

Return Completed Applications To:  
**A-Ride Eligibility Determinations**  
Ann Arbor Area Transportation Authority (TheRide)  
2700 S. Industrial Hwy., Ann Arbor, MI 48104



# APPLICATION

## INSTRUCTIONS

For New and Renewal Applicants

1. Read pages 2 & 3.
2. Attach photo of applicant to page 4.
3. Part-A must be completed by applicant.
4. Part-B must be completed by applicants medical professional.
5. Submit completed application (both Parts A & B) to TheRide.

**DO NOT SEPARATE THIS APPLICATION  
ALTERED OR TAMPERED APPLICATIONS MAY NOT BE ACCEPTED**

Under the **Health Information Privacy Act** the information you provide is confidential and may only be shared with those involved in the eligibility determination process or providers who facilitate travel for the applicant.

**TheRide Complementary Paratransit Application** *(revised 12/2015)*

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## APPLICATIONS

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- Eligibility determinations are made **within 21 days**.
- Notifications of eligibility are mailed to the applicant in writing.
- Incomplete applications may take longer to process or may be returned.
- **Attach a color photo of yourself no smaller than 1.5 x 2 inches to page 4.** You may also visit TheRide's main office to have your photo taken or you may submit it by email to **tbyrd@theride.org**.
- Enter an optional phone number (page 5) to receive trip notification calls.

### **In-Person Evaluation**

Applicants may be required to participate in an in-person evaluation to determine eligibility. In this event the applicant will be notified.

### **Renewals**

Eligibility may be granted for up to three years. New applications must be submitted to renew service. Renewal applications should be submitted at least 30 days prior to the expiration date of your eligibility period. To request an application please call **734-973-6500** or visit [www.theride.org](http://www.theride.org).

### **Right to Appeal**

Persons who disagree with the determination of their eligibility may appeal the decision. **Informal appeals** may be requested within 30 days of the eligibility notice, **formal appeals** must be requested within 60 days of the eligibility notice. Appeal decisions are made within 30 days of the review.

### **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 to use paratransit services for up to 21 day's within a one-year period. **Visitors only need to complete Part-A of this application.**

**If you require assistance in completing this form or to request it in an alternative format please call TheRide.  
(734) 973-6500, or TDD at (734) 973-6997**

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## WHAT IS THE ADA?

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The American with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, Ann Arbor Area Transportation Authority (TheRide)buses are to be the primary means of public transportation for everyone, including people with disabilities.

The Americans with Disabilities Act requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular bus system.

TheRide receives local, state & federal funding to operate services in Ann Arbor and Ypsilanti cities, and Pittsfield, Superior and Ypsilanti Townships.

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## WHO IS ELIGIBLE?

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Eligibility for paratransit service is based upon a person's functional inability to board or ride a **readily available and accessible regular bus**. Categories of eligibility for complementary paratransit service are:

- A person who is unable, because of a disability, to independently board, ride, and/or disembark from a lift equipped bus. Includes persons who are unable to “navigate” TheRide’s bus system without assistance of another person.
- A person with a disability who has a specific impairment-related condition that prevents them from traveling to or from a boarding or disembarking location.

### **Conditional Eligibility**

Some people with disabilities may be able to use TheRide’s regular bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by trip basis.

### **Temporary Eligibility**

A person with a temporary disability may be eligible for paratransit service if the disability results in his/her functional inability to use TheRide’s bus system as described in the above eligibility categories for at least 6 months or longer.

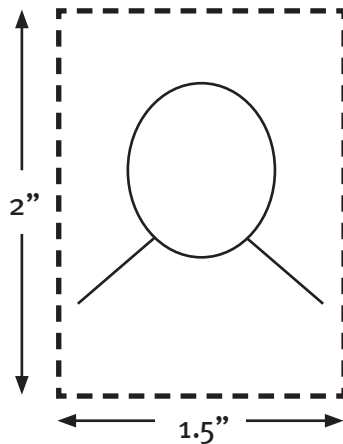
# PART-A

Part-A is to be completed  
by the applicant.

## ATTACH YOUR PHOTO

(At least 2" in length by 1.5" in width and taken within the last 3 years).

- **Faxed or photocopied photos will not be accepted.**
- **Submit digital photos by email to: [tbyrd@theride.org](mailto:tbyrd@theride.org)**
  - **Submitted photo's are not returned.**



# PART-A

**PLEASE PRINT CLEARLY**

## APPLICANT IDENTIFICATION

(Review the A-Ride map on last page to see if your address is within the A-Ride service area)

I AM A:  NEW APPLICANT  RENEWAL APPLICANT (CARD NUMBER)

Mr.  Ms.  Mrs.

