

IDEP ELIGIBILITY ASSESSMENT CENTER APPLICATION

Please complete this section **ONLY** when establishing IDEP eligibility at an IDEP Eligibility Assessment Center and bring it to your scheduled appointment.

Please indicate your application type by placing ✓

New IDEP Assessment

Recertification IDEP Client ID Number _____

ELIGIBILITY CRITERIA: You are eligible for IDEP if you have a disability that prevents you from using the public buses or subways. We will review your application, any medical documentation you provide, and ask you to undergo an individualized assessment. During the assessment, we will ask you to demonstrate whether you can: go up or down subway stairs; travel to a subway station or bus stop; get on, ride, and exit a subway or bus; and ride or navigate the bus or subway system independently. Evaluating your ability to do these things will help us determine if you are eligible for IDEP. We will also evaluate your gait, balance, endurance, strength, range of motion, and, if applicable, assess whether you have any cognitive or psychological conditions that may prevent you from using the bus or subway.

INSTRUCTIONS: Please complete this application and bring it with you to the scheduled evaluation at the offices of the professional certifier. **To schedule your IDEP assessment, please call the appropriate number based on your preferred location:**

- **Brooklyn, Queens, and Bronx: Call 1-844-233-3377**
- **Manhattan: Call 1-888-811-1050**

Please give the completed application and any supporting documents to the professional certifier. It may take up to 3 weeks after your visit to the assessment center to process your application, after which you will receive a notification on your eligibility status.

Your photograph will be taken at the evaluation center on the day of your scheduled in-person assessment.

All the information you provide will be used solely for determining your eligibility for IDEP. **This information will be kept strictly confidential.**

Once you have established IDEP eligibility, you will not require another assessment for five (5) years from the date it was approved unless otherwise indicated.

Do you need information in an alternate format or language other than English?

Check One: Large Print Audio Tape Braille Preferred Language: _____

IMPORTANT: Your evaluation will not take place if you arrive at the evaluation center with an incomplete application. You will have to reschedule the evaluation.

For Certifier's Use Only

Certifier's Name: _____

Application #: _____

Date: _____

AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

(All applicants must sign this agreement)

I understand that as a part of the application process, I, or the person on whose behalf I am applying as a caregiver or representative, must attend an in-person evaluation at the offices of a professional certifier selected by TBTA. I understand that the assessment center reserves the right to request additional proof of my disability or my inability to use public buses and subways. I understand that my application will not be accepted at the assessment center if it is not complete. I affirm that all the information that I provide on this application is true to the best of my knowledge.

I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to termination of my eligibility. I also understand that my failure to cooperate with a request for additional information to verify statements made on my application may be grounds for suspension or termination of my eligibility for IDEP. I further understand that my failure to adhere to the policies and procedures for using IDEP may also be grounds for suspension or termination of my eligibility for IDEP service.

Applicant's Signature

Date

If someone other than the applicant has completed this application, please provide the following information:

Name

Relationship to Applicant

Telephone Number

Date

REQUIRED IDENTIFICATION INFORMATION *(Please print clearly)*

Last Name

First Name

M.I.

Street Address

Apt. No.

City/Borough

State

Zip Code

and _____
Cross Streets

_____-_____-_____
Home Telephone Number

_____-_____-_____
Work Telephone Number

E-mail Address

_____-_____-_____
Cell Phone Number

_____-_____-_____
Date of Birth

Gender

If your mailing address is different from your home address, please complete the following:
(Otherwise leave blank)

P.O. Box or Street Address

Apt. No.

City/Borough

State

Zip Code

Person to Contact in Case of Emergency: (This section must be completed.)

Last Name

First Name

M.I.

_____-_____-_____
Home Telephone Number

_____-_____-_____
Work Telephone Number

Relationship to Applicant: _____

APPLICATION FORM

1. How do you currently travel? (Check all that apply)

- Public Transit Bus Subway Access-A-Ride Not Applicable
 Taxi/Car Service Private Vehicle Other: _____

2. Do you have a MetroCard? (Check all that apply)

- Yes, I use my MetroCard when traveling: by bus by subway No, I don't.

3. Is your disability:

- Permanent Temporary: __ 2 months __ 3 months __ 6 months __ Other: _____ I don't know.

4. Indicate which support device(s) you use when traveling or walking outside your home.

- Artificial Limb/Prosthesis Oxygen Tank White Guide Cane Double Wheelchair*
 Braces/Crutches Respirator Walker Oversized Wheelchair*
 Lift Required Support Cane Wheelchair* Wheelchair Scooter*
 Other (Specify) _____

5. Do you have a service animal? No Yes, please indicate the task(s) performed.

- Guides me Alerts me Pulls me Carries items for me.
 Other (Specify): _____

6. a. How far from your home is the nearest public transit bus stop?

- Less than 1 block 1 to 2 blocks 3 to 4 blocks 5 or more blocks.

Identify location of the public transit bus stop: _____

b. How long does it take you to walk to the nearest public transit bus stop?

