



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

Pittsburgh Regional Transit Bus Service You Will Use

◆ Which Pittsburgh Regional Transit 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 3/4 mile from my home

_____ The bus stop is more than 3/4 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

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.