FIRST NAME

LAST NAME

MID. INIT.

DATE OF BIRTH

STREE ADDRESS

LOCATION NAME

CITY

STATE

ZIP

EMAIL

PHONE

ALTERNATE PHONE (FOR TRIP NOTIFICATION CALLS)

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

STATE I.D.  DRIVERS LICENSE  PASSPORT (FOREIGN OR DOMESTIC)

ID NUMBER:

**IN CASE OF EMERGENCY, NOTIFY:**

FIRST NAME

LAST NAME

CELL PHONE

**TYPE OF ALTERNATIVE FORMAT REQUIRED:**

NONE  COMPACT DISC (CD)  EMAIL: \_\_\_\_\_  
 LARGE PRINT  OTHER: \_\_\_\_\_

## PART-A

**1. 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 route buses for all my trip needs.
- I cannot understand or remember how to ride the bus even with training.
- 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.
- My disability changes from day to day and I can only ride the bus if feeling well.
- I need the following assistance in order to ride the bus: \_\_\_\_\_

\_\_\_\_\_

**2. What is the nature of your disability? (Additional space on page 13)**

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

**3. How does your disability prevent you from riding the regular bus? (Additional space on pg. 13)**

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

**4. Is your disability temporary?**

- Yes, expected duration until: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  No

**5. Do you require a personal care attendant (PCA) to travel with you?**

- Sometimes  Always  Never

Please explain the assistance you require: \_\_\_\_\_

\_\_\_\_\_

## PART-A

### 6. Which of the following mobility aids do you use when traveling?

- |                                            |                                           |                                        |
|--------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Power Scooter |
| <input type="checkbox"/> Portable Oxygen   | <input type="checkbox"/> Prosthesis       | <input type="checkbox"/> Crutches      |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Braces           | <input type="checkbox"/> Cane          |
| <input type="checkbox"/> Service Animal    | <input type="checkbox"/> Other: _____     |                                        |

If you have a service animal, what task(s) does it perform for you?

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

- |                                        |                                 |                                     |                                  |
|----------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> TheRide Buses | <input type="checkbox"/> A-Ride | <input type="checkbox"/> Automobile | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Other: _____  |                                 |                                     |                                  |

### 8. How many blocks can you walk or wheel?

- |                            |                            |                            |                            |                            |              |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | Other: _____ |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------|

### 9. How many blocks from your home is the nearest bus Stop?

- |                            |                            |                            |                            |                            |              |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | Other: _____ |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------|

### 10. How long does it take you to walk or wheel to the nearest bus stop?

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-5 minutes | <input type="checkbox"/> 5-10 minutes | <input type="checkbox"/> Other? _____ |
|--------------------------------------|---------------------------------------|---------------------------------------|

### 11. Can you identify and understand the route number on a regular bus?

- |                              |                                                   |
|------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (describe why?) _____ |
|------------------------------|---------------------------------------------------|

### 12. Are you able to determine when you have reached your destination and when to get off the bus?

- |                              |                                                   |
|------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (describe why?) _____ |
|------------------------------|---------------------------------------------------|

## PART-A

### 13. How often do you travel on the regular buses?

- Daily     Weekly     Monthly     Occasionally

What bus routes do you currently travel on? \_\_\_\_\_

I never ride the bus because: \_\_\_\_\_

### 16. If you do not ride the regular bus off the reasons why using the below list. (Check all that apply)

- I don't know what buses to ride without help. Why?
- I feel unsafe traveling by regular bus. Why?
- I don't like traveling by regular bus. Why?
- The distance to a bus stop is too long.
- There are no curb cuts.
- There are no paved sidewalks.
- Extreme heat above \_\_\_\_\_.
- Extreme cold below \_\_\_\_\_.
- Streets are too hilly.
- I cannot see to cross streets or read signs.
- I cannot travel to unfamiliar places.

### 14. Please list your three (3) most frequently traveled to locations:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### 15. Would you like to learn how to ride the regular fixed route bus service?

- No     Yes, I am intersted in learning how to ride the bus, please call me.



