



Massachusetts Bay Transportation Authority

Deval L. Patrick
Governor

Timothy P. Murray
Lt. Governor

Bernard Cohen
Secretary and MBTA Chairman

Daniel A. Grabauskas
General Manager

Dear RIDE Applicant:

Thank you for your interest in the MBTA's **shared-ride**, door-to-door transportation program for persons with disabilities **THE RIDE**. Enclosed is the application form that you requested, along with some general information about **THE RIDE** and an instructional guide to help answer any questions you may have about completing the application form. For easy reference, the numbers within the guide correspond to the numbered questions on the application.

Please be certain that the application is fully completed by you and your licensed/certified human services or health care professional before returning it to us, so that we may review your application without delay.

If you have Internet access we encourage you to visit our website for additional applications and information about **THE RIDE** at:

www.mbta.com, navigate to
Riding the T-Accessible Services-THE RIDE

Sincerely,

Robert P. Rizzo
Manager, Paratransit Contract Operations
Office for Transportation Access -THE RIDE

Driven by Customer Service

Instructions for completing THE RIDE Application

Please fill out each section of the application. Generally, you are eligible for THE RIDE if your disability makes it impossible to fully use MBTA buses, trains and streetcars some or all of the time. Therefore, it is important that you and your human service or health care professional provide as much information as possible so that the Eligibility Review Committee is able to determine eligibility.

You must complete the first three (*Pgs. 1-2-3*) pages of THE RIDE Application, *while a licensed human service or health care professional must complete the last page (Pg. 4)*. Examples of licensed human service or health care professionals include those who are familiar with your disability and have been licensed (issued a license number), such as:

Medical Doctor
Psychiatrist
Psychologist
Social Worker (Level III)
Rehabilitation Professionals-Physical/Occupational Therapist, Mobility Instructor
Physicians Assistant, Nurse Practitioner, Registered Nurse

When completing the application, please refer to the following instructions, which correspond to the numbered sections shown on the application pages.

1. PRINT your name, address, etc. Circle **TTY** if you use a Telecommunication Tele-Typewriter Device for the Hearing Impaired (TTY) on phone lines.
2. Enter a name and phone number for someone that can be used as an Emergency Contact, including his or her relationship to you.
3. Place a check mark by the appropriate answer.

A Personal Care Assistant (PCA) is anyone who is traveling with you to assist with your travel and/or personal needs. PCAs are not supplied by the MBTA or its RIDE Contractors, but we will provide space if you will be accompanied by one.

4. Place a check mark by each of the disabilities that apply to you.
5. If you use a mobility aid while traveling, please indicate YES or NO here.
6. Place a check mark by all mobility aids (wheelchair, walker, crutches, etc.) that you would use while traveling on THE RIDE. If you use a powered wheelchair or a powered scooter, please include the manufacturer and model name so that we know how much space you need when using THE RIDE.

7. For these series of questions, place a check mark by "YES" if you can perform the task at all times (EXAMPLE: If you use a cane for mobility and can use a conventional auto and therefore do not require a ramp or lift to enter a vehicle).
- Place a check mark by "NO" if you cannot perform the task under any conditions (EXAMPLE: If you use a wheelchair for mobility at all times and always require a ramp or lift to enter a vehicle).
 - Place a check mark by "SOMETIMES" if you can perform the tasks under certain conditions (EXAMPLE: If you use a wheelchair for mobility only due to temporary weakness, such as following dialysis treatments, but otherwise use a cane for mobility, then you should explain, in the space provided, that for trips to dialysis appointments you will use a wheelchair and will need a vehicle with a lift or ramp).
8. Provide as much information as possible about your disability and how it prevents you from using MBTA buses, trains and street cars, such as "I have rheumatoid arthritis and use a walker for mobility whenever leaving my house. I am not able to climb any station steps and cannot get up the steps of a streetcar".
9. If your disability is temporary, answer "YES". Be certain to fill in how many months or years you expect your disability to be present. If your disability is permanent, answer "NO" and go to section 10.
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10. Sign your name to indicate that the information you have given is correct to the best of your knowledge. If you are unable to sign, you may have someone sign for you. In this instance, the person signing for you should indicate their relationship to you (EXAMPLE: PCA, Visiting Nurse, Mother, Son, etc.).

