

Access Services

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access

Applying for Access

An in-person evaluation is required to determine your eligibility with Access Services. In order to ensure that Access has the necessary information to process your application, complete the following steps:

Access Rider ID number is required.

If you do not have an Access ID Number, please contact Customer Service at **1.800.827.0829** or visit eligibility.accessla.org/scheduler to have one issued (application will not be processed if ID number is missing).

- 1** Complete and submit the application portion in the enclosed envelope to:
Access Eligibility Center
5747 Rickenbacker Rd
Commerce, CA 90040
- 2** Allow **seven (7)** calendar days after you send in your application form to call the Access Eligibility Scheduling Center.
- 3** Schedule your in-person evaluation at **626.532.1616 (TDD 626.532.1620)**, Monday through Friday from 8am-5pm. Please do not call before the **seven (7)** calendar day period.

Access provides free transportation to and from your in-person evaluation. Applicants also have the option to provide their own transportation.

Required In-person Evaluation

- > If applicable, bring your primary mobility device that you intend to use while out in the community.
- > If you need assistance, please bring a personal care assistant (PCA).
- > Bring a **valid photo ID**. Access accepts the following form(s) of photo ID:
 - a. State issued Driver's License or ID
 - b. Military ID
 - c. U.S. Passport
 - d. LACTOA Reduced Fare ID card
 - e. Other transit operator reduced fare ID card
- > Bring any documentation that will support the information in your application.
- > Eligibility is based on your functional abilities to use fixed route bus or train services.
- > The evaluation will include an interview as well as a functional and/or a cognitive evaluation, if necessary. The Evaluator will be looking at your functional skills which are needed to ride buses and trains.
- > If the Evaluator needs verification from your healthcare professional, they will contact them.

The application process will be considered **complete** with the following:

- a. Completed application including a copy of your photo ID
- b. Completed in-person evaluation
- c. Completed healthcare professional verification (if applicable)

You will receive a letter within **21 days** after the completion of the application process informing you of your eligibility status.

This application is available in alternative formats. If you require an accessible format of this application, please contact Access Customer Service: **1.800.827.0829 (TDD 1.800.827.1359)** between the hours of 8am and 5pm Monday through Friday.

If you have a concern about what information you need or what to do to prepare, the Disability Rights Education and Defense Fund (DREDF) has published "ADA Paratransit Eligibility: How To Make Your Case." You can get a copy of this helpful guide online at dredf.org or by calling Access Customer Service Center at **1.800.827.0829 (TDD 1.800.827.1359)**.

Other Transportation Resources

Los Angeles County has fixed route bus and train services that are equipped with ADA accessible features such as lifts or ramps, securement spaces, designated priority seating, stop announcements, audio announcements, handrails, lighting, and operators who are trained to assist passengers with disabilities. These modes of transportation do not require prior reservation.

For more information about bus and train routes, schedules, and/or reduced fares in Los Angeles County, please visit metro.net or call **323.GO.METRO (323.466.3876)**. Riders with hearing or speech impairments can use the California Relay Service. **Dial 711** and the number you need.

Access can assist with your search for transportation options including Travel Training which provides assistance with learning how to use the fixed route bus or train services. For more information call Access Customer Service at **1.800.827.0829 (TDD 1.800.827.1359)** or visit accessla.org.

**Questions? Please call
Customer Service:**

**1.800.827.0829
TDD 1.800.827.1359**

2 Emergency Contact

Name

Relationship to applicant

Primary phone number

Alternate phone number

3 Current Use of Public Transportation

When was the last time you rode the fixed route bus or train?

How frequently do you ride the fixed route bus or train? Never used
 Daily Weekly Monthly Not currently using

What is the farthest that you can travel outdoors without the help of another person (using mobility device/aid, if applicable)?
 Less than 1 block 1-4 blocks More than 4 blocks

How far do you live from your nearest bus stop?
 Less than 1 block 1-4 blocks More than 4 blocks

When using fixed route bus or train do you travel?
 Independently With assistance Not applicable

4 Disability / Health Condition Information

Please describe the disability or health condition which prevents your ability to travel on a bus or train independently. You may attach more documentation on a separate page.

