



About A-Ride

A-Ride is an Americans with Disability Act (ADA) complementary paratransit service provided for individuals who, due to their disability, are unable to use Ann Arbor Area Transportation Authority (AAATA) fixed-route bus service some or all of the time.

Difficulty or inconvenience with using fixed-route bus service is not necessarily an indicator of whether or not you are eligible for A-Ride complementary paratransit service. Eligibility is determined by application and an in-person or over the phone evaluation.

Application Process

The accompanying application is designed to gather information regarding your disability and how it prevents you from using fixed-route bus service.

Your assessment of your environment and functional ability to use fixed-route buses is a vital component in this process. Additional professional information (e.g., medical doctor or therapist letter, etc.) included with the application is incredibly helpful; however, it is not required. A *Medical Verification Form* is included in this application package and can be used to provide additional information.

The ADA paratransit eligibility evaluation process is designed to determine your ability to use fixed-route bus service.

Eligibility Guidelines

In order to be eligible for our A-Ride service, you must meet the following eligibility requirements:

1. You cannot independently negotiate the fixed-route bus system due to a disability.
2. Fixed-route buses are not accessible to you and the equipment you use due to a disability.
3. You are unable to travel to or from a bus stop or wait a reasonable period of time at a bus stop due to a disability.

Application Review

Applications are reviewed by AAATA eligibility staff. Incomplete applications may be returned to you for additional information. If it is determined that an in-person evaluation is needed, and you are within the A-Ride's service area, we will provide transportation to/from the office free of charge. In-person evaluations take approximately 30 - 60 minutes to complete.

Please note that ADA eligibility is a transportation decision, not a medical decision. Eligibility is not based on a letter from the Social Security Administration, your age, financial resources, inability to drive or access to a vehicle, or convenience. Disability alone does not guarantee eligibility.



ANN ARBOR AREA TRANSPORTATION AUTHORITY Paratransit Application

How to Apply

Applications are considered complete when all questions, signatures and contact information of medical professional sources are provided. **Applicants are not permitted to complete any part of the Medical Verification portion of the application or the Medical Verification Form.** Incomplete applications will be returned.

A recent color photo of the applicant must be provided (for ID card). You may:

- Attach a photo to the application
- Email a photo to ARide@TheRide.org
- Have a photo taken at TheRide's Main Office located at 2700 S. Industrial Hwy., Ann Arbor, MI 48104

To submit an application:

- Scan and email to ARide@TheRide.org
- Drop off at TheRide's Main Office, or return by mail to:
Attn: A-Ride Eligibility
2700 S. Industrial Hwy.
Ann Arbor, MI 48104

NOTE: Faxed applications are not accepted, nor applications dropped off at the Blake or Ypsilanti Transit Centers.

Determination

The determination outcomes will be explained to you at the conclusion of the evaluation and listed in your ADA eligibility determination letter. If you are eligible you are required to re-certify prior to the end of your certification term. A recertification reminder letter will be sent to you approximately two months prior to your certification expiration.

The eligibility review process may take up to 21 days once a completed application is submitted.

Contact

For further questions or assistance, please reach out to the AAATA eligibility staff:

- Call: 734-973-6500
- Email: ARide@TheRide.org
- Mail to:
Attn: A-Ride Eligibility
2700 S. Industrial Hwy.
Ann Arbor, MI 48104

Thank you for your interest in A-Ride paratransit service. We look forward to meeting with you.



ANN ARBOR AREA TRANSPORTATION AUTHORITY
Paratransit Application

Have you ever applied for A-Ride? No Yes, A-Ride#:

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy)

Phone Number

Email Address

Home Address

City

State

Zip Code

Is this a: House Apartment - Name of Complex:

 Duplex Condominium - Name of Condo:

 Other - Please Explain:

List a person living locally who could be contacted in an emergency:

Name

Relationship

Phone Number

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

Large Print Disc Email:

Other - Please Explain:



ANN ARBOR AREA TRANSPORTATION AUTHORITY
Paratransit Application

1. Do you use any of the following mobility aids when traveling on public transit?
Check all that apply:

- Manual Wheelchair Power Scooter Walker Cane
- Electric Wheelchair Portable Oxygen Braces Crutches
- White Cane Service Animal Personal Care Attendant (PCA)
- None (I don't use any)

2. Does the combined weight of the mobility aid and your own weight exceed 600 lbs.?

No Yes: lbs.

