

APPLYING FOR ACCESS

- > *Applying* for Access
- > *In-person* Evaluation Required
- > *Submitting* The Application
- > *Other* Transportation Resources



access

HOW TO APPLY

An in-person evaluation is required to determine your eligibility with Access Services. In order to ensure that Access has the necessary information to process your application, complete the following steps:

Access Rider ID number is required.

If you do not have an Access ID Number, please contact Customer Service at **1.800.827.0829 (TDD 1.800.827.1359)** or visit eligibility.accessla.org to have one issued. An application will not be processed if the ID number is missing. You may also call Access Customer Service if you require an accessible format of this application, have questions related to this application or require assistance filling out the form.

1 Complete and mail the application portion in the enclosed envelope to:
Access Eligibility Center
5747 Rickenbacker Rd
Commerce, CA 90040 or via email
to: EligDept@accessla.org

2 Wait **seven (7)** business days

after you send in your application form then call the Access Eligibility Scheduling Center to schedule your in-person evaluation at **626.532.1616 (TDD 626.532.1620)**, Monday through Friday from 8am-5pm. Please do not call before the **seven (7)** business day period.

Access provides free transportation to and from your in-person evaluation. Applicants also have the option to provide their own transportation.

Required In-person Evaluation

- > A photo will be taken. We will ask to remove articles that obscure your face.
- > If applicable, bring your primary mobility device that you intend to use while out in the community.
- > If you need assistance, please bring a personal care assistant (PCA).
- > Bring a **current valid photo ID**. Access accepts the following form(s) of photo ID (required):
 - a. State issued Driver's License or ID
 - b. Military ID
 - c. U.S. Passport
 - d. LACTOA Reduced Fare ID card
 - e. Other transit operator reduced fare ID card
- > Children under 18 years of age:
 - a. School ID

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- b. Birth Certificate with parent's photo ID
- > Bring any documentation that will support the information in your application (optional).
- > Eligibility is based on your functional abilities to use fixed route bus or train services.
- > The evaluation will include an interview as well as a functional and/or a cognitive evaluation, if necessary. The Evaluator will be looking at your functional skills which are needed to ride buses and trains.
- > If the Evaluator needs verification from your healthcare professional, they will inform you at that time.

The application process will be considered **complete** with the following:

- a. Completed application including a copy of your photo ID
- b. Completed in-person evaluation
- c. Completed healthcare professional verification (if applicable)

You will receive a letter within **21 days** after the completion of the application process informing you of your eligibility status.

If you have a concern about what information you need or what to do to prepare, the **Disability Rights Education and Defense Fund (DREDF)** has published "ADA Paratransit Eligibility: How To Make Your Case." You can get a copy of this helpful guide online at dredf.org or by calling Access Customer

Service Center at **1.800.827.0829** (TDD **1.800.827.1359**).

Other Transportation Resources

Los Angeles County has fixed route bus and train services that are equipped with ADA accessible features such as lifts or ramps, securement spaces, designated priority seating, stop announcements, audio announcements, handrails, lighting, and operators who are trained to assist passengers with disabilities. These modes of transportation do not require prior reservation.

For more information about bus and train routes, schedules, and/or reduced fares in Los Angeles County, please visit metro.net or call **323.GO.METRO (323.466.3876)**. Riders with hearing or speech impairments can use the California Relay Service. **Dial 711** and the number you need.

Access can assist with your search for transportation options including Travel Training which provides assistance with learning how to use the fixed route bus or train services. For more information call Access Customer Service or visit accessla.org.

2 Emergency Contact

Name

Relationship to applicant

Primary phone number

Alternate phone number

Access Services respects and protects the personal privacy of its customers. Therefore, your personal information can only be discussed with you or an authorized individual. If you want to allow your emergency contact to speak on your behalf, please check the box below. You may also contact Access Customer Service to add or remove someone at a later date.

I authorize my emergency contact to speak on my behalf.

3 Current Use of Public Transportation

How frequently do you ride the fixed route bus or train without the help of another person?

Daily Weekly Monthly Cannot use Never used

What is the farthest that you can travel outdoors without the help of another person (using mobility device/aid, if applicable)? (3 blocks = 1/4 of a mile)

Less than 3 blocks 3-6 blocks More than 6 blocks I don't know

How far do you live from your nearest bus stop?

