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 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 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.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 who are functionally unable to use the MTS fixed route bus and light rail trolley services. If you are functionally unable to use the bus and light rail trolley service, you may be eligible for MTS Access. MTS 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 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. 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

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. Bring your completed application (Parts A and B) with you to your in-person assessment. Do not mail in or fax applications.

2. Your photo will be taken. If found eligible, MTS Access drivers will use the photo to confirm your identity when getting on the bus.

3. At your appointment, you will have an in-person assessment with a Mobility Assessment Evaluator.

4. 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.

5. 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.

6. 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.
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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

If Medi-Cal, Managed Care Provider:
☐ Aetna Better Health of California  ☐ BlueCross BlueShield
☐ Community Health Group  ☐ Health Net
☐ Kaiser  ☐ Molina Healthcare of California
☐ United Healthcare

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?  

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 16-digit Compass Card number:  
   □ I do not have a Compass 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.  

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

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  □ Crutches  □ Portable Oxygen in Bag
   □ White Cane  □ 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 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). **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.
- [ ] 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 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: __________________________________________
___________________________________________________________________________
___________________________________________________________________________

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: _____________
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: __________