If you require our response to you to be in Large Print, in Braille or on Audio CD, please place a check mark by the format you need.

11. Sign your name to indicate that you will allow your human service or health care professional to release any necessary information. If you are unable to sign, you may have someone sign for you. Again, if someone is signing for you they should indicate their relationship to you (EXAMPLE: PCA, Visiting Nurse, Mother, Son, etc.).
12. **Page 4**, the last page of the application, is to be **completed by your Human Service or Health Care Professional**. Please be certain that it is **fully** completed, to avoid having your application returned for lack of information.

If you or your Human Service or Health Care Professional have any questions about the information requested on the application, please call the Office for Transportation Access and ask to speak with a member of THE RIDE Eligibility Review Committee.

Once your application is **fully completed, please MAIL signed original** to:

**MBTA Office for Transportation Access
Ten Park Plaza, Room 5750
Boston, Massachusetts 02116**

NOTE: Electronic, FAX or photocopies of the application CANNOT be accepted; ONLY the signed ORIGINAL can be processed.

Once your completed application is received, the Eligibility Review Committee will review it. If you are approved, you will be mailed a RIDE Guide with details on how to use THE RIDE. If you are found ineligible, you will be mailed a letter telling you why and instructions on how to appeal will be provided. Call the Office for Transportation Access if you have any questions about the decision or the appeals process. If no eligibility determination has been made within 21 days of receipt of a completed application, you will be provided THE RIDE service until a determination is made.

Although every effort will be made to process your application as quickly as possible, due to the large number of applications received and the length of time required to fully review and process applications, we must ask that you allow 21 days from the day we receive your application for processing.

If you or your health care provider have questions about the application or you wish to check the status of your application, please call the **Office for Transportation Access** at **800-533-6282(V)**, **617-222-5123(V)**, or **617-222-5415(TTY)** for the hearing impaired.

ABOUT THE SERVICE

The MBTA's Paratransit service, THE RIDE, provides advance notice, shared-ride, door-to-door transportation to those who, because of a mental, physical or cognitive disability, are unable to use general public transportation. Wheelchair lift-equipped vans and sedans make it possible for both semi-ambulatory persons and those using wheelchairs to take advantage of this transportation service.

All drivers receive sensitivity and safety training so they may respond in a responsible and proper manner. Drivers will provide assistance into and out of vehicles and from the main entrance or lobby area of the rider's point of origin, and to the main entrance or lobby area of the rider's destination. Drivers will assist individuals who use wheelchairs, at drop off and pick up locations, up a ramp or over a maximum of one curb and/or one step (several if you are ambulatory). In addition, the driver will help with a manageable number of shopping bags, to the door of your destination.

As a customer of this shared-ride service, you will travel with other passengers on vehicles that operate within a 62 city and town service area. (See enclosed listing of communities). There are no restrictions on the types of trips you wish to take. Customers must be accepted and registered for THE RIDE and have established a RIDE account with the MBTA Revenue department, before a trip may be requested. A minimum of \$12.00 must be entered into your RIDE account and sufficient funds need to be maintained at all times to complete a desired trip. Greater detail on use of the service and how to set up an account will be provided upon completion of the registration process.

SERVICE PROVIDERS

Four contractors provide THE RIDE service to our customers. Information on the contractor serving your community is included in THE RIDE Guide, which is sent to all eligible registered customers.

SERVICE HOURS

Regular RIDE service operates seven days a week from 6:00 a.m. to 1:00 a.m. (including holidays).

TRANSFERS

Travel to and from the various service areas may require a transfer. Customers are picked up at their trip origin and taken to a transfer site where they remain on the vehicle, safe and protected from the weather, until they are met by a transfer vehicle and continue on to their destination.

