Application for MTS Access Paratransit Service

Informational Sheet

Thank you for inquiring about eligibility for MTS’ Access Service. MTS provides multiple public transportation services for people with disabilities. Eligibility for these services is based on how the disability affects 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 buses and light rail trolleys are equipped with accessibility 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 People with Disabilities and Seniors (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 75% reduced fare on monthly and 30 day 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.sdmcts.com/fares-passes/reduced-fare-and-passes or call 619-234-1060.

MTS also provides the MTS Access Service for customers with disabilities who are functionally unable to use the MTS fixed route bus and light rail trolley services. If you can use the bus or light rail trolley service with difficulty, you may be eligible for MTS’ SDM program described above. If you are functionally unable to use the bus and light rail trolley service, you may be eligible for Access. Access is a public transportation paratransit service for customers with disabilities who are unable to use the bus or light rail trolley system. 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 sole basis of Access eligibility determination.

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, 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 (¼ 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
3. When you have both sections completed, call the toll free number 844-299-6326 to schedule an in-person assessment

You can also apply online at: www.sdmts.com/access

WHAT HAPPENS AT MY IN-PERSON ASSESSMENT:

1. Bring your completed application (Parts A and B) with you to your in-person assessment.
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
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 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.

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

Personal Data
First Name: ___________________________________________ Middle Name: _______________________
Last Name: ___________________________________________
Date of Birth: ___________________________ Social Security Number: ___________________________
Medi-Cal Number (if applicable): ___________________________ □ I do not have Medi-Cal
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: ___________________________

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 bus or light rail trolley?  □ 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?  

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 Compass Card number:
   □ I do not have Compass Card

6. Have you ever had travel training to learn how to travel around the community 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
8. Please describe the disability or health condition which prevents you from using fixed route buses and light rail trolley service.  

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

10. If yes, how long do you 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  □ Weight Bearing Immobilization  □ Rehabilitation
   □ Surgery  □ Convalescence  □ Other: ____________________________

12. How long will you be receiving treatment?  
   □ < 3 months  □ 3-6 months  □ 6-9 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?  
   □ Yes  □ No  
   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 of these mobility aids or equipment? (check all that apply)
   □ Powered/Electric Wheelchair  □ Manual Wheelchair  □ Powered Scooter
   □ Walker  □ Cane  □ Crutches
   □ Brace  □ Prosthesis  □ Portable Oxygen in Cart
   □ Portable Oxygen in Bag  □ Service Animal  □ Communication Board
   □ White Cane  □ Other: ____________________________  □ None

   Type of Brace: ____________________________

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 600 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).

☐ 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.

☐ My disability or health condition makes it impossible to travel when there is snow or ice on the ground.

☐ 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:  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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.

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:  

________________________________________________________________________

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

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Step on and off a sidewalk from a curb?  
If sometimes or never, please explain:  
☐ A  ☐ S  ☐ N

Walk up and down three steps if there is a handrail?  
If never, please explain:  

Walk on uneven surfaces?  
If never, please explain:  

Stand on a moving bus or trolley if there is a handrail?  
If never, please explain:  

Transfer from one bus or light rail trolley to another?  
If never, please explain:  

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?  
☐ < 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:  

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: ________________________________________________________________________________
Daytime Phone: ______________________ Evening Phone: __________________________

Signature: ______________________________________________________________________________ Date: _______________