone (____) _____

Email address: _____

Mailing Address: (if different from home):

Last Name: _____ **First Name:** _____ **M.I.:** _____

Address: _____ **Apt #:** _____ **Gate Code:** _____

City: _____ **ZIP:** _____

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

Can we contact this person, if additional information is needed? Yes No

If yes, Name _____ **Phone:** (____) _____

Relationship: _____

Please list any changes to your health or medical condition not previously listed.

Please notify MTA of any changes to your health or mobility aids so we can provide the appropriate vehicle to meet your needs.

Do you require the assistance of a Personal Care Attendant (PCA) (someone who travel with you to assist you with daily life functions)? *Please note that we may require you to travel with a PCA if your condition or disability is severe.*

THE FOLLOWING INFORMATION IS USE TO INSURE THE APPROPRIATE VEHICLE SCHEDULED TO PROVIDE YOUR TRANSPORTATION NEEDS.

Which, if any, of the following aids to mobility do you use? (Check all that apply.)

- Manual Wheelchair Electric Wheelchair Powered scooter Oxygen

- Cane cane Crutches Walker Leg Brace White cane
 Guide/Service animal

- Personal Care Attendant - Yes _____ No _____ **Type of mobility aid (Check all that apply)**
 Manual Wheelchair Electric Wheelchair Powered scooter Oxygen
 Cane Crutches Walker Leg Brace
 White cane Guide/Service animal

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 professional¹ 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: _____ / _____ / _____ / _____



Applicant's Signature: _____ Date: _____

¹ 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 design 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 that **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?

The Metropolitan Transit Authority AccessRide program is a publicly funded Paratransit service, which operates specialized accessible vans for persons with disabilities who are unable to use regular fixed-route buses. Other vehicles such as a taxi also may be used when AccessRide vans are not available. AccessRide is a shared-ride door-to-door Paratransit service operating within **Davidson County** in conjunction with service times of fixed-route buses.

Please review the medical information provided in the application, 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 with medication?

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

Please indicate the individual's ability to perform independently 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 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 solve problem or judge safety issues.					
Ask for, understand and carry out instructions to take a trip.					
Travel outdoors in adverse weather (heat, cold, ice, snow).					

Are there any other issues that affect the individual's ability to travel in the community independently?

Signed this _____ day of _____, 20_____.

_____	_____	_____
(Signature of Licensed Professional)	(Profession)	(License Number if applicable)
/ / /		
_____	_____	_____
(Street Address)	(City)	(State) (Zip)
_____	_____	
(Phone Number)	(Fax Number)	