- Less than 5 minutes 5-10 minutes More than 10 minutes Not sure

7. How often do you travel on public transit buses?

- Daily Weekly Monthly Occasionally Not at All

If you have used a public transit bus in the past, when did you stop? _____ (Mo./Yr.)

Why did you stop traveling by public transit bus? _____

8. a. How far from your home is the nearest subway station?

- Less than 1 block 1 to 2 blocks 3 to 4 blocks 5 or more blocks.

Identify location of the subway station: _____

b. How long does it take you to walk to the nearest subway station?

- Less than 5 minutes 5-10 minutes More than 10 minutes Not sure

9. How often do you travel using the subway?

- Daily Weekly Monthly Occasionally Not at All

If you have used the subway in the past, when did you stop? _____ (Mo./Yr.)

Why did you stop traveling by subway? _____

10. On your own or using a support device, how far can you travel on a level street? (Please answer in city blocks).

- Less than 1 block 1 to 2 blocks 3 to 4 blocks 5 or more blocks.

11. a. Do you require the assistance of a Personal Care Attendant (PCA)?

A PCA is someone who assists you when you travel. Yes No

b. If Yes, what specifically does the PCA do for you when you travel?

12. If you are unable to take some or all of your trips by public transit bus or subway, check off the reasons below. (Check all that apply)

- Not applicable
- I feel unsafe traveling by public transit bus
- I do not like traveling by public transit bus
- Distance to public transit bus is too long
- I do not like traveling by subway
- I feel unsafe traveling by subway
- Distance to subway is too long
- Subway station has no elevators
- No curb cuts
- No paved sidewalks
- Inclement weather
- Extreme cold
- Hilly streets
- Extreme heat
- I cannot travel to an unfamiliar place

(The application continues on Page 6)

13. From the following list, please check off all disabilities or conditions that prevent you from boarding, riding or disembarking from public transit buses or subways.

Cardiovascular/Pulmonary

- Angina _____
- Arteriosclerosis/Atherosclerosis _____
- Asthma _____
- Bypass Surgery: _____ Date: _____
- Chronic Obstructive Pulmonary Disease _____
- Congestive Heart Failure _____
- Cystic Fibrosis _____
- Emphysema _____
- Heart Attack: _____ Date: _____
- HTN/Hypertension _____
- Peripheral Vascular Disease _____
- Phlebitis _____
- Thrombosis _____
- Other: _____

General Medical

- AIDS _____
- Atrophy _____
- Chemotherapy Treatment Dates: _____

- Diabetes _____
- Edema _____
- Epilepsy _____
- HIV _____
- Lupus _____
- Rheumatoid Arthritis _____
- Kidney Dialysis _____
- Radiation Treatment Dates: _____

- Other: _____

Vision [Specify eye (s)]

- | | One Eye | Both Eyes |
|----------------------|---------|-----------|
| Cataracts | _____ | _____ |
| Cortical Blindness | _____ | _____ |
| Glaucoma (all types) | _____ | _____ |
| Macular Degeneration | _____ | _____ |
| Retinal Detachment | _____ | _____ |
| Legally Blind | _____ | _____ |
| Totally Blind | _____ | _____ |
| Other: _____ | | |

Neuromuscular

- ALS/Lou Gehrig's Disease _____
- Cerebral Palsy _____
- Charcot-Marie Tooth Syndrome _____
- Equilibrium _____
- Fibromyalgia _____
- Hemiplegia/Hemiparesis _____
- Multiple Sclerosis _____
- Muscular Dystrophy _____
- Neuropathy _____
- Paraplegia _____
- Parkinson's Disease _____
- Polio _____
- Quadriplegia _____
- Sciatica _____
- Spina Bifida _____
- Stroke/Cerebral Trauma: Date: _____
- TIA's (Transient Ischemic Attack) _____
- Other: _____

Orthopedic

- Amputation: specify extremity (ies) _____

- Broken/Fracture: Date: _____
- Degenerative Joint Disease _____
- Gout _____
- Hip Replacement _____
- Knee Replacement _____
- Osteoarthritis _____
- Osteoporosis _____
- Scoliosis _____
- Spondylitis _____
- Other: _____

Cognitive/Psychological

- Alzheimer's Disease _____
- ADD/Attention Deficit Disorder _____
- Autism _____
- Dementia _____
- Head Trauma _____
- Intellectual/Developmental _____
- Panic Disorder _____
- Schizophrenia _____
- Other: _____

14. Please explain why you believe you need IDEP service?

15. From your residence, what are the addresses of your three (3) most frequent destinations?

Destination Address	Cross Streets	Borough	How often Do You Travel To This Location (Specify)?		
			Daily	Wkly	Mthly
1.					
2.					
3.					

PLEASE REMEMBER THAT YOU MUST:

- Complete and sign the Agreement section.
- Complete the application (please be sure to answer every question) and bring it with you when you go to the assessment center.