Application for MTS Access Paratransit Service

Informational Sheet

Thank you for inquiring about eligibility for MTS' Access Service. MTS offers multiple public transportation options for people with disabilities. Eligibility for these services is based on an individual's functional ability to use MTS' fixed route service.

MTS operates fixed route bus and light rail trolley services transporting people with physical, cognitive, and visual disabilities on a daily basis. All MTS fixed route buses and light rail trolleys are equipped with ADA accessible features, such as low floor buses, lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and hand rails.

MTS provides a Reduced Fare Program for Seniors, Disabled and people on Medicare (SDM Program). This fixed route program provides discounted fares and is the primary program used by most customers with disabilities in San Diego. Eligible customers can travel on accessible fixed route and light rail trolley at 68% reduced fare on monthly passes. This program is available for people with disabilities who are able to use the bus and light rail trolley systems as their primary travel option. For more information on the SDM Program or to obtain an application, please visit: www.sdmts.com/fares-passes/reduced-fare-and-passes or call 619-234-1060.

MTS also provides the MTS Access Paratransit Service for customers with disabilities. Per the Federal Transit Administration (FTA), eligibility for complementary paratransit is directly related to the functional ability of individuals with disabilities to use fixed route transit services. If you are functionally unable to use the bus and light rail trolley service, you may be eligible for MTS Access. Concerns such as diagnosis, age, distance to bus stop, lack of bus service, overcrowded buses or trolleys, inability to drive, personal finances, inconvenience, and/or discomfort are not the basis of MTS Access eligibility determination.

MTS Access is provided in accordance with the Americans with Disabilities Act (ADA) and is an origin to destination, shared ride, advanced reservation public transit service. Consistent with the ADA, MTS Access is comparable to MTS' fixed route bus and light rail trolley system including service characteristics (such as on time performance and travel time) and service area (¾ mile of a regular MTS fixed bus or light trolley route).

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HOW TO APPLY:

1. Review the eligibility information supplied on this ADA application.
2. If you believe you qualify for ADA paratransit services:
   a. Complete **Part A** of the application.
   b. Have a medical professional familiar with your health condition or disability and your functional abilities and limitations complete **Part B** of the application. Part B must be completed within **60 days prior** to the in-person assessment.
3. Once both parts of the application have been submitted, please call 844-299-6326 to schedule an in-person assessment. It is your responsibility to contact us to schedule your in-person assessment.

To apply for new certification or recertification, please submit your application to MTS Access Eligibility at:

Mail: MTS Access Eligibility
100 16th Street
San Diego, CA 92101
or
Fax: 844-299-6369
or
Email: Access@sdmts.com
or
Online at: www.sdmts.com/access

If you receive assistance completing Part A, that same person cannot also complete Part B. Part A and B must be filled out by different individuals familiar with your disability and/or health condition(s).

WHAT HAPPENS AT MY IN-PERSON ASSESSMENT:

1. Your photo will be taken. If found eligible, MTS Access drivers will use the photo to confirm your identity when getting on the bus.
2. At your appointment, you will have an in-person assessment with a Mobility Assessment Evaluator.
3. Your eligibility determination will be based on:
   a. Information provided on your application.
   b. Results from your in-person assessment.
   c. Supplemental verification provided by your health care professional.

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4. You will receive a letter within 21 days of your in-person assessment informing you of your eligibility status. If approved, you will receive a Rider's Guide.
5. If you are denied unconditional eligibility, you have the right to appeal. You will receive a letter regarding this decision and a copy of the MTS Access appeals process.

We look forward to meeting with you during your in-person assessment.

Location:
Access Eligibility Office
100 16th Street
San Diego, CA 92101

This application is available in alternative formats. If you would like additional assistance, please call 844-299-6326.

Before I start this application and the certification process, I understand all information provided must be true, accurate, and correct. I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services, or if at times, I can ride the MTS fixed route buses and light rail trolleys. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.

