MetroWest Regional Transit Authority

MetroWest Call Center
15 Blandin Ave, Framingham, MA 01702
Ph. (508) 820 4650 ▪ Fax (508) 935 2940 ▪ www.mwrta.com

To: Persons applying for MWRTA Dial A Ride service

Dial A Ride is available to individuals who are age 65 or over, and or, a disabled individual who is under the age of 65. Dial A Ride services the communities of Ashland, Hopkinton, Marlborough, Milford, Millis, Sherborn, Southborough, Sudbury, And Wayland.

Please follow the below instructions for the Dial A Ride application process in your community.

Ashland: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through the MW Call Center by calling 508-820-4650.
Seniors, 65 and over, can also apply through the Ashland Council on Aging by calling: 508-881-0140.

Hopkinton: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through the Hopkinton Council on Aging by calling: 508-497-9730.

Marlborough: *Service offered:* Age 65 or over.
Apply through the Marlborough Council on Aging by calling 508-485-6492.
Note: Please contact the MW Call Center at 508-820-4650, for information on applying for ADA service provided to individuals with a qualifying disability.

Milford: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through MW Call Center by calling 508-820-4650.

Millis: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through MW Call Center by calling 508-820-4650. Seniors can also apply through the Millis Council on Aging by calling: 508-376-7051.

Sherborn: *Service offered:* Age 65 or over apply through the Sherborn Council on Aging by calling: 508-651-7858. Disabled under the age of 65 apply through the MW Call Center by calling 508-820-4650.

Southborough: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through MW Call Center by calling 508-820-4650.

Sudbury: *Service offered:* Age 60 or over and disabled under the age of 60.
Seniors can also apply through the Sudbury Council on Aging by calling: 978-443-3055

Wayland: *Service offered:* Age 65 or over and disabled under the age of 65.
Apply through the MW Call Center by calling 508-820-4650.
Seniors can also apply through the Wayland Council on Aging by calling: 508-358-2990.

Once your application has been received and reviewed, and if approved, it will be entered into our system. You will then receive an approval letter along with The Dial A Ride Policies and Procedures.

****Any application with missing information or documents, cannot be processed and will be returned to the applicant for completion.**

METROWEST REGIONAL TRANSIT AUTHORITY CALL CENTER
15 Blandin Ave, Framingham, MA 01702
(508) 820-4650 ▪ Fax: (508) 935-2940

Dial-A-Ride Service Application
(Disabled under 65)

Part A: Applicant information (Please Print)

First Name:_____ Last Name: _____

Address:_____

City:_____State:_____ Zip:_____

Date of Birth:_____ Gender: _____

Home Phone: _____ Cell: _____ W: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ C: _____ W: _____

Secondary Contact: _____ Relationship: _____

Telephone: _____ C: _____ W: _____

If any of the following apply, complete Parts A and B:

- Medicare card holder
- Current recipient of services through the Mass Dept. of Mental Health (DMH)
- Department of Developmental Services (DDS)
- Veteran with a disability rating of 70% or greater
- A current customer of The MBTA Ride

Part B: To be completed by the applicant: **check <u>one</u> box**

☐ I am a Medicare card holder. **<u>I have attached a copy of my Medicare card</u>**. PLEASE NOTE: MassHealth and Medicaid are not the same as MEDICARE.

☐ I am a current recipient of services through the Massachusetts Department of Mental Health (DMH) and/or Department of Developmental Services (DDS). **<u>I have attached a letter that confirms my status as a client from an authorized representative</u>**.

☐ I am a veteran with a disability rating of 70% or greater. **<u>I have attached signed documentation</u>** from a Veteran's Service Officer which specifies my disability rating.

☐ I am a current customer of The MBTA Ride/MW Ride service. **<u>I have attached a copy of my eligibility letter that confirms ADA eligibility</u>**.

My Ride ID number is: _____

If you have checked one of the above boxes and attached the required documentation, then Part C does not need to be completed.

