

## WeGo Access Application Instructions

WeGo Access services provide specialized transportation for persons who are unable to independently use regular transit service due to a disability or health-related condition on a short or long-term basis. Access is provided by WeGo Public Transit as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use Access, you must first be certified as eligible. Please read the following instructions thoroughly before filling out the attached application form. **All information that you supply will be kept strictly confidential.**

This information is also available in accessible formats upon request (large print, Braille, audio tape, etc.). However, the application must be filled out in English and must be typed or printed clearly.

1. You may fill out section 1 of the application yourself, or you may get help from anyone familiar with you and your condition.
2. You are requested to have your physician or other appropriate health care professional complete Section 2 of this application to provide verification of your disability and its effect on your ability to use WeGo's regular bus system.
3. Once the application is complete, you must set up an in-person interview. An in-person interview and functional assessment can be scheduled by calling 615-880-3596 between 8:30 a.m. to 4 p.m. Monday through Friday. Do not mail or fax your application. Please bring the following to your interview:
  - Completed application; and
  - Primary mobility aid or aids that you would use when traveling in the community.

Please dress appropriately. A functional assessment may require you to go outdoors. Transportation to and from the interview will be provided, if necessary, at no cost to the applicant. This process will take approximately 45 minutes to one hour.

If you still have questions after reading the following or if you need this information in alternative formats, please call Customer Care at 615-862-5950 and ask for the Eligibility Specialist.

**Please provide detailed information to allow WeGo to make the most appropriate determination regarding your transportation needs. If you have questions or need assistance in completing this form, please call Customer Care at 615-862-5950 and ask for the Eligibility Specialist.**

## WeGo Access Application

Date: \_\_\_\_\_

This application is also available in large print, audio tape, and braille. If you need this information in alternative formats or additional information, please call 615-880-3596 and ask for the Eligibility Specialist.

Did someone assist you in filling out this form?     Yes     No

Should this person be contacted if additional information is needed?     Yes     No

If Yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number to reach you: (\_\_\_\_) \_\_\_\_\_

### Applicant's personal/contact information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     Male     Female

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_ Gate Code: \_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this a:     House     Apartment     Condominium     Duplex

Email address: \_\_\_\_\_

**Mailing Address (if different from home):**

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Functional Abilities**

Do you use any of the following mobility aids or specialized equipment? *(Check all that apply)*

- I do not use any mobility aids.
- Cane
- White Cane
- Motorized Wheelchair
- Walker
- Scooter
- Manual Wheelchair
- Leg Braces
- Crutches
- Respirator/Portable Oxygen Tank
- Service Animal
- Other: \_\_\_\_\_

Can you travel without the assistance of another person?  Yes  No

Do you currently travel with a personal care attendant (PCA)?  Yes  No

Have you ever used WeGo public transit buses?  Yes  No

How do you currently make most of your trips? (Check all that apply).

- Drive myself       Someone else drives me       Van or car service
- Taxi       Public transit       Access/On Demand
- Other: \_\_\_\_\_

Have you ever received Travel/Mobility Training for bus use?       Yes       No

WeGo offers free travel training to anyone interested in learning how to ride buses. Would you be interested in receiving information about this service?       Yes       No

Could you independently ride in a taxi if one were provided?       Yes       No  
*Must be able to communicate with driver, use a telephone, and not need physical assistance.*

Could you independently get on and off a lift-equipped bus?       Yes       No

Could you maintain balance while seated on a moving vehicle?       Yes       No

Can you climb three 11-inch steps?       Yes       No

Can you find a seat by yourself without assistance?       Yes       No

### **Certification of Application**

I hereby certify that, to the best of my knowledge, information given in this application is correct. I understand that this application will be returned if it is not complete. I further understand that the results of this review will be based on my ability to use regular bus (MTA) transportation and may require additional information from me, such as a phone or personal interview, or additional consultation from my physician or other professional.