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PART A: Applicant Information and Release

An incomplete application will be returned to the applicant and may delay processing. ***All information must be legible.***

Personal Data

First Name: Mary Middle Name: ______

Last Name: Desjean

Date of Birth: ______ Social Security Number: ______

Medi-Cal Number (if applicable): ______ ☐ I do not have Medi-Cal

If Medi-Cal, Managed Care Provider:

☐ Aetna Better Health of California
☐ Community Health Group
☐ Kaiser
☐ United Healthcare
☐ BlueCross BlueShield
☐ Health Net
☐ Molina Healthcare of California

Home Phone: ______ Phone: ______ Other Phone: ______

Gender: ☐ Male ☐ Female Do you require TDD services? ☐ Yes ☐ No

Email Address: ______

Mailing Address: ______

______

City ______ State ______ Zip ______

Home Address: ______

______

City ______ State ______ Zip ______

☐ New Application ☐ Recertification

If recertification: ID Number: ______ Exp. Date: ______

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Please give us the name and phone number of a friend or relative we can call in case of emergency or if we are unable to reach you at your regular number:

First Name: ______________________ Last Name: ______________________

Phone: ______________________ Other Phone: ______________________

Relationship: ____

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Transit Usage

1. Do you currently use fixed route (large public) bus or light rail trolley independently? ☐ Yes ☐ No ☐ Sometimes

Fixed Route Bus? ☐ Yes ☐ No ☐ Sometimes

Light Rail Trolley? ☐ Yes ☐ No ☐ Sometimes

2. When was the last time you rode the fixed route bus or light rail trolley independently? ____________________

3. How frequently do you ride the fixed route bus or light rail trolley? ____________ per month

4. Which fixed route bus routes or light rail trolley lines do you use? ____________________

____

5. Please provide your 20-digit PRONTO Card number: ____________________

☐ I do not have a PRONTO Card

6. Have you ever had travel training to learn how to travel around the community and/or on how to use fixed route buses or light rail trolleys? ☐ Yes ☐ No

7. Would you like information about travel training to use the fixed route buses or light rail trolleys? ☐ Yes ☐ No

Disability/Health Condition Information

All questions must be answered.

8. Please describe the disability or health condition which prevents you from using fixed route buses and light rail trolley service.

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9. Is this a temporary disability or health condition? ☐ Yes ☐ No

10. If yes, how long you do expect it to prevent you from using fixed route buses and light rail trolley service? ____________ Months

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11. Are you currently receiving any treatment? ☐ Yes ☐ No

If yes, check what treatment(s) apply to you:

- ☐ Medications
- ☐ Physical Therapy
- ☐ Chemotherapy
- ☐ Radiation Therapy
- ☐ Dialysis
- ☐ Psychotherapy
- ☐ Non-weight Bearing Immobilization
- ☐ Surgery
- ☐ Rehabilitation
- ☐ Weight Bearing Immobilization
- ☐ Convalescence
- ☐ Other: ____________________

12. How long will you be receiving treatment?

- ☐ < 3 months
- ☐ 3-6 months
- ☐ 6-9 months
- ☐ 9-12 months
- ☐ > 12 months
- ☐ Unknown duration

13. Have you had a recent fall which required medical attention? ☐ Yes ☐ No

If yes, what is your fall frequency per week? __________

If yes, did the fall occur while using mobility aid/device? ☐ Yes ☐ No

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

15. Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")? ☐ Yes ☐ No

16. Do you use any mobility aids or equipment? (check all that apply)

- ☐ Powered/Electric Wheelchair
- ☐ Manual Wheelchair
- ☐ Powered Scooter
- ☐ Walker
- ☐ Cane
- ☐ Communication Board
- ☐ Brace
- ☐ Prosthesis
- ☐ Portable Oxygen in Cart
- *Type of Brace:* __________
- ☐ Service Animal
- ☐ Portable Oxygen in Bag
- ☐ White Cane
- ☐ Crutches
- ☐ None
- ☐ Other: ____________________

17. If you use a wheelchair or scooter, what is the width and length?

Width: __________ inches Length: __________ inches

18. If you use a wheelchair or scooter, what is the total weight of your mobility device when you are using it? Weight: __________ pounds

If your wheelchair or scooter is larger than 30 inches wide, 48 inches long and 800 pounds when occupied, the MTS paratransit vehicle may be unable to accommodate your trip.

