APPLICATION

A-Ride Eligibility
Ann Arbor Area Transportation Authority (TheRide)
2700 S. Industrial Hwy., Ann Arbor, MI 48104

Return Completed Applications To:

Photos may be submitted by e-mail to: aride@theride.org
Faxed or photocopied photos will not be accepted.
If you do not have a photo contact ARide for assistance (734) 794-1721
Submitted photo’s are not returned.

ATTACH YOUR PHOTO HERE

Revised: 3/14/2017
Who Is Eligible?

Under the American With Disabilities Act (ADA) each entity providing ADA complementary paratransit service is required to establish a process for determining ADA paratransit eligibility. ARide (paratransit) service is defined as a “safety net” for those individuals with functional limitations that prevent bus system use, not just make it more difficult. Eligibility is to be strictly limited to certain categories of individuals, as described in 49 CFR 37.123(e) of the US DOT ADA regulations:

• Any person with a disability who is unable to board, ride, or disembark from an accessible vehicle without the assistance of another person (except for the operator of a lift or other boarding device).

• Any person with a disability who could ride an accessible vehicle but the route is not accessible or the lift does not meet ADA standards.

• Any person with a disability who has a specific impairment-related condition that prevents the person from traveling to or from a boarding/dismounting location.

The following examples do not establish eligibility:

• Personal convenience, such as the bus system does not meet your personal schedule, takes too long, or does not serve destinations you travel to

• Lack of familiarity or experience with the bus system

• Having a disability, even when certified by SSI, SSA, or the VA

• Having dialysis treatment

• There is no automatic eligibility for seniors

• The fact that using the bus system may be more difficult or less comfortable

• Having a note from your doctor

• Fear of crime

• Illiteracy or Inability to understand directions due to limited English comprehension

• Living in an area not served by the regular bus system
ARide Eligibility Process

- Applicants must submit a completed application.

- TheRide may fax questions to the applicant’s treatment provider to further clarify the functional capabilities (the application includes a release of information) if needed, and/or-

- Applicants may be required to participate, at no cost, in a functional assessment or interview to determine eligibility. Assessments can be physical or cognitive, or both, depending upon the identified limitations.

- Once TheRide has all the information needed, decisions will be made within 21 days.

- Once the eligibility is decided, a decision letter is mailed to the applicant. The decision letter will provide the reasons for ineligible decisions and conditions of eligibility will be identified, when applicable.

- Applicants found ineligible, conditionally eligible, or temporarily eligible have a 60 day time frame to request an appeal, if they feel their decision is incorrect.

- Individuals may re-apply at any time if their condition has changed.

ARide How to Apply

- The applicant, or other person completing this application, must complete pages 1-8. The applicants medical professional must read page 8 and complete pages 9-11.

- A recent color photo of the applicant must be attach to the front page of this application or may be e-mailed to: aride@theride.org. If you need assistance call (734) 794-1721.

- Identify your most limiting condition(s) and if related to a recent injury or surgery or upcoming surgery. Include type of injury/surgery, what area(s) are impacted and when. For persons with disabilities in or recently transitioned from school, attach a full copy of the students most recent IEP and 504 plan.

- Return applications to: ARide Eligibility, 2700 S. Industrial Hwy. Ann Arbor MI. 48104.

- Applications are considered complete when all questions, signatures and contact information of professional sources are provided. Incomplete applications will be returned.
Conditional Eligibility
Some persons may be able to use TheRide's regular bus service under certain conditions, but not under others. Eligibility for these people may be determined on a trip-by-trip basis.

Temporary Eligibility
A person with a temporary disability may be eligible if their disability results in a functional inability to ride the bus, as described in the eligibility categories, for at least 6 months or longer.

Visitors
If you are eligible for paratransit services by another agency or have a disability and plan on visiting our area, you may be given “presumptive” eligibility for up to 21 day's within a 365 day period. Visitors need only complete Pages 1-7 of this application. For more information, on visitor eligibility call, (734) 794-1721, or e-mail aride@theride.org.

Disclosure of Personally Identifiable Information
TheRide’s paratransit program does not disclose, give, sell, or transfer any personally identifiable information (to the extent given) to third parties, unless:

Transportation coordination. Information may be shared in order to deliver or coordinate your transportation services with another provider or to collect payments.