**If you do not qualify under the categories above, Part C would need to be completed by a licensed health care professional. An example of a licensed healthcare professional would include someone who is familiar with your disability, such as a medical doctor, nurse practitioner, registered nurse, psychologist, social worker, or audiologist. Once eligibility has been determined you will receive documents explaining how the service works.

Return the completed application to:

Metrowest Regional Transit Authority
15 Blandin Ave

Framingham, MA 01702

Part C: Healthcare Certification

To be completed by a licensed healthcare professional:

Please complete the following questions. Review and complete the Guidelines for Healthcare Professionals on the following page. Eligibility for this applicant will be determined based on the information provided.

Healthcare Professional's Name and Title: (Please Print) License Number/State

_____ _____

Business Address: City: State: Zip Code:

_____ _____ _____ _____

Telephone: Extension: Fax Number:

_____ _____ _____

Please list the applicant's disability(s). (Please Print): _____

_____

Are there limitations caused by the disability? ☐ Yes ☐ No

If yes, please explain: _____

_____

Is the applicant's disability temporary? ☐ Yes _____ How long? ☐ No

Does the applicant use any of the following mobility devices?

_____Cane/Long White Cane _____ Manual Wheelchair _____ Oxygen

_____ Walker _____ Powerchair _____ Service Animal

_____ Crutches _____ Scooter _____ Other_____

Guidelines for Healthcare Professionals:

Please indicate below which of the categories describe the applicants' disability.

1. Non-ambulatory disabilities: Those who require the assistance of a wheelchair
2. Semi-ambulatory disabilities: Those who require the use of a walker, crutches, leg brace, etc.
3. Musculoskeletal conditions such as muscular dystrophy, osteogenesis imperfect or rheumatism restrictions. Please specify therapeutic grade according to ARA and indicate which limbs are affected: _____
4. Amputation of an extremity. Please specify affected limbs: _____
5. Severe effects from a CVA (stroke). Eligible conditions include functional motor deficit affecting any two limbs or ataxia 4 months post CVA.
6. Severe pulmonary conditions that affect mobility.
7. Severe cardiac conditions. Please include functional class of impairment and therapeutic grade as defined by the NY Heart Association: _____
8. Individuals that require Kidney Dialysis treatment.
9. Vision impairments: those whose visual acuity in the better eye after corrections are 20/200 or worse, or visual field is contracted (tunnel vision).
10. Hearing impairments (deafness or hearing loss of 90 db or greater in the 500, 1000, and 2000 hz ranges).
11. Coordination disabilities. (those individuals with a functional motor deficit in any two limbs or who experience manifestations which significantly reduces mobility, coordination, and/or perception).
12. Developmental Disability
13. Cerebral Palsy. Please indicate the extent of difficulty in motor functions: _____
14. Epilepsy. What is the severity and frequency of the individuals' seizures, despite medication. _____
15. Autism. Please indicate severity: _____
16. Neurological disabilities. Indicate how perceptual and behavioral functioning are affected. Include nature of condition and etiology: _____
17. Mental Health Disabilities. This section applies only to those individuals with a significant psychiatric impairment covered by DSM IV with temporary or long-term limitations to daily life functioning. Include the extent of difficulty and DSM IV diagnosis: _____
18. Progressive illnesses including Acquired Immune Deficiency Syndrome, Cancer, Parkinsons Disease, etc. The disease must impact the performance of the applicants' organic system so the symptoms produced fall within one of the above illnesses.

Please list any other disabilities that were not previously listed: _____

_____

Licensed Healthcare Professional: Please sign below

I hereby claim that the above information is accurate and true to the best of my knowledge. The below named hereby signs this document under the pains and penalties of perjury.

_____ _____

Healthcare Providers Signature Date

I agree to release this information to Metrowest Regional Transit Authority for the purpose of determining eligibility for Dial-A-Ride services. Metrowest Regional Transit Authority reserves the right to contact the licensed professional completing this application.

Applicants Signature

Date