

Access Services

Applying for Access

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About Access

Access is a public transportation agency dedicated to providing quality transportation for people with disabilities in Los Angeles County. Our services and programs are mandated by the Americans with Disabilities Act (ADA).

Access is essentially a curb-to-curb, shared ride paratransit service that requires reservations the day before you would like to ride. Access is comparable to buses and trains in Los Angeles County including days and times of service as well as service area. Service is provided within 3/4 mile on either side of a fixed route bus or rail line. Fares on Access are based on the distance you travel. Visit our website at accessla.org for fare information.

Eligibility for Access is based on your ability to use accessible buses and trains in Los Angeles County. Eligibility is not based solely on whether you have a disability.

If you would like this document in an alternative accessible format, please contact Access Customer Service:

1.800.827.0829

TDD 1.800.827.1359

access

Other Transportation Resources

Los Angeles County has buses and trains and other “fixed route” services that are all accessible for persons with disabilities and do not require any type of reservation. No matter your mode of transportation, all buses and trains will be 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.

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 then the number you need.

Access can also assist with your search for other transportation options that meet your needs and may be less expensive than paratransit. Call Access Customer Service at **1.800.827.0829 (TDD 1.800.827.1359)** or visit accessla.org.

Applying for Access

Access requires an in-person evaluation for all new applicants and, in some cases, for those who are renewing their eligibility.

In order to ensure that Access has the necessary information to make the correct determination, complete the following steps:

- 1 Mail the completed written application portion to the following address -
Access Eligibility Center
5747 Rickenbacker Rd.
Commerce, CA 90040
- 2 The Access Eligibility Center may call you before your appointment for any clarifications.
- 3 Seven (7) calendar days after you send in your application form, call the Access Eligibility Scheduling Center at **626.532.1616 (TDD 626.532.1620)**, Monday through Friday from 8am to 5pm to schedule your in-person assessment. Please do not call before the seven (7) calendar day period.

If you need a ride to your in-person assessment, Access will transport you free of charge. When you schedule your in-person assessment, let the reservationist know that you will need transportation.

The In-person Assessment

- > If applicable, bring your primary mobility device that you intend to use while out in the community.
- > If you need assistance, please bring someone with you.
- > Bring a valid photo ID. Access accepts the following form(s) of photo ID:
 - a. Driver's License or ID with photo issued by another state
 - b. Military ID
 - c. U.S. Passport
 - d. LACTOA Reduced Fare ID card
 - e. Other transit operator reduced fare ID card with photo
- > Bring any medical documentation/information with you that will support the information in your application.
- > During your appointment, you will have an in-person assessment with a Mobility Assessment Evaluator. The assessment will include an interview as well as a physical functional assessment and/or a cognitive functional assessment, if necessary. The Mobility Assessment Evaluator will be looking at your functional skills which are needed to ride buses and trains.
- > If the Mobility Assessment Evaluator needs clarification from your healthcare professional, they will contact them.
- > The application process will be considered complete with the following:
 - a. Completed application including a copy of your photo ID
 - b. Completed in-person assessment
 - 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.

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 or by calling Access Customer Service Center at **1.800.827.0829 (TDD 1.800.827.1359)**.

Access Transit Evaluation Application

1 Personal Information

Six digit Access ID number

Last name

First name

 MI

Medi-Cal ID number
(optional):

I do not have a Medi-Cal number

Date of birth

Gender: Male Female

Home street address

Apt number

City

State

Zip

Mailing address (if different from your home address)

Apt number

City

State

Zip

Home phone number

Alternate phone number

TDD Yes No

TDD Yes No

Cell number

2 Emergency Contact

Name

Relationship

Home phone number

Alternate phone number

3 Current Use of Public Transportation

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

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

Daily Weekly Monthly Not currently using

How far do you live from your nearest bus stop?

Travel training is available to those who want to learn how to ride fixed route transit in the Los Angeles region. Would you like information about travel training? Yes No

4 Disability/Health Condition Information

Please describe the disability or health condition which prevents your ability to travel on a bus or train:

Is this a temporary disability or health condition? Yes No

If yes, how long do you expect it to prevent you from using fixed route buses or trains? _____ months

Are you currently receiving any treatment? Yes No

If yes, please provide information on what type of treatment you are currently receiving:

Do you live in an assisted living facility or nursing facility? Yes No

Do you need to bring someone with you to help you when you travel (a personal care assistant or personal attendant)?

Yes No Sometimes

What is your primary mobility aid? (If applicable)

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

What is your secondary mobility aid? (If applicable)

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

Do you use a service animal? Yes No

If you use a wheelchair or scooter, what is the width, length and weight with you in it?

Width: _____ inches Length: _____ inches Weight: _____ pounds

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.

Under the best conditions, what is the farthest that you can walk outdoors (using your mobility aid if you use one) without the help of another person?

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

Please provide any other information about your disability or health condition:

5

Certification

I hereby certify that, to the best of my knowledge, information given in this application is correct. 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.

Applicant/Responsible Party signature

Date

6 Responsible Party

If you require someone else to make decisions and act on your behalf, you may designate that person as a Responsible Party.

_____	_____
Name	Relationship to applicant
_____	_____
Agency (if applicable)	Home phone

Other phone	
_____	_____
Responsible Party signature	Date

7 Authorization for Release of Information

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 Access staff or the ADA certification contractor may contact the healthcare professional who completed the verification in order to confirm this information. I understand that all medical information will be kept strictly confidential.

_____	_____
Applicant/Responsible Party signature	Date

8 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
- > Other licensed provider familiar with your condition
- > Registered nurse
- > Ophthalmologist
- > Occupational therapist
- > Psychologist
- > Optometrist

Healthcare professional's name

Institution/facility/agency name

Specialization

Street address

Suite number

City

State

Zip

Phone number

Other phone number

Fax number

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Access Eligibility Center
5747 Rickenbacker Rd
Commerce, CA 90040

Your Access Services
information is here.

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