Program Overview

The RIde Program provides public transportation for people with disabilities who are unable to use RIPTA fixed-route buses. If you are eligible, you will:

- Reserve the trips you need instead of following a fixed-route bus schedule; and
- Share the van ride with other people who reserved the same trip.

Eligibility and Application Process

How Do I Know If I Am Eligible and How Do I Apply?

Step 1: Please read the entire Pages One through Three to ensure you are eligible to apply for paratransit services with RIde and read the instructions on how to complete the application process.

Step 2: Please read Page Four completely and ensure that you complete each step outlined in the checklist. RIde will only accept applications that are completed in full.

Step 3: Once we receive the fully completed application, we will notify you within 21 days. We thank you for your patience.

How Is Eligibility Determined?

We do NOT base the decision automatically on symptoms, type of disability, use of a mobility aid, age, income, ability to drive, or access to private automobile transportation. We consider:

- Your functional ability; and
- Whether you are unable to travel on RIPTA fixed-route service all or some of the time due to your disability; and
- Your effort and risk during such travel.

When Can I Use the RIde Program?

- RIde will make the determination of eligibility within 21 days of a submitted and completed application.
- RIde will grant eligibility if determination is not made within 21 days.
- If eligibility is not granted within 21 days, beginning on the 22nd day after receiving a completed application, RIde will provide presumptive eligibility. If an applicant's classification changes, the applicant may notify RIde Customer Service to be reclassified.
- Approved applicants will be sent the RIde Eligibility Letter of Determination.
- Denied applicants will be sent the RIde Ineligibility Letter of Determination if an applicant is determined to be ineligible for any reason.

Important Information

What Else Do I Need to Know?

We must receive the ENTIRE COMPLETED APPLICATION before we process it.

Use the checklist on the first page of the Paratransit Application to ensure that your application is completed properly.

DO NOT ALLOW A DOCTOR'S OFFICE TO FAX SECTIONS TO US.

WE NO LONGER ACCEPT FAXED APPLICATIONS.

The application process:

- Is necessary to assess your eligibility.
- Does not guarantee that you will be certified eligible; and
- May include an interview and/or functional assessment.

The following may fill out the application on your behalf: a Parent, Power of Attorney, Legal Guardian, or Personal Representative.

After we complete the process, we will send a letter confirming or denying your application for certification. If you feel the decision is incorrect, you can file an appeal within 60 days by contacting Brooks Almonte, Deputy Chief of Paratransit Services.

Important Note on Part 5

- This part must be filled out by a licensed health care provider whom you authorize to release your personal health information.
- Your information will be kept confidential and will not be shared with anyone outside the RIde Program eligibility process and will not be released to any other party without your written permission to the maximum extent permissible under law.
- If you or another unqualified person fills out the information, it invalidates your application and may be fraud.
- If you skip any part, we will be unable to determine your eligibility.
- Do not allow a medical office to send copies or documents separately to RIde.

Submitting Your Application

How Do I Submit My Application?

Send the entire, completed application to RIde Paratransit Eligibility through one of the following methods:

U.S. Postal Service:
Attn: RIde Program
Rhode Island Public Transit Authority
705 Elmwood Avenue
Providence, RI 02907

Electronic Mail:
RIde@RIPTA.com

In Person:
Front Lobby
Rhode Island Public Transit Authority
705 Elmwood Avenue
Providence, RI 02907

Questions and Support

For questions about completing the application, please contact RIde:

- **Email:** RIde@RIPTA.com
- **Phone:** 401-461-9760, Option #3
- **Hours:** Monday - Friday, 8:30 AM - 4:30 PM

Part 1: CHECKLIST - After completing each step, check the box and write your initials.

