

**APPLICANTS, PLEASE MAKE A COPY, FOR YOUR RECORDS, OF THE FIRST 5 PAGES.
INFORMATION CONTAINS JOB ACCESS POLICIES AND PROCEDURES.**



JOB ACCESS TRANSPORTATION SERVICES
Albuquerque Metropolitan Area

The Mission of The Job Access Transportation services is to develop and maintain transportation services that get low-income individuals to and from jobs, job training and childcare. It also funds services between central cities and suburban employment locations.

Contact Information

Hours: Monday – Friday 9am - 5pm

Phone: (505) 724-3623

Fax: (505) 247-1753 Attn: Job Access

e-mail: JAccess@mrcog-nm.gov

Physical Address: 809 Copper Ave., NW Albuquerque, NM 87102

Mailing Address: Job Access Program, 809 Copper Ave., NW Albuquerque, NM 87102

Transportation Services

Job Access Transportation service provides transportation to certified Job Access participants who are unable to access employment utilizing public transportation due to limited or no public transportation options. Participants pay \$1.00 to \$2.00 cash for the drop rate fare (based on sliding scale) for each one-way ride with a meter reading of \$20.00 or less. If the final meter reading is over \$20.00 the participant pays the difference, in addition to the \$1.00 - \$2.00 drop rate fare. For first time Job Access Participants, all fares are waived for the first 60-days. Service is available to Bernalillo County residents who work in southern Sandoval County specifically Rio Rancho, Corrales, and Bernalillo. Service area: Bernalillo County, excluding areas east of Carnuel and west of Route 66 Casino & Hotel.

ABQ Ride- Gold Pass (monthly pass)

A monthly ABQ Ride- Gold Pass is available to participants who can access public transportation for a portion of their work activities; provided that the individual is a Job Access approved participant. A bus pass will be issued to Job Access participants on a monthly and is ONLY available to Rio Metro RTD participants. Service area: ABQ Ride Service area.

ADA Information

If you are a person with a disability and you require this information in an alternative format or require special accommodation to participate in any public hearing, program or services, please contact the Rio Metro RTD - Job Access Transportation Services through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. Or, if you would like to inquire or apply for ADA transportation services please contact Job Access Transportation Services at (505) 724-3623 for an ADA program packet.

Title VI / ADA / Reasonable Modification

The Rio Metro RTD operates its programs and services without regard to race, color, national origin, and disability, in accordance with Title VI of the Civil Rights Act and the Americans with Disabilities Act. Any person who believes he or she has been subject to an unlawful discriminatory practice in the receipt of Rio Metro services or programs may file a complaint. Any such complaint must be in writing and filed with Rio Metro within 180 days following the date of the alleged discriminatory occurrence. To obtain more information on our nondiscrimination obligations or file a complaint, visit RioMetro.org to download our Title VI/ADA complaint form, call (866) 795-7245 to speak with a Customer Service Representative, or in person at Rio Metro RTD, 809 Copper Ave., NW Albuquerque, NM 87102.

Your Privacy

Information you provide to Rio Metro RTD is used to determine your eligibility or continued eligibility to take part in the Job Access Transportation Program. This information verifies you meet program requirements and assists us in managing the program.

Program Application Information

To be considered for services, the application packet must be complete. All documents listed below must be submitted within 30-days from the time initial application is submitted to Job Access, otherwise application will be denied. Applications may be submitted by: mail, drop-off, fax or email.

APPLICANT CHECKLIST:

- I've read the policies and procedures.
- Provided current Proof of Income documentation for entire family household.
 1. **Earned Income** - I have enclosed proof documentation for each household member receiving earned income or earned benefits.
 - **Wages & Salaries documentation:** (submit one of the following)
 - 2 consecutive pay stubs
 - Letter from employer (on company letter head) stating employee's work hours per week, hourly wage and start date.
 - A copy of your previous year's income tax return
 - **Earned Benefits** documentation: (submit one of the following)
 - Most current award letter for long-term disability benefits and/or union strike benefits.
 - Monthly bank statement that includes unearned benefits received.
 2. **Unearned Income** - I have enclosed proof documentation for each household member receiving unearned
 - **Provide award letters for the following Unearned Benefits**

TANF/SNAP	Unemployment Compensation	Interest/Dividends
Veterans Administration	Workers Compensation	Capital Gains
Social Security	Public Employees Retirement	Rental Properties
Bureau of Indian Affairs Income		Alimony/Child Support
 3. **No Income** – Applicant ONLY needs to provide the following:
 - If you are new to your job your supervisor must provide a letter on company letterhead stating your employment status.
- Provided current Proof of Identification:
 - Current government issued Driver's License or I.D. Card
- Provided current Proof of Physical Address:
 - My Proof of Income and/or Proof of Identification documentation has my current physical address; therefore, no additional documentation is required.

