MTA Bridges and Tunnels

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: 844-233-3377**
- **Manhattan: 888-811-1050**
- **Staten Island: 866-685-0690**

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 _____

Cross Streets _____ and _____

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 tasks(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?**
   ❑ ess 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.