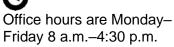
ACCESS Connections Program Application

Address:						
City			First			Date of Birth
Phone: Home						Zip
Information about your disability • What is your disability? • How does your disability limit you? Check all that apply: Walking Seeing Understanding Hearing Understanding Hearing Understanding Hearing Understanding Yes No Yes Manual wheelchair Scooter Motorized wheelchair Crutches Walker or rollator Portable oxygen Walker or rollator Portable oxygen Manual wheelchair School district (IEP) *must include signature page School district (IEP) *must include signature page						
 What is your disability?		Cell		E-mail addres	6	
 How does your disability limit you? Check all that apply: Walking Seeing Communicating Understanding Hearing Problem solving Is your disability permanent?YesNo If no – what is the expected duration?	Informatio	n about your disabilit	у			
Walking Seeing Communicating Understanding Hearing Problem solving • Is your disability permanent? Yes No • If no – what is the expected duration? • Do you use any mobility aids? Yes (If yes, check all that apply): Manual wheelchair Scooter White Cane Motorized wheelchair Crutches Service animal Walker or rollator Portable oxygen Other Check the documentation you are submitting with the application: Verification of disability (including diagnosis) from: School district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	 What is 	s your disability?				
Understanding Hearing Problem solving Is your disability permanent? Yes No If no – what is the expected duration?	 How do 	oes your disability limit y	/ou? Check all tha	at apply:		
 Is your disability permanent?YesNo If no – what is the expected duration?		Walking		Seeing		Communicating
 If no – what is the expected duration?		Understanding		_ Hearing		Problem solving
Do you use any mobility aids?NoYes (If yes, check all that apply): Manual wheelchairScooterWhite Cane Motorized wheelchairCrutchesService animal Walker or rollatorPortable oxygenOther Check the documentation you are submitting with the application: Verification of disability (including diagnosis) from: Health care providerSchool district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's licenseBirth CertificateMilitary Discharge	 Is your 	disability permanent?	Yes	No		
Manual wheelchair Scooter White Cane Motorized wheelchair Crutches Service animal Walker or rollator Portable oxygen Other Check the documentation you are submitting with the application: Other Verification of disability (including diagnosis) from: School district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	♦ If no – v	what is the expected du	uration?			
Motorized wheelchair Crutches Service animal Walker or rollator Portable oxygen Other Check the documentation you are submitting with the application: Verification of disability (including diagnosis) from: Health care provider School district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	 Do you 	use any mobility aids?	No	Yes	(If yes, check all	that apply):
Walker or rollator Portable oxygen Other Check the documentation you are submitting with the application: Verification of disability (including diagnosis) from: Health care provider School district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	N	lanual wheelchair		Scooter	W	/hite Cane
Check the documentation you are submitting with the application: Verification of disability (including diagnosis) from:Health care providerSchool district (IEP) *must include signature pageAgency from which you receive disability related services Proof of Age (Documents must be valid and not expired):Driver's licenseBirth CertificateMilitary Discharge	N	Notorized wheelchair		_Crutches	S	Service animal
Verification of disability (including diagnosis) from: Health care providerSchool district (IEP) *must include signature page Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's licenseBirth CertificateMilitary Discharge	V	Valker or rollator		Portable oxy	genC	Other
Health care provider School district (IEP) *must include signature pageAgency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	Check the	documentation you a	re submitting wi	ith the applica	tion:	
Agency from which you receive disability related services Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge	Verification	of disability (including	diagnosis) from:			
Proof of Age (Documents must be valid and not expired): Driver's license Birth Certificate Military Discharge		Health care provider	Scho	ol district (IEP)	*must include sig	nature page
Driver's license Birth Certificate Military Discharge		Agency from which y	ou receive disab	ility related serv	/ices	
	Proof of Ag	ge (Documents must be	valid and not exp	pired):		
PA Photo ID PACE Card Social Security Verification		Driver's license	Birth Ce	ertificate	Military Dis	scharge
		PA Photo ID	PACE (Card	Social Sec	urity Verification
PassportVA Universal ID Immigration or Resident Alien Pa		Passport	VA Univ	ersal ID	Immigratio	n or Resident Alien Papers
			0			

Questions? Call (412) 562-5353 or TTY 711



Find ACCESS information online at myaccessride.com

I am currently eligible for Medical Assistance or Community Health Choices (check one)

r am currentity eligible for		eaith Choices (check o	ne)
Yes	No	Not Sure	è
Port Authority Bus Ser	vice You Will Use		
Which Port Authority	routes serve your neighborhood?		
• Where is the bus sto	p closest to your home?		
• Why do you need AG	CCESS Connections Service? (Check	as many as apply)	
Tł	ne bus stop is more than ¾ mile from i	my home	
Tł	ne bus stop is more than ¾ mile from i	my destination	
Tł	nere is no bus service at the time I nee	ed to travel	
I ł	nave to take several buses, which take	es me a long time	
Trips you will take			
Please list the three mos	st common trips you would like to take		
<u>Origin (Address)</u>	Destination (Addr		equency
	ame and phone number for someone	we should contact in c	ase of an emergency
Will you need future m	aterials in an accessible format? (C	ircle):	
Large Print	Word or Text file by e-mail	Audio Cassette	Braille
Signature (Required)			
I certify that I have been	truthful and that the information I hav	e provided is accurate	and correct.

Signature

Date

Submit your completed application along with proof of age and verification of your disability. Mail to ACCESS Connections Program, 650 Smithfield St., Pittsburgh, PA 15222 or e-mail to ada@accesstransys.com.