1: Confirm If I Live In the Service Area	
I dialed **401-461-9760, Option #3** to learn whether my address is inside or outside the RIde Service Area. I understand that if I am eligible for paratransit service but live outside the service area, I will need another way to reach the pick-up points inside the service area, my trips must be within the service area, and I will need another way to travel from a RIde drop-off point to my final destination.	☐Initials ☐Inside Service Area ☐Outside Service Area
2: Provide My Personal Information and Complete the Self-Assessment, Pages 5-8 • I provided my current contact information. • I answered all the questions about my ability or inability to use the regular RIPTA buses ("fixed-route buses").	☐Initials
3: Authorize the Release of My Personal Health Information, Page 9 I provided the contact information for my licensed health care provider(s) and signed authorization.	☐Initials
4: Ask My Authorized Licensed Health Care Provider to Complete the Assessment and Provide Materials. Pages 10-11 • My authorized licensed health care provider(s) completed the assessment and returned all pages to me. • My authorized licensed health care provider(s) gave me at least one of the required supporting materials, which I attached to my application.	☐Initials
5: Recent Photo of Myself Sending a photo may expedite the creation of a photo ID if you are certified eligible. If you email the photo, put your full name in the subject line. ☐I attached my photo to the application with a paperclip. ☐I emailed my photo to RIde@ripta.com (full name in subject line). ☐I prefer to come to the RIde Office to have my photo taken.	☐Initials
6: Review the Application, Pages 4-11 • I made sure all questions have answers and all portions needing a signature are signed by the correct person. • I attached the materials from my authorized licensed health care provider.	☐Initials
7: Make a Copy for My Records of Pages 4-11 I copied my completed application for my personal reference.	☐Initials

I understand this application is part of the process to determine eligibility for ADA paratransit service and that giving false information may result in penalties. I affirm that the information in this application is true to the best of my knowledge. I understand that RIde will process my application in the date order received and that my application must be complete or it will be returned to me.

_____ _____ _____

Name of Applicant or Personal Representative *Signature of Applicant or Personal Representative* *Date*

_____ _____

Phone Number of Applicant or Personal Representative *Address of Applicant or Personal Representative*

The following Representative signed on my behalf:

☐ Parent (if applicant is a minor) ☐ Power of Attorney ☐ Legal Guardian

☐As the Applicant, I signed on my own behalf

Part 2: IDENTIFICATION

Date: _____

Is this a recertification? ☐ Yes ☐ No

If "YES" write the Expiration Date and RIde ID # _____ _____

Expiration Date *Access ID#*

Name: _____

Phone Numbers: _____

Home Phone *Mobile Phone*

My preferred phone number is: ☐Home ☐Mobile ☐No Preference

Email: _____

Date of Birth: _____

Address: _____

Apt/Unit: _____

City, State, Zip: _____

City *State* *Zip Code*

Provide information for the person we should contact in an emergency.

Emergency Contact Name: _____

Relationship to Applicant: _____

Phone Number(s): _____

1. In what format would you like to receive information from RIde?
   ☐Large Font ☐ Audio Tape ☐ Email ☐ Braille ☐ Other answer: _____

2. Where should we send future information? ☐ To me, the Applicant ☐ To the Designee listed below Name
   of Information Designee: _____
   Address of Information Designee: _____
   Email of Information Designee: _____

Part 3: SELF-ASSESSMENT

Using fixed-route service (regular RIPTA buses) does not automatically exclude you from paratransit eligibility.

1. **I have the following diagnosed disability/disabilities:**
   Do **NOT** list symptoms or mobility devices. List the name of your diagnosed disability/disabilities.

2. **I am unable to use regular RIPTA buses all or some of the time without the assistance of another individual because:**

3. **My condition (mark all that apply):**

☐Is Constant ☐Changes Daily ☐Changes at Different Times of Day ☐Is in Remission ☐Not Applicable

4. **I am ABLE to do this activity all or some of the time (mark all that apply):**

☐Get to the RIPTA bus stop
☐Wait alone at the RIPTA bus stop or curb
☐Board the RIPTA bus
☐Travel alone from a drop-off point to my destination
☐Transfer from one RIPTA bus to another
☐Ride the RIPTA bus
☐Exit the RIPTA bus
☐Navigate the RIPTA bus system
☐Navigate the RIPTA Transit Center
☐Find my way (visually / cognitively)
☐Sign my name
☐Use a phone to call for assistance
☐Give addresses upon request
☐Give phone numbers upon request
☐Travel alone as a passenger
☐Count money to pay for a purchase
☐Insert bills, coins, or cards into a machine
☐Recognize a destination or landmark
☐Ask for and follow oral instructions
☐Ask for and follow written instructions
☐None of the choices apply to me

5. I use the following mobility aids all of some of the time (mark all that apply):

☐Cane ☐Crutches ☐Walker ☐Prosthesis ☐Manual Wheelchair ☐Motorized Wheelchair or Scooter
☐Not Applicable ☐Other Answer:

a) If you selected "Wheelchair or Scooter," what is the combined weight of the applicant and wheelchair/scooter? Otherwise, select "Not Applicable."