Required by law. Information may be used and disclose as required by law (including by statute, regulation, or court orders).

Public health activities. Information may be disclosed to public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of abuse, neglect or domestic violence under specific circumstances.

Research. Information can be disclosed for research without authorization if the research has been approved and has policies to protect the privacy of your individual information.

Law enforcement. Information may be disclosed to law enforcement officials pursuant to a court order, subpoena, or other legal order, to help identify and locate a suspect, fugitive, or missing person; to provide information related to a victim of a crime or a death that may have resulted from a crime, or to report a crime.

Judicial and administrative proceedings. Information may be disclosed in the course of judicial or administrative proceedings, including appeals and functional assessments.
ARide Applicant Information

For questions or help completing this application call (734) 794-1721 or e-mail aride@theride.org

I am a:  □ New Applicant  □ Renewal Applicant (CARD NUMBER) □  

□ Mr.  □ Ms.  □ Mrs.  

First Name  Last Name  Initial  Date of Birth  

Street Address  Name of Apartment Complex  

City  State  Zip  E-Mail  

Phone Number  Phone Number To Receive Trip Notification Calls  

VALID PHOTO IDENTIFICATION MUST BE AVAILABLE UPON REQUEST (CHOOSE ONE):

□ State ID  □ Driver License  □ Passport (Foreign or Domestic)  

IN CASE OF EMERGENCY, NOTIFY:

First Name  Last Name  Phone Number  

TYPE OF ALTERNATIVE FORMAT REQUIRED:

□ None  □ Compact Disc (CD)  □ E-Mail: ____________________  
□ Large Print  □ Other: ______________________________________
1. How did you learn about A-Ride?______________________________________________

2. Are there sidewalks by your residence?
   - [ ] Yes (please explain) ______________________________________________________
   - [ ] No (please explain) _____________________________________________________

3. Are there curb-cuts by your residence?
   - [ ] Yes
   - [ ] No

4. How long have you lived in the greater Ann Arbor, Ypsilanti Area? ________________

5. List your four (4) most frequent destinations and how you get there now:

<table>
<thead>
<tr>
<th>Destination</th>
<th>Frequency of Travel</th>
<th>How You Get There Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Have you ever used any fixed-route bus service (regular line bus)?
   - [ ] Yes (if yes, under what circumstances and explain where and why?)____________

   - [ ] No (if no, what prevents you from using the fixed-route bus service?)
     - [ ] Bus stop is too far.
     - [ ] Don't know where the bus stop is.
     - [ ] Can't get to and from the bus stop by myself.
     - [ ] I don't want to.
     - [ ] Afraid.
     - [ ] Don't feel safe.
7. Where is the closest bus stop to your residence? (Please give the location) _____________________________________________________________

8. Can you get to the bus stop by yourself?

☐ Yes

☐ No (if no, why not?) _____________________________________________________________

☐ Sometimes

9. If someone showed you how to use the fixed-route bus, could you?

☐ Yes

☐ No

10. If the weather is good and there are no barriers, what is the farthest you can walk or travel outdoors on a level sidewalk using your mobility aid (wheelchair, cane, etc...?)

☐ I can’t travel outside (explain) ________________________________________________________

☐ Curb in front of my house

☐ 2 blocks (200 feet)

☐ 4 blocks (1/4 mile)

☐ 8 blocks (1/2 mile)

☐ More than 8 blocks

☐ Not sure

☐ Other (explain) _____________________________________________________________

11. What is your disability? (a disability is a physical or mental impairment that substantially limits one or more activities.)

<table>
<thead>
<tr>
<th>Disability</th>
<th>Reason / Cause of Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Is this condition temporary?
   □ Yes
   □ No

Physical Abilities

12. Can you currently travel by yourself?
   □ Yes  □ No  □ Sometimes  □ Not sure

13. How long can you wait outside without support?
   □ 0 to 10 minutes  □ 10-20 minutes  □ More than 20 minutes  □ Not sure

14. Do you require someone to help you when you leave home?
   □ Yes (please explain the help you need?) __________________________________________
   □ No
   □ Not sure

15. Can you use a wheelchair accessible TheRide fixed route bus?
   □ Yes
   □ No (please explain why not?) ___________________________________________________
   □ Sometimes

16. Do you use any of the following mobility aids? (check all that apply)
   □ Manual Wheelchair  □ Power Scooter  □ Walker
   □ Cane  □ Portable Oxygen  □ Electric Wheelchair
   □ Braces or Crutches  □ White Cane  □ Guide or Service Animal
   □ None of the Above

17. Have you ever received training in the use of your mobility aid? If so by whom and when?
   _______________________________________________________________________________

18. Are you able to walk up and down three steps if there are handrails on both sides?
   □ Always  □ Sometimes  □ Never  □ Not sure
19. Are you able to travel one level block on the sidewalk when the weather is good?

