# **ACCESS** **Connections Program Application**

Name: _____
  Last                                First                                Date of Birth

Address:_____

City_____  State_____  Zip_____

Phone**:**     Home _____     Work_____

         Cell_____     E-mail address_____

## Information about your disability

♦ What is your disability?_____

♦ How does your disability limit you? Check all that apply:

_____ 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?     _____No     _____ 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:

_____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

_____ PA Photo ID          _____ PACE Card            _____ Social Security Verification

_____ Passport             _____VA Universal ID       _____ Immigration or Resident Alien Papers

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

Office hours are Monday–
Friday 8 a.m.–4:30 p.m.

Find ACCESS information
online at **myaccessride.com**

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

_____ Yes                _____ No                _____ Not Sure

**Port Authority Bus Service You Will Use**

♦   Which Port Authority routes serve your neighborhood? _____

♦   Where is the bus stop closest to your home? _____

♦   Why do you need ACCESS Connections Service? (Check as many as apply)

_____ The bus stop is more than ¾ mile from my home

_____ The bus stop is more than ¾ mile from my destination

_____ There is no bus service at the time I need to travel

_____ I have to take several buses, which takes me a long time

**Trips you will take**

Please list the three most common trips you would like to take.

Origin (Address)                          Destination (Address)                    Frequency

_____

_____

_____

**Emergency Contact**

♦   Please provide the name and phone number for someone we should contact in case of an emergency (optional):

_____

**Will you need future materials in an accessible format? (Circle):**

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 have 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.