ELIGIBILITY CRITERIA

You must have a mental, physical or cognitive disability, which prevents you from using general public transportation. For example, extreme difficulty or inability to:

- Walk
- See
- Ride an MBTA bus
- Use stairs/escalators
- Stand in moving vehicles

You may obtain an application form and additional information concerning THE RIDE by contacting:

**MBTA Office for Transportation Access
Ten Park Plaza, Room 5750
Boston, Massachusetts 02116**

**800-533-6282(V), 617- 222-5123, or 617- 222-5415 TTY (for the hearing impaired)
Or visit our website at www.mbta.com**

Upon successful completion of the registration process, each eligible applicant will receive a RIDE Identification number and a detailed information package, called THE RIDE Guide, describing use of THE RIDE service. Once you have received this package follow the directions in the Guide on how to set up a RIDE account. Only when your account is established will you be able to make a reservation.

ADDITIONAL MBTA RESOURCES

The following MBTA programs and contacts are available to make transportation easy and accessible for all travelers:

- ✓ For our deaf and hard of hearing customers please utilize a “Relay Operator” when a TTY line is not available for your use.
- ✓ www.mbta.com for all Transit Updates and Travel Information or for more information about the Accessible Services provided by the Office for Transportation Access
- ✓ MBTA Police Emergency: 617-222-1212(V), 617-222-1200(TTY)
- ✓ MBTA Senior and Disability Pass Information
Reduced Fare passes (buses, subways and trains) for seniors and persons with disabilities are available at Back Bay Station on the Orange Line. For information, call 800-543-8287(V) toll-free-in-state, 617-222-5438(V), 617-222-5854(TTY).
- ✓ Elevator/ Lift / Escalator Update Line
800-392-6100, press 6
617-222-2828(V)
617-222-5854(TTY), Mon. - Fri., 8:30 a.m. - 5:00 p.m.
- ✓ For all other accessibility related questions concerning MBTA buses, subway, trains or commuter boat call 800-543-8287(V) toll-free-in-state, 617-222-5976(V), 617-222-5854(TTY).
- ✓ Travel Information 800-392-6100(V), 617-222-3200(V),
617-222-5146(TTY)
- ✓ The Access Advisory Committee to the MBTA (AACT) is a consumer body composed primarily of persons with disabilities who advise and make recommendations to the MBTA regarding accessible transportation. Anyone is invited to participate. The goal of AACT is to achieve 100% accessible transportation. AACT meets monthly at the State Transportation Building, 10 Park Plaza in Boston. For meeting information or to be placed on their mailing list call 617-973-7507(V), 617-973-7089(TTY) or email aact@ctps.org.

THE RIDE Cities and Towns by Service Area

Boston	North	Northwest	Southwest	South
Allston	Beverly	Arlington	Boston	Boston
Back Bay	Boston	Bedford	Canton	Braintree
Brighton	Chelsea	Belmont	Dedham	Cohasset
Charlestown	Danvers	Boston	Dover	Hingham
Chinatown	Everett	Brookline	Framingham	Holbrook
Dorchester	Lynn	Burlington	Medfield	Hull
Downtown Boston	Lynnfield	Cambridge	Natick	Milton
East Boston	Malden	Concord	Needham	Quincy
Fenway	Marblehead	Lexington	Norwood	Randolph
Hyde Park	Melrose	Lincoln	Sharon	Weymouth
Jamaica Plain	Middleton	Medford	Walpole	
Mattapan	Nahant	Newton	Wellesley	
North End	Peabody	Somerville	Westwood	
Roslindale	Reading	Waltham		
Roxbury	Revere	Watertown		
South Boston	Salem	Weston		
South End	Saugus	Wilmington		
West Roxbury	Stoneham	Winchester		
	Swampscott	Woburn		
	Topsfield			
	Wakefield			
	Wenham			
	Winthrop			



6. WHICH OF THE FOLLOWING MOBILITY AIDS OR EQUIPMENT DO YOU USE TO HELP YOU GET WHERE YOU NEED TO GO?

(Please check all that apply)