# PART-A

## AUTHORIZATION

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

**Please read and complete the following authorization:**

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 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: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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 Applicant: \_\_\_\_\_

# PART-B

## Part-B is to be completed by the applicants medical professional

### INSTRUCTIONS FOR THE PROFESSIONAL

- Part-B must be personally completed by an accepted licensed professional.
- Please write legibly. Typed applications may not be considered.
- When both Part-A & Part-B are completed submit the application to TheRide.

To qualify for paratransit services the applicant must be prevented from riding TheRide's accessible fixed-route buses due to the effects of a disability. This does not include persons who find it uncomfortable or difficult to ride the bus.

**THERIDE BUSES ARE 100% ACCESSIBLE FOR INDIVIDUALS WITH DISABILITIES. YOUR ASSESSMENT OF THE APPLICANT SHOULD CONSIDER THAT THERIDE BUSES ARE EQUIPPED WITH:**

- Low floor entrances, there are no steps to climb when boarding or exiting the bus.
- Kneeling features that lower the bus to the same height of a curb.
- Audio announcements that identify buses, stops, and major landmarks.
- Interior displays that show dates, times, route numbers and destinations.
- Exterior displays that identify individual buses and their destinations.
- Designated seating near the driver for passengers with disabilities and seniors.
- Ramps that can be deployed over sidewalks for no-step or wheelchair boarding.
- Wheelchair seating locations and wheelchair securement devices.
- Fare boxes that accept passes or tokens instead of money.
- Drivers, who will assist with boarding, exiting, or giving directions.

(MEDICAL PROFESSIONAL ONLY) **PART-B** (MEDICAL PROFESSIONAL ONLY)

APPLICANTS NAME (PRINT):

**1. What is your professional relationship to the applicant?**

- |                                             |                                      |                                                            |
|---------------------------------------------|--------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Physician - MD, DO | <input type="checkbox"/> PT / OT     | <input type="checkbox"/> Mobility Specialist               |
| <input type="checkbox"/> Social Worker      | <input type="checkbox"/> Nurse       | <input type="checkbox"/> Rehabilitation Specialist         |
| <input type="checkbox"/> Counselor          | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Other (call TheRide for approval) |

**2. What is/are the applicants disabilities/diagnoses? \_\_\_\_\_**

\_\_\_\_\_

**3. Is this a temporary disability?**

- Yes, expected duration until: \_\_\_\_/\_\_\_\_/\_\_\_\_  No

**4. How many blocks can the applicant walk or wheel?**

- 1  2  3  4  5 Other: \_\_\_\_\_

**5. Please indicate the applicants level of independence (check only one).**

- IS ABLE TO GET TO A BUS STOP AS LONG AS THERE IS A SIDEWALK.
- CAN INDEPENDENTLY GET TO THE STREET FOR CURB-TO-CURB SERVICE
- CAN GET TO THE STREET ONLY WITH THE HELP OF A PERSONAL CARE ATTENDANT.
- TOTALLY DEPENDENT. REQUIRES DOOR-TO-DOOR ASSISTANCE.

**6. If the applicant has a visual impairment please provide:**

The visual acuity for each eye L\_\_\_\_\_ R\_\_\_\_\_

The field of vision for each eye L\_\_\_\_\_ R\_\_\_\_\_

**7. Does the applicants disability prevent them from navigating and or riding the regular bus service independently?**

- No  Yes (If No or Yes explain: \_\_\_\_\_)

\_\_\_\_\_

## PART-B

### 8. Is the applicant able to:

a. Give their address and telephone number upon request?

Yes  No (if no explain why?): \_\_\_\_\_

b. Recognize their destination or landmark?

Yes  No (if no explain why?): \_\_\_\_\_

c. Deal with unexpected change in routine?

Yes  No (if no explain why?): \_\_\_\_\_

d. Understand and follow multi-step directions?

Yes  No (if no explain why?): \_\_\_\_\_

### 9. Does the applicant require the assistance of a Personal Care Attendant (PCA) to travel with them (PCA's travel free on A-Ride)?

Always Required\*

Sometimes Required (as needed determined by applicant)

Never Required

**\*REQUIRED:** In accordance with federal regulation Section 37.5(h) you are requiring your patient to travel with a PCA at all times when using A-Ride. It is your determination that without the assistance of a PCA your patient will seriously disrupt service. Obtaining a PCA is the responsibility of the applicant, PCA's travel free on A-Ride.

#### PROFESSIONAL CERTIFICATION

I understand the qualifications of A-Ride eligibility and above PCA requirements. 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.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic / Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Professional License, Registration or Certification #: \_\_\_\_\_