OR

 - Provide one of the following:
 - Letter from human service agency (shelter, transition home, etc.) verifying applicant's temporary address or situation.
 - Hotel receipt
 - Utility bill with applicants' name and physical address
- I qualify for ADA and have **COMPLETED** and **SUBMITTED** the following documents
 - ADA Application **AND** Medical Verification Form
- COMPLETED** and **SIGNED** the Job Access application

CONTACT INFORMATION:

Physical & Mailing Address:	Fax	Phone	Email:
Job Access Program	(505) 247-1753	(505) 724-3623	JAccess@mrcog-nm.gov
809 Copper Ave., NW Albuquerque, NM 87102			

Appeals. If you are dissatisfied with your eligibility determination, you may appeal within sixty (60) calendar days of the date of the letter notifying you of your eligibility status. Instructions on how to make an appeal is included in your status notification letter and is also referenced on page 5 of these policies and procedures.



Job Access Transportation Services
Bernalillo County Application



Physical & Mailing Address: 809 Copper Ave., NW Albuquerque, NM 87102

Fax: (505) 247-1753
Attn: Job Access

Phone
(505) 724-3623

JAccess@mrcog-nm.gov

If you would like assistance completing an application or have general questions, we request you schedule an appointment to ensure a Job Access Representative will be available. If you are a person with a disability and either require information in an alternative format or have special transportation needs, please contact the Rio Metro Regional Transit District – Job Access Transportation Services at (505) 724-3623, the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711 to inquire about Job Access - ADA transportation services.

Applicant Contact Information

First Name: _____ Last Name: _____

Physical Address: _____ Zip Code: _____

Mailing Address, if different: _____ Email: _____

Contact Phone Number(s) : 1) _____ 2) _____

(Optional) Information about Agency or Person Representing Applicant:

Name of Agency: _____

Name Individual Representing Applicant: _____

Contact Phone Number: _____ Contact e-mail: _____

Employer Information

Please complete employer information for each job you need transportation to/from. If you only have one employer and either an alternative jobsite or work schedule, use Job #2 to provide alternative job site location and/or work schedule information.

JOB # 1

Name of Employer: _____

Work Physical Address: _____ Zip Code: _____

Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

JOB # 2 **SAME EMPLOYER ADDITIONAL INFORMATION**

Name of Employer: _____

Work Physical Address: _____ Zip Code: _____

Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Transportation Information

1. Have you ever received transportation assistance from the Job Access Transportation Services:

YES NO (check one)

If YES, Last date of Service: _____ (month / year)

2. I am requesting transportation from: (check all that apply)

- Home to Work Work to Home
 Home TO Childcare TO Work Work TO Childcare TO Work

a. Is your child under 5 years old? Yes NO

b. If Yes, Name of Pre-School or Childcare: _____

c. Address for Pre-school or Childcare Location: _____

3. Can you use ABQ Ride for roundtrip or one-way to get to/from your work activities? Please explain.

4. Do you currently have a monthly bus pass: YES NO (check one)

a. If yes, was your bus pass issued by another organization: YES NO (check one)

b. If yes, Name of Organization: _____

5. Are you interested in receiving a bicycle to assist with your transportation? YES NO (check one)

6. Do you have any disabilities that prevent you from using public transportation independently? YES NO (check one)

If yes, please explain

Family Household Income

Household Members = Members of a household include children, spouses, parents, nieces or nephews, and anyone not related who has lived at one's house for an entire year. Also include children not living in the house that you are currently paying child support for.

Income = Earned & Unearned Income. See Program Application Information (pg. # 2 of program packet) for a detailed description of earned and unearned income. Provide all documentation for earned and unearned income.

Names of Household Members (include yourself)	Relationship	Household Members Income Status (check one)		
		Income ✓	No Income ✓	Child (under 18) ✓
Example: John/Jane Doe	Self	✓		
1).				
2).				
3).				
4).				
5).				
6).				
7).				

I understand that I must provide proof of I.D., proof of income and proof of address for myself and all proof of income for members of my household receiving earned and unearned income. Additionally, I am aware that the Rio Metro Regional Transit District will not review my application until this documentation has been submitted. _____ (initials)

Applicant's Certification and Consent:

I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud and that I may be removed from program for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds.