I agree to notify WeGo Access if I no longer require Access for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Access may be grounds for suspension or revoking my eligibility to participate in this program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*If someone besides the applicant completed this application, the following information must match the information provided previously in this application.*

### **Authorization to release medical information**

I hereby authorize the following licensed professional<sup>1</sup> who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have a right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Medical Record or ID#, if known: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Professional Certification**

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for WeGo Public Transit's paratransit service. Please read the following information carefully since it may affect your response.

#### **Who qualifies for Access?**

Access service is designed to serve only those persons whose severity of disability prevents them from functionality using regular public transportation services. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride Access. Service is provided to the following three general groups of persons with disabilities:

- Persons who have specific impairment – related conditions which prevent use of regular transit service – not just make it difficult to travel to or from the bus stop.
- Persons who need a wheelchair lift and a wheelchair lift equipped bus is not available on the route when they need to travel.

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<sup>1</sup> Includes: Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse, or Mobility Specialist/Instructor. This list provides some examples, but is not a comprehensive listing.

- Persons who are unable to board, ride or exit from regular WeGo buses, even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

Please review the medical information provided in the application and fill out the certification as appropriate and sign the document. The information you provide will help us to serve only those who most need Access.

### **Certification of Disability**

I \_\_\_\_\_ (*Medical Professional Name*), certify

\_\_\_\_\_ (*Name of Patient*)

to be a person with a severe disability who has been a patient of mine since \_\_\_\_\_

(Date) and whose diagnosis is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of onset: \_\_\_\_\_

Prognosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For persons with a cognitive or psychiatric disability, please provide DSM-IV codes:

\_\_\_\_\_  
\_\_\_\_\_

If diagnosis is a seizure disorder or psychiatric disability, is condition currently controlled by medication?

\_\_\_\_\_  
\_\_\_\_\_

For persons with a visual disability, please provide visual acuity statement:

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Please indicate the individual's ability to independently perform the following functions:

	No Difficulty Perform <span style="font-size: 1.5em;">→</span> Unable to				Not Sure
	1	2	3	4	
Travel independently to and from the nearest bus stop up to 1/4 mile with accessible sidewalk and curb cut	1	2	3	4	<input type="checkbox"/>
Wait ten minutes in good weather at a bus stop that does not have a seat or shelter.	1	2	3	4	<input type="checkbox"/>
Identify the correct bus stop to board and get off.	1	2	3	4	<input type="checkbox"/>
Go up and down three 10-inch steps, using a handrail if needed.	1	2	3	4	<input type="checkbox"/>
Get on and off a transit bus with a passenger lift or ramp. Safely cross streets.	1	2	3	4	<input type="checkbox"/>
Step on and off the curb from a sidewalk.	1	2	3	4	<input type="checkbox"/>
Effectively problem solves or judge safety issues.	1	2	3	4	<input type="checkbox"/>
Ask for, understand and carry out instructions to take a trip.	1	2	3	4	<input type="checkbox"/>
Travel outdoors in adverse weather (heat, cold, ice, snow).	1	2	3	4	<input type="checkbox"/>

Other issues that affect individual's ability to travel in the community independently:

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\_\_\_\_\_  
*Signature of Licensed Professional*      *Profession*      *License Number, if applicable*

\_\_\_\_\_  
*Street Address*      *City*      *STATE*      *ZIP*

\_\_\_\_\_  
*Phone Number*      *Fax Number*      *Date Signed*

## **Please keep this sheet for your records**

### **Next Steps**

Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a *complete* application, in-person interview, and functional assessment. You will receive a notice as to whether or not you are eligible. This review will be based on your ability to use regular bus service. The reviewer may request additional information from you or your health care professional. Please note that verification from a licensed health care professional *does not* automatically qualify you for Access services.

4. You may be found to be:
  - Fully eligible – Allowed to use Access for all your travel needs within the service area on Access;
  - Conditionally eligible – Allowed to use Access for some trips depending on the nature of your disability; or
  - Not eligible – Your application and functional assessment found you were able to use regular fixed-route transit services.
5. If you are found ineligible for Access services and you disagree with the determination, you may appeal the decision. Information on the appeals process will be sent to you with your eligibility determination letter.