Access ID number _____

Disability / Health Condition Information (cont.)

Is this a temporary disability or health condition? Yes No

If yes, how long do you expect it to prevent you from using fixed route buses or trains? _____ Week(s) Month(s)

Are you currently receiving any treatment? Yes No

If yes, please provide information on what type of treatment you are currently receiving:

5 Mobility Devices / Aids

Do you require assistance when traveling on the bus or train? (a personal care assistant)? Yes No Sometimes Not applicable

Do you use a service animal? Yes No

What function is it trained to perform? _____

What is your primary mobility device/aid? (If applicable)

- | | | |
|--|---|---------------------------------------|
| <input type="radio"/> Powered wheelchair | <input type="radio"/> Manual wheelchair | <input type="radio"/> Powered scooter |
| <input type="radio"/> Walker | <input type="radio"/> Cane | <input type="radio"/> White cane |
| <input type="radio"/> Brace | <input type="radio"/> Prosthesis | <input type="radio"/> Portable oxygen |
| <input type="radio"/> Crutches | <input type="radio"/> Communication board | |
| <input type="radio"/> Other: _____ | | |

Access ID number _____

Mobility Devices / Aids (cont.)

What is your secondary mobility device/aid? (If applicable)

- | | | |
|--|---|---------------------------------------|
| <input type="radio"/> Powered wheelchair | <input type="radio"/> Manual wheelchair | <input type="radio"/> Powered scooter |
| <input type="radio"/> Walker | <input type="radio"/> Cane | <input type="radio"/> White cane |
| <input type="radio"/> Brace | <input type="radio"/> Prosthesis | <input type="radio"/> Portable oxygen |
| <input type="radio"/> Crutches | <input type="radio"/> Communication board | |
| <input type="radio"/> Other: _____ | | |

You will be assessed with the primary mobility device/aid that you bring to the eligibility center at the time of your appointment. If you change your mobility device following your evaluation, you may be required to return for a new evaluation in your new device. Use of a different mobility device may change your functional ability to use accessible fixed route transit.

IMPORTANT: Most of the accessible vehicles in our fleet are designed to accommodate a mobility device no larger than 30 inches wide by 48 inches long and/or weighing with its passenger up to 600 pounds. While we make all reasonable efforts to accommodate our riders, if your mobility device is larger than this, we may be unable to transport you either because it would damage the vehicle or to do so would impose an unreasonable safety hazard.

6 Healthcare Professional Contact Information

Please provide the contact information of your treating healthcare professional who is familiar with your condition and, if needed, could be contacted for clarifying information.

The following licensed healthcare professionals are authorized to provide clarifying information:

- | | | |
|--|--------------------------|----------------|
| > Physician (MD or DO) | > Registered nurse | > Psychologist |
| > Psychiatrist | > Ophthalmologist | > Optometrist |
| > Physical therapist | > Occupational therapist | |
| > Other licensed provider familiar with your condition | | |

Access ID number _____

Healthcare Professional Contact Information (cont.)

Healthcare professional's name

Specialization

Institution/facility/agency name

Street address

Suite number

City

State

Zip

Primary phone number

Alternate phone number

Fax number

Email

7 Certification and Authorization for Release of Information

I hereby certify that, to the best of my knowledge, the information given in this application is correct. I authorize my healthcare professional to release any and all information about my disability or health condition and its effects on my functional ability to travel. I understand that all medical information will be kept strictly confidential. I agree to undergo an in person assessment of my functional abilities and limitations for the purpose of making a determination regarding my eligibility for ADA paratransit service.

Print name

Signature

Date

Access ID number _____

8 Person, Other Than Applicant, Completing Form (optional)

Name Relationship to applicant

Primary phone number Alternate phone number

Referring agency (if applicable)

Signature of person, other than applicant, completing form Date

Access ID number _____

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Access Eligibility Center
5747 Rickenbacker Rd
Commerce, CA 90040



Your Access Services
information is here.

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