

# ACCESS MY Ride

Center For Self Advocacy, Inc.

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“ Peer to peer Transportation program assisting those with disabilities to be productive in the community and live an independent lifestyle”

Application to the Peer to Peer Transportation Program

Note: CSA will accept applications by paper mail, email, phone inquiries or video chat.

\* Required

## I. Background Information

1. First Name \*

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2. Last Name \*

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3. Middle initial

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4. Address \*

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5. City \*

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6. State \*

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7. Zip \*

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8. County \*

*Check all that apply.*

Erie

Niagara

### Telephone

9. Main Phone Number \*

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10. Secondary Phone Number

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11. Email

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### II. Emergency Contact

12. First Name \*

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13. Last Name \*

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14. Main Phone Number \*

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15. Email \*

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### III. Care Coordination

16. Do you receive Care Coordination? \*

*Mark only one oval.*

Yes

No

17. Care Coordination Agency \*

*Mark only one oval.*

Person Centered Services

Prime Care

None

18. First Name

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19. Last Name

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20. Phone Number

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#### IV. Transportation History and Goal

21. Have you ridden these forms of transportation before? Please check the ones you have ridden \*

*Check all that apply.*

- NFTA Metro and or train
- PAL
- Uber or Lyft
- Taxi
- Medical Transportation
- None of these

22. If you know, how much do you spend weekly on transportation costs? \*

*Check all that apply.*

- \$0.00
- \$1.00 to \$5.00
- \$5.00 to \$10.00
- \$10.00 to \$40.00

Other:  \_\_\_\_\_

23. Do you have an NFTA Paratransit ID? \*

*Mark only one oval.*

Yes

No

24. Reduced Fare ID? \*

*Mark only one oval.*

Yes

No

25. School ID? \*

*Mark only one oval.*

Yes

No

26. Do you travel around your neighborhood by yourself?

*Mark only one oval.*

Yes

No

27. If so, where?

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28. How are you currently getting to your destination?

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29. Would you like to learn how to use these forms of transportati \*

*Check all that apply.*

NFTA Metro and or train

PAL

Uber or Lyft

Taxi

Medical Transportation

None of these

30. What is your goal you want to achieve?

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## V. Internet Access and Apps

31. Do you have access to the Internet? \*

*Mark only one oval.*

Yes

No

32. Do you have access to any of these devices? \*

*Check all that apply.*

- A Computer  
 A Smartphone  
 A Tablet  
 None of these devices

Other:  \_\_\_\_\_

33. Do you use any of these \*

*Check all that apply.*

- Bus Schedule online  
 Google Maps  
 Other transportation Apps  
 None of these

Other:  \_\_\_\_\_

## VI. Medical and Accessibility Needs

34. Do you have any medical issues we should be aware of (example, allergies, use of epi-pen, etc)? \*

*Mark only one oval.*

- Yes  
 No

35. If yes, please describe.

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36. If yes, what support would we be expected to provide, as needed?

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37. Do you require a Service Animal for Travel? \*

*Mark only one oval.*

Yes

No

38. If yes, what kind?

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39. Are there any other things you need to help you travel effectively? (example: assistive devices – wheelchair, walker, cane, dynavox, hearing aids, etc.; staff needing to accompany you, etc.)

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## VII. Scheduling Information

40. Are you employed? \*

*Mark only one oval.*

Yes

No

41. If yes, which one? \*

*Mark only one oval.*

Full time

Part time

None of these

42. Where?

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43. Please Give Schedule Availability: (check all that apply)

*Check all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

44. Please Give Schedule Availability: (check all that apply) \*

*Check all that apply.*

- Morning
- Early Afternoon
- Late Afternoon
- Evening

45. What hours/time

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46. If not employed, do you otherwise attend school, training or a Day hab Program? \*

*Mark only one oval.*

- Yes
- No

47. Please Give Schedule Availability: (check all that apply)

*Check all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

48. Please Give Schedule Availability: (check all that apply) \*

*Check all that apply.*

- Morning
- Early Afternoon
- Late Afternoon
- Evening

49. What hours/time?

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50. Do you have any regular medical or therapy appointments, or other things you need to do at a certain time each week (example, com hab, life coach, meetings, doctor visits, etc.)?

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51. Additional Comments (optional)

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52. Applicant Signature and Date: \*

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Staff Use Only

53. Intake performed by:

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