Manual Wheelchair	_____	Walker	_____	Powered Scooter	_____
Powered Wheelchair	_____	Cane	_____	Guide Cane	_____
Prosthetic Device/Brace	_____	Crutches	_____	Oxygen	_____
Service Animal (guide dog, etc.)	_____			Other	_____
Specify	_____				

7. CAN YOU, USING THE MOBILITY DEVICES YOU IDENTIFIED ABOVE:

ENTER A VEHICLE WITHOUT A RAMP OR A LIFT? Yes___ No___ Sometimes___

If sometimes, explain which conditions would prevent you _____

WALK SAFELY 200 FEET WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

WALK SAFELY 1/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

WALK SAFELY 1/2 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

WALK SAFELY 3/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

CLIMB SAFELY THREE 12-INCH STEPS WITHOUT ASSISTANCE?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

WAIT OUTSIDE WITHOUT SUPPORT (SUCH AS A CANE, WHEELCHAIR, OXYGEN TANK) FOR TEN MINUTES?

Yes___ No___ Sometimes___ If sometimes, explain which conditions would prevent you _____

8. WHAT IS YOUR DISABILITY AND HOW DOES IT PREVENT YOU FROM USING MBTA BUSES, SUBWAYS OR STREETCARS SOME OR ALL OF THE TIME?

9. IS YOUR DISABILITY TEMPORARY? Yes or No _____

IF YES, HOW LONG IS IT EXPECTED TO LAST? _____ Months _____ Years

10. I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

In our correspondence to you, which format would you prefer?

Large Print _____ Braille _____ Audio CD _____

****IMPORTANT****

The information provided by your human service or health care professional **on page 4** will only be used to help the MBTA decide if you are eligible for THE RIDE and to make sure that we understand your travel needs. **If page 4 is incomplete we cannot determine your eligibility.** This personal information will only be shared with people who will be providing you with your transportation.

11. I hereby authorize my Human Service or Health Care Professional to release any information necessary to determine RIDE eligibility to the MBTA.

Applicant's Signature _____ Date _____

The HUMAN SERVICE OR HEALTH CARE PROFESSIONAL ASSESSMENT on Page 4, must be completed in its entirety by that professional and provide a functional assessment of the Applicants disability in their use of regular public transportation (buses, subways, streetcars).

12. ***TO BE COMPLETED BY HUMAN SERVICE OR HEALTH CARE PROFESSIONAL***
(See definition of human service or health care professional in the attached letter of introduction)

IMPORTANT NOTICE TO HUMAN SERVICE OR HEALTH CARE PROFESSIONAL
Information, which you provide, will assist us in determining the applicant's **functional ability** to use public transportation. It is essential that you be as precise and comprehensive as possible in your evaluation. Thank you for your cooperation.

PLEASE TYPE / PRINT CLEARLY

Applicant's Name _____

Applicant's Address _____

Relationship to the Applicant _____

Please provide a narrative assessment of the applicant's **functional level of mobility**, describing any other effects of the disability, and noting whether you agree with the applicant's assessment of his/her functional ability to use MBTA buses, trains or streetcars: (if additional space is required, please add a page)

- Is the Applicant able to?
Give information such as address and telephone number upon request? Yes ___ No ___
Recognize a destination or landmark? Yes ___ No ___
Deal with unexpected situations or unexpected change in routine? Yes ___ No ___
Ask for, understand and follow directions? Yes ___ No ___
Safely travel through crowded and/or complex MBTA facilities? Yes ___ No ___

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature LICENSED HUMAN SERVICE OR HEALTH CARE PROFESSIONAL

PLEASE TYPE / PRINT CLEARLY
NAME _____ LICENSE # _____ DATE _____

BUSINESS PHONE _____ BUSINESS ADDRESS _____

Completed ORIGINAL must be returned to:
MBTA Office for Transportation Access - Ten Park Plaza, Room 5750 Boston, MA 02116
We cannot accept FAX Applications