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Transit Skills

Please read the following statements and check those which best describe your abilities to use fixed route buses or trolleys (check all that apply). **At least one box needs to be checked.**

- ☐ I can get to and from bus stops or light rail trolley stations if the distance is not too great.
- ☐ I can ride buses and light rail trolleys when I am feeling well. There are other times, when my disability or health condition worsens, that I cannot ride the buses and trolleys.
- ☐ I have a disability or health condition that prevents me from riding the buses and light rail trolleys if the weather is very hot or cold.
- ☐ I can grasp railings and money to pay the fare on the buses and light rail trolley.
- ☐ I can get to and from bus stops and light rail trolley stations only if there are curb cuts and sidewalks.
- ☐ I can get to and from bus stops and light rail trolley stations only if there are no hills.
- ☐ I have difficulty understanding or remembering all the things I would have to do to use the buses and light rail trolleys.
- ☐ I can use the buses and light rail trolleys if it is someplace that I go all of the time.
- ☐ I can never use buses and light rail trolleys by myself.
- ☐ I am not sure if I can use buses and light rail trolleys.
- ☐ I am not able to use buses and light rail trolleys for other reasons.

If you checked any of the above boxes, please explain: ____________________

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Functional Skills

The following questions will give us more information about your functional abilities. Please select Always (A), Sometimes (S), or Never (N) in response to the following questions and provide an explanation.

Without the help of someone else can you:

Ask for and understand written or spoken instructions? ☐ A ☐ S ☐ N

If Sometimes or Never, please explain: ____________________

Cross the street? ☐ A ☐ S ☐ N

If Sometimes or Never, please explain: ____________________

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Stand for 15 minutes if there is no place to sit? ☐ A ☐ S ☐ N
If Sometimes or Never, please explain: ____________________

Step on and off a sidewalk from a curb? ☐ A ☐ S ☐ N
If Sometimes or Never, please explain: ____________________

Walk up and down three steps if there is a handrail? ☐ A ☐ S ☐ N
If Never, please explain: ____________________

Walk on uneven surfaces? ☐ A ☐ S ☐ N
If Never, please explain: ____________________

Stand on a moving bus or trolley if there is a handrail? ☐ A ☐ S ☐ N
If Never, please explain: ____________________

Transfer from one bus or light rail trolley to another? ☐ A ☐ S ☐ N
If Never, please explain: ____________________

Under the best conditions, what is the farthest that you can travel outdoors (using your mobility aid if you use one) without the help of another person? ☐ < 1 block ☐ 1-4 blocks ☐ > 4 blocks

Please provide any other information about your disability or health condition that would help us better understand your travel abilities: ____________________

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Certification

I hereby certify that, to the best of my knowledge, information given in this application is correct. The purpose of this application is to determine if I am eligible to use paratransit services (MTS Access), or if I can ride the MTS fixed route buses and light rail trolleys. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law. I agree to undergo an in-person assessment of my mobility abilities and limitations for the purpose of making a determination regarding my eligibility for paratransit service. I understand that intentionally providing false or misleading information or a refusal of an in-person assessment is grounds for a determination of ineligibility for MTS Access services and benefits. I agree to notify MTS if my condition changes, if I am using a new mobility device, or if I no longer need to use ADA paratransit service.

Applicant/Responsible Party Signature: ____________________ Date: __________

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Authorization for Release of Information

I __________________________________ authorize my health care professional to release any and all information about my disability or health condition and its effect on my ability to travel on the MTS bus and light rail trolley system (**Part B**). I understand that I may revoke this authorization at any time. I understand that MTS Staff or the ADA Certification Contractor may contact the health care professional who completed the verification attached to this application, in order to confirm this information. I understand that all medical information will be kept strictly confidential.

Applicant/Responsible Party Signature: ______________________________ Date: ____________

If someone assisted in completing this application, please provide the following information:

Print Name: ____

Agency (if applicable): ____

Relationship to Applicant: ____

Address: ____

Home Phone: ______________________ Other Phone: ______________________

Signature: ____ Date: ____________

Please make a copy for your file