Weight: ☐ Not Applicable

For RIde information purposes only. Will not be used to determine eligibility.

RIde will transport an 800-pound wheelchair/passenger combination, but not a combination exceeding 800 pounds. Per Federal Transit Administration regulations, operator may deny transportation if carrying the wheelchair and its occupant would be inconsistent with legitimate safety requirements.

6. I am able to navigate this situation some or all of the time (mark all that apply):

☐RIPTA bus stops
☐Snow on sidewalks or streets
☐Busy streets and intersections
☐Unpaved paths
☐Places without curb cuts
☐Steep sidewalks or streets
☐None of the choices apply to me

7. I use these modes of transport regularly (mark all that apply):

☐I do not use other modes of transport regularly
☐Ambulance
☐Friend/relative gives me a ride
☐Personal vehicle (car)
☐Walking (with or without a mobility aid)
☐Wheelchair or scooter

☐Agency-sponsored ride from:

☐Other Answer:

For RIde information purposes only. Will not be used to determine eligibility.

8. I can travel these distances on my own in MILD weather (mark all that apply):

	Walking WITHOUT mobility device	Walking with a mobility device	Using a Manual Wheelchair	Not at all
To/From the bus stop nearest my residence	☐	☐	☐	☐
To the curb only	☐	☐	☐	☐
1 block	☐	☐	☐	☐
3 blocks	☐	☐	☐	☐
6 blocks (1/2 mile)	☐	☐	☐	☐
9 blocks (3/4 mile)	☐	☐	☐	☐

9. The following weather conditions will affect my answers to Question #8 (mark all that apply):

☐Not applicable

☐Snow accumulation of 2 inches+

☐Rainfall of ½ inch+ per hour

☐Ice

☐Temperature above 80°F

☐Temperature below 30°F

☐Sustained wind speeds of 25 miles+ per hour

☐Other Answer:

10. I can reasonably travel this distance under optimal conditions in an accessible area on my own:

Distance in Feet, Blocks, or Miles:

11. My ability to cross the street is as follows (mark all that apply):

	Yes, with Help	Yes, on My Own	Sometimes on My Own	No	Other Answer
I can cross a 2-lane street	☐	☐	☐	☐	☐
I can cross a 4-lane highway with traffic lights	☐	☐	☐	☐	☐

12. I use the following some or all of the time:

☐Personal Care Attendant designated to assist me with one or more life activities regularly

☐Service Animal trained to assist me

☐Not applicable

Part 4: AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

_____

Print Applicant's Name and Date of Birth Here

I authorize the provider(s) named here, his/her officers, employees, agents, contractors, members, directors, shareholders or affiliates entrusted with handling medical records, to disclose to RIde all of the protected health information relating to me that is reasonably necessary for the provider to fully and accurately complete Part 5 of this application.

-1- Name of Provider: _____

Office or Facility Address: _____

Office Phone: _____

-2- Name of Provider: _____

Office or Facility Address: _____

Office Phone: _____

-3- Name of Provider: _____

Office or Facility Address: _____

Office Phone: _____

This authorization shall remain in effect until my eligibility for RIde paratransit service is finally determined or 60 days from the date of the authorization, whichever occurs first. I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the persons named above. I understand that the revocation of this authorization is not effective to the extent that the name provider has relied upon it for the use or disclosure of the Protected Health Information prior to receiving my written revocation notice.

I understand that any Protected Health Information disclosed pursuant to this Authorization to an individual or entity that is not covered by state and federal privacy laws and regulations may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I acknowledge that the named persons will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I sign this Authorization.