☐ Yes  ☐ Sometimes  ☐ Never  ☐ Not sure

If yes how long does it take you?

☐ 0-5 minutes  ☐ 5-10 minutes  ☐ Not sure

20. Are you able to cross the street, if there are curb cuts?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

21. Are you able to cross the street, if there are no curb cuts?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

21. Are you able to safely cross the street?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

If you cannot safely cross a street, please explain why?

___________________________________________________________________________

___________________________________________________________________________

22. Are you able to stand on a moving bus?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

23. Are you able to wait up to 30 minutes in good weather, outdoors without a place to sit?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

24. Are you able to step up and down from a curb?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

25. Are you able to find your own way to the bus stop?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

26. Are you currently traveling by yourself?

☐ Always  ☐ Sometimes  ☐ Never  ☐ Not sure

27. Have you ever gotten lost when traveling alone?

☐ Yes  ☐ No  ☐ I never traveled outside by myself

If yes, please explain?

___________________________________________________________________________
28. Have you ever had a seizure?  
☐ Yes  ☐ No  ☐ Sometimes

If yes, when was your last seizure and what type was it? ______________________________

Do you know when a seizure is coming (aura)?  
☐ Yes  ☐ No

**Cognitive Conditions**

Please mark all of the categories below as they relate to your disability. Can you:

29. Can you give your:

☐ Name?  ☐ Yes  ☐ No

☐ Address?  ☐ Yes  ☐ No

☐ Phone Number?  ☐ Yes  ☐ No

30. Can you:

☐ Safely cross streets and intersections?  ☐ Yes  ☐ No

☐ Recognize familiar places/destination/landmarks or bus stop?  ☐ Yes  ☐ No

☐ Ask for assistance when needed  ☐ Yes  ☐ No

☐ Understand written/oral directions?  ☐ Yes  ☐ No

☐ Find your way to/from bus stop?  ☐ Yes  ☐ No

☐ Make a transfer from bus to bus with assistance?  ☐ Yes  ☐ No

☐ Make a transfer from bus to bus without assistance?  ☐ Yes  ☐ No

☐ Use the telephone to get information?  ☐ Yes  ☐ No

31. Additional comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
In singing here, the applicant (and/or applicant representative) is verifying:

Whoever knowingly and willfully falsifies or conceals a material fact, shall be fined not more than $10,000 or imprisoned more than five (5) years or both (18 USC Section 1001, 1982) Under penalty of law, I hereby certify that the information given above is correct.

________________________________________________________________________________
(applicant signature)        (date)

________________________________________________________________________________
(representative signature)        (date)

If this application has been completed by someone other than the person requesting certification, please complete the following:

Print Name: ______________________________________________________________________

Relationship: ______________________________________________________________________

Address: _________________________________________________________________________

City; ____________________________________________________________________________

State; ___________________________________________________________________________

Zip Code; ________________________________________________________________________

Phone; __________________________________________________________________________

Fax:_____________________________________________________________________________

E-mail: __________________________________________________________________________

Please remember that the professional verification form must also be submitted before this application is considered complete and can be reviewed.
To be completed by applicant:

Applicant Name (print): ______________________________________________________

Applicant Signature:      _____________________________________________________

• I am applying for ADA paratransit service provided by TheRide for individuals who cannot use fixed-route bus because of a disability.

• I authorize the release of the information described below to TheRide.

To be completed by Physician, Licensed Social Worker or Rehabilitation Specialist:

NOTE TO THE PROFESSIONAL

PLEASE NOTE: The Americans With Disabilities Act of 1990 (ADA) requires that public transportation must provide transportation to those who cannot access the regular city bus system. Paratransit service is not available to all persons with disabilities. Paratransit service is a safety net available to only those who are unable to independently board, ride and disembark from a fixed-route vehicle.