Less than 3 blocks 3-6 blocks More than 6 blocks I don't know

When using fixed route bus or train do you travel, do you need a personal care attendant?

Always Sometimes Never

Are there any physical barriers or environmental conditions that prevent you from using public transportation? Yes No

If yes, please describe: _____

Access ID number _____

4 Disability / Health Condition Information

Please describe the disability or health condition which prevents your ability to travel on a bus or train independently. You may attach more documentation on a separate page.

Is this a permanent disability or health condition? Yes No

If no, how long do you expect it to prevent you from using fixed route buses or trains?

Week(s) Month(s) Year(s) Unknown

5 Mobility Devices / Aids

Do you use a service animal? Yes No

What function is it trained to perform? _____

What is your primary mobility device/aid? (If applicable)

- | | | |
|--|--------------------------------|---------------------------------------|
| <input type="radio"/> Manual wheelchair | <input type="radio"/> Walker | <input type="radio"/> Prosthesis |
| <input type="radio"/> Powered wheelchair | <input type="radio"/> Brace | <input type="radio"/> White cane |
| <input type="radio"/> Powered scooter | <input type="radio"/> Crutches | <input type="radio"/> Portable oxygen |
| | <input type="radio"/> Cane | |

Other: _____

What is your secondary mobility device/aid? (If applicable)

- | | | |
|--|--------------------------------|---------------------------------------|
| <input type="radio"/> Manual wheelchair | <input type="radio"/> Walker | <input type="radio"/> Prosthesis |
| <input type="radio"/> Powered wheelchair | <input type="radio"/> Brace | <input type="radio"/> White cane |
| <input type="radio"/> Powered scooter | <input type="radio"/> Crutches | <input type="radio"/> Portable oxygen |
| | <input type="radio"/> Cane | |

Other: _____

Access ID number _____

Mobility Devices / Aids (cont.)

You will be assessed with the primary mobility device/aid that you bring to the eligibility center at the time of your appointment. If you change your mobility device following your evaluation, you may be required to return for a new evaluation in your new device. Use of a different mobility device may change your functional ability to use accessible fixed route transit.

IMPORTANT: Most of the accessible vehicles in our fleet are designed to accommodate a mobility device no larger than 30 inches wide by 48 inches long and/or weighing with its passenger up to 600 pounds. While we make all reasonable efforts to accommodate our riders, if your mobility device is larger than this, we may be unable to transport you either because it would damage the vehicle or to do so would impose an unreasonable safety hazard.

6 Healthcare Professional Contact Information

Please provide the contact information of your treating healthcare professional who is familiar with your condition and, if needed, could be contacted for clarifying information.

The following licensed healthcare professionals are authorized to provide clarifying information:

- > Physician (MD or DO)
- > Psychiatrist
- > Physical therapist
- > Social Worker
- > Independent Living Services staff assigned to you
- > Other licensed provider familiar with your condition
- > Registered nurse
- > Ophthalmologist
- > Occupational therapist
- > Regional Center Coordinator
- > Psychologist
- > Optometrist
- > Case Manager

Access ID number _____

Healthcare Professional Contact Information (cont.)

Healthcare professional's name

Specialization

Institution/facility/agency name

Street address

Suite number

City

State

Zip

Primary phone number

Alternate phone number

Fax number

Email

7 Certification of Information and Medical Release Authorization

I confirm that, to the best of my knowledge, the information I provided in this application is true and correct. I agree to take part in an in-person evaluation to help decide if I qualify for ADA paratransit services. I understand that the evaluator may need a healthcare professional to verify my functional abilities and therefore, I give permission for my healthcare provider to share information about my disability or health condition and how it affects my ability to travel independently on public transit. I also understand that all medical information shared will be kept confidential.

Print name

Signature

Date

Access ID number _____

8 Person That is Authorized to Complete This Form on Behalf of the Applicant (optional)

Name

Relationship to applicant

Primary phone number

Alternate phone number

Referring agency (if applicable)

Signature of person, other than applicant, completing form

Date

Access ID number _____

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Access Eligibility Center
5747 Rickenbacker Rd
Commerce, CA 90040

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INFORMATION IS HERE.**

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