



Eligibility Worksheet

Is A-Ride Paratransit Right for You?

This worksheet is for your own use. It will help you understand ADA eligibility and determine if A-Ride Paratransit is the appropriate service for you. The Americans with Disabilities Act (ADA) was signed into law in 1990 and is a federal civil rights law prohibiting discrimination against individuals with disabilities in a range of categories, including transportation. A-Ride Paratransit service is a service of the Ann Arbor Area Transportation Authority (TheRide).

A-Ride is an ADA Paratransit Service defined by the Federal Transit Administration under the ADA as a “safety net” for persons whose disability prevent them from using the regular fixed bus system use and it not intended to meet all of the transportation needs of all persons with disabilities, all of the time. Under the ADA each entity providing complementary paratransit service is required to establish a process for determining ADA paratransit eligibility. 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.

Read the 4 questions on the left side of the worksheet and then check your answers on the right side. Your answers will help you determine if A-Ride might be appropriate for you.

Question	Yes	Sometimes	Never
1. Are you able to get to and from the bus stop closest to where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. With help from the bus driver, are you able to get on/off a bus which has a lift or ramp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. With help from the bus driver who announces major stops and transfer points, are you able to figure out the right bus stop to get off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If your trip on the bus involves transferring to another bus, are you able to make the transfer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you checked “Yes” to all 4 questions, you are probably not ADA eligible. However, you may qualify for TheRide’s FareDeal reduced fare program. Call 734-973-6500 or visit TheRide.org for eligibility information.
- TheRide offers free travel training to anyone interested in learning how to ride the regular fixed bus routes. Call 734-794-1721 for more information.
- If you checked “Sometimes or Never” to one or more questions, you might be determined ADA eligible under certain circumstances. A complete application is necessary to formally determine ADA eligibility.

There are two ADA paratransit eligibility standards that apply to A-Ride:

1. Your disability prevents you from navigating the fixed -route bus system (i.e. getting on, riding, or getting off the bus) with or without the assistance of another individual. Please note that all TheRide fixed route buses meet ADA accessibility standards and are ramp equipped.
2. Your disability prevents you from traveling to or from a fixed-route bus stop location.

There are three types of ADA paratransit eligibility:

1. **Unconditional**- this eligibility is granted if your disability prevents you from using TheRide's fixed-fixed bus service for any trips that you might need to make
2. **Conditional**- this eligibility is granted if you can use buses some of the time but need A-Ride under certain circumstances but not others. Eligibility for these people may be determined on a trip-by trip basis.
3. **Temporary**- this eligibility is granted for individuals with temporary conditions that require A-Ride service for less than a year.

The information you provide about your disability is confidential. Fully completed applications will be processed within 21 days upon receipt. If a determination has not been made within 21 days, you are eligible to use A-Ride until your application is processed and a determination is made.

In some instances, we may need more information from you in order to decide. If so, we will contact you to schedule an in-person interview. Applicants will be notified in writing of the approval or denial of eligibility, and in the case of denial, the reason(s) for the decision. If eligibility is denied, information on the appeals process will be included with the written determination.

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 professional portion of the application or the PCA form.** Incomplete applications will be returned.
- A recent color photo of the applicant must be provided (for ID card). You can either attach a photo to the application, email to ARide@TheRide.org or a photo can be taken at TheRide's Main Office located at 2700 S. Industrial Hwy Ann Arbor, MI.
- Applications can be scanned and emailed to ARide@TheRide.org or returned to A-Ride Eligibility, 2700 S. Industrial Hwy. Ann Arbor, MI 48104 by mail or dropping off. **Faxed applications are not accepted, nor applications dropped off at either the Blake or the Ypsilanti Transit Center.**

1. How did you learn about A-Ride? _____
2. List your four (4) most frequent destinations and how are get there now:

Destination	Frequency of Travel	How You Get There Now

3. Please read the below statements and check those which best describe your ability to use TheRide’s regular fixed route bus service:

- I have difficulty but I ride the regular fixed buses for all my trip needs
- I believe I could ride the bus if someone trained me
- I have a visual disability and can never ride the bus even with training
- I can never use the bus because: Explain briefly:

4. What is your disability? (Additional space on page 5)

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

6. Is your disability temporary?

- Yes, expected duration until: ___ / ___ / ___ No

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

- TheRide Buses A-Ride Paratransit Walking Automobile
- Other: _____

8. How often did you use, or have you used TheRide’s regular fixed bus routes per month?
Less than 4 trips 4 to 8 trips 8 to 12 trips More than 12 trips per month

9. How many blocks can you walk or wheel?
1 2 3 4 5 Other: _____

10. How many blocks is the nearest bus stop from your home?
1 2 3 4 5 Other: _____

11. How long does it take you to walk or wheel to the nearest bus stop?
0-5 minutes 5-10 minutes Other: _____

12. Can you:
- | | | |
|---|------------------------------|-----------------------------|
| Safely cross streets and intersections? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recognize familiar places/destinations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ask for assistance when needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Find your way to/from a bus stop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make a transfer from bus to bus with assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make a transfer from bus to bus without assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Additional comments:

AUTHORIZATION

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: _____ / _____

Address: _____

Phone Number: _____

Relationship to the Applicant: _____

Applicant portion of application is complete. Part B is to be completed by a licensed Medical Professional who is currently treating you. Applicants are not permitted to complete any portion of Part B. If it appears the applicant has written on any portion of Part B, the application will be considered incomplete and sent back to the applicant.

Medical Verification: Part B

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

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.

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.

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? _____

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

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

	Little or No Difficulty	Discomfort	Severe Pain & Additional Impairment	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait up to 30 minutes in all types of weather at a bus stop that does not have a shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify the correct bus stop to board/exit bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get on/off a bus with a ramp/lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safely cross streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively problem solve or judge safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for, understand, and carry out instructions to take a trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel outdoors in adverse weather (heat, cold, ice or snow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature of Licensed Medical Professional

License Number

Address

Phone Number

Email