PLEASE NOTE: All TheRide buses are equipped to allow passengers who use wheelchairs or other mobility aids to board and ride. In assessing eligibility we look to an applicant’s physician, rehabilitation professional or licensed social worker to provide medical verification as to the person’s ability to access the fixed-route system. Please answer the questions on the attached form concerning your patient. The information you provide will assist us in determining your patient’s ability to use TheRide bus system.

PLEASE NOTE: For persons with disabilities in or recently transitioned from school, attach a full copy of the students most recent IEP and 504 plan. Please note that under section 504 and IDEA federal guideline 34 CFR § 300.34, special transportation for students with disabilities to and from school, between schools, and to school related events, is considered a related serviced which the school must provide.
APPLICANTS NAME (PRINT):

1. Are you currently treating this applicant? □ YES □ NO

If no: date last time you saw this applicant: __________________________________

Month   Day  Year

3. Is this condition temporary? □ YES □ NO

If Yes, expected duration until: ___________________________________

Month   Day  Year

4. How many blocks can the person travel without another person but with using a mobility aid if necessary?

□ less than one  □ more than 8 blocks
□ 2 blocks  □ other (explain) ________________________________
□ 4 blocks (1/4 mile)  ________________________________
□ 8 blocks (1/2 mile)  ________________________________

5. Can the applicant climb three 12” steps? □ YES □ NO

6. Can the applicant wait for up to 30 minutes without support? □ YES □ NO

if no, why not?_______________________________________________________________

7. Does the applicant experience significantly increasing fatigue throughout the day? □ YES □ NO

8. Does the application use any of the following mobility aides?

□ Manual Wheelchair □ Power Scooter □ Walker
□ Cane □ Portable Oxygen □ Electric Wheelchair
□ Braces or Crutches □ White Cane □ Guide or Service Animal
□ None of the Above

9. Any environmental issues that may make travel unsafe or risky?

□ Extreme heat/cold □ ice or snow □ poor air quality □ other
VISUAL IMPAIRMENTS
If vision limits the applicant’s independent travel ability, please answer the following:

1. Prognosis: □ stable □ degenerative □ other

2. Can the applicant recognize familiar places landmarks or destinations? □ YES □ NO

3. Is the applicant legally blind? □ YES □ NO
   
   3a. Visual Acuity: (with best correction)
   
   Right Eye __________ Left Eye ____________ Both Eyes____________

   3b. Visual Fields:
   
   Right Eye __________ Left Eye ____________ Both Eyes____________

4. Has the applicant received any travel instructions? □ YES □ NO
   
   If yes, when and with whom?

   

COGNITIVE DISABILITY

1. Is the applicant able to:
   
   A. Give address, phone number? □ YES □ NO
   B. Recognize destination/landmarks? □ YES □ NO
   C. Ask for and follow instructions? □ YES □ NO
   D. Safely cross major intersections? □ YES □ NO

2. Does the applicant require the assistance of a Personal Care Attendant (PCA) to travel with them (PCA’s travel free on ARide)?
   
   □ Sometimes Required (as needed determined by applicant)
   □ Never Required
   □ Always Required* (applicant can never travel alone)

*If Always Required: In accordance with federal regulation Section 37.5(h) you are requiring this applicant to travel with a PCA at all times when using A-Ride. It is your determination that without the assistance of a PCA the applicant will cause injury or harm to themselves, others and or seriously disrupt service. Obtaining a PCA is the responsibility of the applicant, PCA’s travel free on ARide.
3. Are there any other facts of which TheRide should be aware?

In signing here, the medical professional is verifying:

I understand the qualifications of A-Ride eligibility as explained on page 8 and PCA requirements on page 10. The information I have provided is true and correct to the best of my knowledge. I further understand that under U.S. Code Title 18 fines and or imprisonment can be enforced for knowingly providing false information to aid or facilitate the applicant in obtaining complementary paratransit service.

Your Name: ___________________________________________________________________
(please print) (credentials)

Office Address: ___________________________________ City: ____________ Zip: ________

Clinic / Agency Name: __________________________________________________________

Office Phone #: _____________________________ Office Fax #: _______________________

E-Mail Address: _______________________________________________________________

Signature with Credentials: _____________________________________________________