Please note: A wheelchair or other mobility device must meet the definition of a "common wheelchair" as specified in ADA regulations; ie., not more than 30" wide and 48" long when measured 2" from the floor and must weigh less than 600 lbs. when occupied.

How does your disability prevent you from riding the regular bus?

3. Is your disability temporary?

No Yes, expected duration until:

4. What mode of transportation have you been using within the last 1-2 years?

TheRide Buses A-Ride Paratransit Walking Automobile

Other - Please Explain:



12. Do you currently use TheRide bus service?

Yes, for:

Work

School

Doctor

Other (please specify):

No, because:

Never tried Difficulty getting on or off the bus

Difficulty riding specific routes Difficulty recognizing bus stops

Difficulty traveling to and from bus stops

Other (please specify):

13. Could you use TheRide if there was a bus stop or bus route near your home?

Yes, always Yes, sometimes No

14. Which training would help you to learn to use TheRide?

Getting on or off the bus Riding specific routes Recognizing bus stops

Traveling to and from bus stops Wheelchair lift, ramp, kneeling features

Other (please specify):

15. Do you need to travel with a Personal Care Attendant (PCA)?

Please read the following *carefully* before answering:

- A PCA is someone who travels with you to provide any assistance you need. Your PCA rides free and must board and de-board at the same location as you. PCA will be limited to only 1.
- TheRide operators cannot serve as a PCA. Be aware that you will be left alone on the paratransit vehicle while operators are assisting other customers and you will be dropped off at your destination whether or not someone is available to meet you. **If you cannot be left alone, you must arrange for your own PCA.**

No

Sometimes

Yes

16. Please explain as completely as possible how your disability prevents you from getting on (boarding), riding, or getting off (de-boarding) a regular bus, or prevents you from getting to the bus line:



RELEASE OF INFORMATION

In order to evaluate your request for paratransit services, it may be necessary for use to contact your medical professional to confirm the information you provided.

Please read and complete the following authorizations:

I certify that the information given in this application is correct. I understand that providing false information to obtain A-Ride service can result in legal action including indefinite suspension or denial of services.

I authorize TheRide to contact the following licensed medical professional on Part B of this application to obtain information regarding my disability in order to complete the ADA (A-Ride) Paratransit Certification Process.

Name of Professional:

Phone Number:

Address:

Applicant Signature:

If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Your Name Print/Signature:

Phone Number:

Address:

Relationship to Applicant:

Acknowledgement and Verification: 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.

Yes No

PART B: MEDICAL VERIFICATION FORM

To be filled out by a Professional Provider

The applicant who has asked you to review the information on the application and sign this form is applying for eligibility for AAATA's paratransit service, A-Ride. Please read the following information carefully since it may affect your response.

What is A-Ride Paratransit?

A-Ride is an alternative origin-to-destination service that "mirrors" TheRide's regular fixed-routes in terms of service times, areas and length of trip.

Who qualifies for A-Ride?

A-Ride is designed to serve only those persons whose severity of disability prevents them from using the regular fixed buses. Under the Americans with Disability Act (ADA), disability alone does not qualify a person to utilize A-Ride. A person must be FUNCTIONALLY unable to use TheRide's regular fixed-route buses. 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 fixed-route system, not just make it difficult to travel to/from the bus stop.
2. Persons who need a wheelchair lift and a wheelchair lift equipped bus is not available. All TheRide's buses have low floor boarding ramps. There are no steps to get on/off TheRide's buses.
3. Persons who are unable to board, ride or exit from regular buses, even if they can get to a bus and the bus is equipped with a wheelchair lift.

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I, *(Name of Licensed Medical Professional)*, _____

certify *(Name of Patient)* _____

to be a person with a disability who has been a patient of mine since _____

and whose diagnosis/disability is: _____

Date of Onset: _____ Prognosis: _____

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

No Yes:

If Yes, does medication prevent patient to travel independently? No Yes

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

PART B: MEDICAL VERIFICATION FORM

To be filled out by a Professional Provider

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

	Always	Sometimes	With Help	Unable to Perform	Not Sure/ Do Not Know
Travel independently to/from bus stop up to ¼ of a mile (625 steps) with accessible sidewalk/curb cuts					
Wait up to 30 minutes in all types of weather at a bus stop that does not have a shelter					
Identify the correct bus stop to board/ exit bus					
Get on/off a bus with a ramp/lift					
Safely cross streets					
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 or snow)					

What affects applicant's ability to travel independently on fixed-route buses?

Name (Print)

Address

Phone

Email

Medical Number

Signature of Licensed Medical Professional