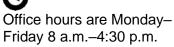
ACCESS Connections Program Application

| 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.