_____ _____ _____

Printed Name *Signature* *Date*

The following Representative signed on my behalf:

☐Parent (if applicant is a minor) ☐Power of Attorney ☐ Legal Guardian

☐As the Applicant, I signed on my own behalf

Part 5: HEALTH CARE PROVIDER ASSESSMENT AND VERIFICATION

ATTENTION APPLICANTS: A LICENSED \CERTIFIED PROFESSIONAL OR DISABILITY SERVICE PROVIDER WHO IS QUALIFIED TO RENDER THE SPECIFIC DIAGNOSES AND ASSESSMENTS MUST COMPLETE THIS PART. YOU, OR YOUR REPRESENTATIVE, ARE RESPONSIBLE FOR GETTING THE APPLICATION TO THE PROVIDER/PROFESSIONAL AND COLLECTING THE COMPLETED APPLICATION AND SUPPORTING MATERIAL.

Attention Medical Professionals and Disability Service Providers:

The Applicant must be your current patient or client. The Applicant must provide authorization for you to release his/her Protected Health Information (Part 4).

Your patient/client is applying for eligibility certification to use the tax-supported paratransit service through the RIde Program. Paratransit eligibility is based on whether a person, due to his/her disability, is unable to use the regular ADA compliant and accessible RIPTA fixed-route bus system.

Failure to provide the information in this Part will prevent or delay processing of the patient/client's application for eligibility certification.

Do not detach any part of the application. Return the entire application and materials to the patient/client or representative (parent, legal guardian, power of attorney).

Do not fax copies or materials to RIde. Faxes are no longer accepted for eligibility applications.

All Protected Health Information will be kept confidential.

1. I am a licensed (check all that apply):

☐Medical Doctor (MD or DO)
☐Psychologist (Ph. D.)
☐Psychiatrist (MD or DO)
☐Licensed Mental Health Professional
☐MDS Nurse (Skilled Nursing Facilities Only)
☐Nurse Practitioner (ARNP)
☐Physician's Assistant
☐Optometrist or Ophthalmologist
☐Physical or Occupational Therapist
☐Certified Orientation & Mobility Specialist
☐Certified Rehabilitation Counselor

2. Licensed Professional Identification (please print clearly):

Name: _____

License #: _____ State: _____
State Certification Number or License Number

Contact: _____
Phone Number *Business Address* *Email*

3. Patient/Client Identification (please print clearly)

Name: _____

Date of Birth: _____

4. List the condition(s) that would prevent the Patient/Client from independently getting to or from or riding on an accessible RIPTA bus equipped with a ramp and kneeler. One diagnosis is required, but additional fields are available.

#1 Diagnosis/Condition (not symptoms)	DEGREE (mark all that apply)		STATUS (mark all that apply)
	☐Mild	☐Episodic	☐Active
	☐Moderate	☐Permanent	☐In Remission
	☐Severe	☐Temporary	☐Controlled w/ Medication
#2 Diagnosis/Condition (not symptoms)	**DEGREE (mark all that apply)**		**STATUS (mark all that apply)**
	☐Mild	☐Episodic	☐Active
	☐Moderate	☐Permanent	☐In Remission
	☐Severe	☐Temporary	☐Controlled w/ Medication
#3 Diagnosis/Condition (not symptoms)	**DEGREE (mark all that apply)**		**STATUS (mark all that apply)**
	☐Mild	☐Episodic	☐Active
	☐Moderate	☐Permanent	☐In Remission
	☐Severe	☐Temporary	☐Controlled w/ Medication

5. I have read Part 3 and agree with the Patient/Client's self-assessment:

☐Yes ☐No ☐Somewhat

If NO or SOMEWHAT, explain: _____

6. I am providing the Patient/Client with this material to submit with their application as required by RIde (provide at least ONE of the following items: mark each that you provided):

Physical Mobility Measure	Cognitive, Mental Health, or Neurological	Sensory
☐Current Patient Care plan	☐Current Clinical Assessment	☐Visual acuity
☐Current Therapy plan (PT or OT)	☐Current GAF score	☐Hearing acuity
	☐Current Adaptive Functioning score	
	☐Current IQ score	

7. My signature attests to the following:

a. I am certified or licensed as a disability service provider or medical professional.

b. The patient/client is currently under my care, and I am authorized to release his/her Protected Health Information to degree relevant for this eligibility application.

c. I understand that the information I provide is necessary to corroborate a patient/client's application for eligibility for paratransit service under the "Americans with Disabilities Act of 1990" (ADA) and its regulations, Section 37.123(e), within the designated paratransit service areas of RIde.

d. My statements are true and based on legitimate records, diagnosis, and assessment.

_____ _____ _____

Printed Name *Signature* *Date*