

Access Services

# Applying for Access

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access

## Applying for Access

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](http://eligibility.accessla.org) to have one issued (application will not be processed if ID number is missing).

- 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**  
If you have other questions related to the application or need assistance, filling out the form, please call **1.800.827.0829 (TDD 1.800.827.1359)**.
- 2** Allow **seven (7)** calendar days after you send in your application form to call the Access Eligibility Scheduling Center.
- 3** 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)** calendar 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 **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
  - 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 contact them.

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

- Completed application including a copy of your photo ID
- Completed in-person evaluation
- 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.

This application is available in alternative formats. If you require an accessible format of this application, please contact Access Customer Service:

**1.800.827.0829 (TDD 1.800.827.1359)**

between the hours of 8am and 5pm Monday through Friday.

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](http://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](http://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 at **1.800.827.0829 (TDD 1.800.827.1359)** or visit [accessla.org](http://accessla.org).

## Questions? Please call Customer Service:

**1.800.827.0829**

**(TDD 1.800.827.1359)**



## 2 Emergency Contact

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship to applicant

\_\_\_\_\_

Primary phone number

\_\_\_\_\_

Alternate phone number

## 3 Current Use of Public Transportation

When was the last time you rode the fixed route bus or train independently?

\_\_\_\_\_

How frequently do you ride the fixed route bus or train?

Daily  Weekly  Monthly  Not currently using  Never used

What is the farthest that you can travel outdoors without the help of another person (using mobility device/aid, if applicable)?

Less than 1 block  1-4 blocks  More than 4 blocks

How far do you live from your nearest bus stop?

Less than 1 block  1-4 blocks  More than 4 blocks  Do not know

When using fixed route bus or train do you travel?

Independently  With assistance  Not applicable

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

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.

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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)

#### 5 Mobility Devices / Aids

Do you require assistance when traveling on the bus or train?  Yes  No  
 Sometimes  Not applicable

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

Access ID number \_\_\_\_\_

## Mobility Devices / Aids (cont.)

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

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

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)                                 | > Registered nurse       | > Psychologist |
| > Psychiatrist   | > Ophthalmologist        | > Optometrist  |
| > Physical therapist                                   | > Occupational therapist |                |
| > Other licensed provider familiar with your condition |                          |                |

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 and Authorization for Release of Information

I hereby certify that, to the best of my knowledge, the information given in this application is correct. I authorize my healthcare professional to release any and all information about my disability or health condition and its effects on my functional ability to travel. I understand that all medical information will be kept strictly confidential. I agree to undergo an in person assessment of my functional abilities and limitations for the purpose of making a determination regarding my eligibility for ADA paratransit service.

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



Your Access Services  
information is here.

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