



## TRANSIT DISTRICT MEMBERS

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City of King • City of Marina • City of Monterey • City of Pacific Grove • City of Salinas  
City of Sand City • City of Seaside • City of Soledad • County of Monterey*

## MST RIDES Program ADA Paratransit Application

In response to the interest you expressed in the MST RIDES Program, we are providing application materials for you to review. The RIDES Program provides specialized transportation for people with disabilities when those disabilities prevent them from using MST fixed-route services. The program strictly follows Federal Transit Administration (FTA) rules governing the certification of applicants for ADA paratransit service.

MST also maintains a Courtesy Card Program for seniors and people with disabilities who do not meet the criteria for the MST RIDES Program, but who may still receive discounted fares for the fixed-route services. MST also offers taxi vouchers for seniors, people with disabilities, and Veterans. This is not an application for the Courtesy Card Program or taxi vouchers. If you are not sure about which program to apply for, please contact MST customer service at 1-888-678-2871 for more information.

### Following is a checklist for submitting your application for the MST RIDES Program:

**✓** If you are the applicant please complete Section I of the *Contact Information* form. Please follow instruction for Section II if you are completing and submitting the form on behalf of the applicant.

**✓** Your healthcare provider will need to complete the *Professional Verification* form to verify your disability-related limitations. This person must be a healthcare professional licensed in the State of California and have the training and expertise required to accurately evaluate your abilities and your limitations. We do not require a diagnosis or medical information, rather, only information regarding your ability or inability to board and ride a wheelchair-accessible MST bus, and your ability to navigate the MST bus system.

**✓** Return the completed application signed and dated in blue or black ink, to MST RIDES Program, 15 Lincoln Ave, Salinas, CA 93901. Incomplete forms will be returned to the applicant and will delay a determination of eligibility for the program.



1-888-678-2871 / Free language assistance / Asistencia de Lenguaje Gratuito / Libreng tulong para sa wika / Hỗ trợ ngôn ngữ miễn phí / 무료 언어 지원

Once the combined *Contact Information* and *Professional Verification* form are received and reviewed for completeness, you will be contacted by MST staff to schedule an interview. All interviews are held at the Mobility Services Center, 15 Lincoln Ave, Salinas, CA 93901. MST will provide free transportation to and from the interview upon request at no cost to you.

On the day of your interview, please dress appropriately for the weather condition, a functional assessment involving a short walk may be required. Bring your photo identification card and any mobility device you will need while traveling on public transportation. You may also bring another person to assist you during the interview and assessment process.

Please contact us at 831-264-5869 to speak with a Mobility Specialist if you have further questions about the MST RIDES Program application process.

Thank you,  
MST RIDES Eligibility Office

# Contact Information Form

*(Please legibly write or type the following Applicant Contact Information)*

## Section I: Applicant's Contact Information

Full Name:		
Residence Address:		Apt#:
City:	State:	Zip Code:
Mailing Address (if different):		Apt#:
City:	State:	Zip Code:
Date of Birth:    /    /	← Example: 01/01/1960    Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Phone: (    )		Cellular Phone: (    )
E-mail Address:		
Preferred Language for interview: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Name of Emergency Contact (or print "none"):		
Relationship:	Contact Phone: (    )	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section II: Applicant's Representative Information

- If you are completing this form on behalf of an applicant who is under 18 years old, please complete the section below; or
- If you are completing this form on behalf of an applicant who is 18 years or older, please complete the section below, and attach a copy of the document(s) stating you have the legal authority to act on behalf of the applicant when applying for, and enrolling in, the MST RIDES Program. If this does not apply, please only have the applicant sign and date above.

Representative Name:	
Relationship:	Contact Phone: (    )

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**MST RIDES Program ADA Paratransit Application**  
**Professional Verification Form**

**(Form to be completed by a California licensed health care provider with the qualifications and training to properly evaluate the applicant's abilities and limitations with regard to accessing public transportation)**

**PLEASE LEGIBLY WRITE OR TYPE ALL RESPONSES (EXCEPT SIGNATURE)**

<b>CALIFORNIA LICENSED HEALTH CARE PROFESSIONAL</b> (To be completed by MD, DO, DC, PhD, LCSW, LMFT, RN, etc.)			
Professional Named on License	Print License Type	Print License #	Expiration Date
			/   /
Office Telephone: _____		Office Fax: _____	
How long has the applicant been in your care?		Years _____ Months _____	
<b>PLEASE RESPOND TO THE QUESTIONS REGARDING THE APPLICANT'S LIMITATIONS</b>			
Applicant's Full Name: _____			
<input type="checkbox"/> Applicant can only stand for _____ minutes at a time before he/she needs to sit.			
<input type="checkbox"/> Applicant can only walk for _____ minutes before he/she needs to rest.			
<input type="checkbox"/> Applicant can only walk <u>up</u> a street grade less than _____%.			
<input type="checkbox"/> Applicant can only walk <u>down</u> a street grade less than _____%.			
<input type="checkbox"/> Applicant is undergoing treatment (dialysis, chemotherapy, etc.) which results in a need for travel assistance following those treatments. <i>Please check box if applicable but do not provide diagnosis or medical information.</i>			
<input type="checkbox"/> Applicant will require the assistance of a personal care attendant and/or requires a mobility device to ride the bus. Please specify which and under what conditions.  			
<input type="checkbox"/> Applicant's physical or cognitive impairment keeps him/her from navigating city streets and roads by use of signs, maps or written/oral directions. Please specify which and under what conditions.  			
Is the applicant's limitation(s) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (lasting _____ months)?			

Your signature below certifies that this form has been completed or reviewed fully by you, that the above information is accurate and current, and that you understand that false or misleading information provided for the purpose of qualifying your patient for publically subsidized services violates State and Federal law.

**This form must be signed by the California licensed professional named above. Please sign below and return to MST. Signature stamps are prohibited.**

Provider Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail Completed Application to MST ADA Paratransit Service at 15 Lincoln Ave. Salinas, CA 93901**