I authorize the Rio Metro Regional Transit District to disclose the following individually identifiable contact information to the transportation providers: home address, job or job-related address, childcare address and contact phone number.

I have read and agree to the Rio Metro Regional Transit District Job Access Program Policies and Procedures. I understand that using Job Access Transportation Services is a privilege and that I will lose this privilege if I do not follow these policies and procedures.

APPLICANT'S SIGNATURE: X

DATE:

Rio Metro Transportation Services

Policies and Procedures

Rio Metro Services

Benefit Period:

Eligibility is for six (6) months of services approved during initial determination. If participant has not used service within sixty (60) days from the initial approval/eligibility date, it will be assumed that the participant no longer needs benefits and participant's services will be discontinued. Special arrangements are made for participants who use service as a back-up and not on a regular basis. Therefore, please notify the Job Access Representative if this applies to you and the standard six (6) month benefit period will apply.

____ (initials)

Re-Certification:

Participants will be notified thirty (30) days by mail prior to the end of the benefit period. If participant is still in need of transportation assistance the re-certification application and current proof of household income is required to determine continued eligibility. If participant continues to meet all program qualification requirements s/he will be eligible for an additional six (6) months of services; which means, **participant may utilize services for up to one year**. If participant no longer qualifies, s/he will be notified of their last day of service.

It is the responsibility of the participant to submit this documentation prior to the benefit period deadline or other date documented by a Job Access Representative. If re-certification documentation is not received before the deadline, services will be discontinued, and participant will not be eligible for services for six (6) months.

____ (initials)

Keeping your routes current:

- Approved Job Access participants are limited to using service for qualified Job Access activities and routes previously approved by a Job Access Representative.
- Participants must contact Job Access Transportation when an address has changed for home or Job Access activities. Participant must contact Job Access Transportation 24 hours prior to a route change to obtain approval. The Job Access Representative will notify the providers and participant of requested route status.
- Maximum of two (2) routes per participant. Special requests need to be made to the Job Access Representative for additional routes.

Scheduling Rides:

Participant may begin scheduling rides, only after a Job Access Representative has confirmed with the participant that s/he has been approved and added to the Ridership. To schedule a ride, contact **zTrip (505) 247-8888 or ABQ Green Cab (505) 243-6800**. If a participant has a disability that requires an ADA accessible vehicle, the participant should inform the dispatcher at the time their ride is scheduled.

Participants should schedule rides with enough time to allow the provider to adequately provide rides specific to the participants' schedule.

Rider Fares:

Participants must be approved for service. Participants pay \$1.00 to \$2.00 cash for the drop rate fare (based on sliding scale) for each one-way ride with a meter reading of \$20.00 or less. If the final meter reading is over \$20.00 the participant pays the difference, in addition to the \$1.00 - \$2.00 drop rate fare. Newly approved and first time Job Access participant fares are waived for the first sixty (60) days.

____ (initials)

Day of Ride

On-time:

Be ready and waiting for your scheduled ride. **Due to the providers' policies, the driver will only wait 5-minutes and the driver is not required to call you.** The driver is allowed a 20-minute pickup window, they may arrive 10 minutes before or 10 minutes after your scheduled pick-up time (during the pickup window). However, the driver must get you to your destination.

Stranded Riders:

If you scheduled a ride with the provider and your driver does not arrive by the end of the 10-minute pick-up window, contact the provider to check the status of the ride or cancel the ride. In addition, please contact Job Access to report the incident.

Day Care:

For participants who have a pick-up/drop-off for childcare: 1) Only children five (5) years or younger are eligible for childcare transportation, unless you have a child older than five (5) years old going to the same childcare as the younger child (or children) or it is during the summer months.

Car Seats:

Child car seats are required for all children six (6) years or younger. You are responsible for providing and properly using the car seat. Do not take the car seat to work with you, it is best to leave it at the childcare facility.

Safety Belts:

You must use a safety belt at all times while riding in the vehicle.

Photo ID:

Have a photo ID available when using Job Access Transportation. Providers are authorized to verify the identity of Job Access participants.

Bad Weather:

Contact provider in the event of bad weather. They will notify you as to whether services are running.

No-Shows:

The following actions constitute a No-Show:

- If you miss your scheduled ride and do not contact the provider one (1) hour prior to pick-up this will count as a No-Show.
- Participant does not have the drop rate fare and/or additional fares for meter readings over \$20.
_____ (initials)

Suspension Policy:

Riders who have a pattern or practice of 3 or more Rider No-Shows or late cancellations and those No-Shows/Late Cancellations exceed 10% of their scheduled trips in any single month period are subject to having their riding privileges suspended for a designated period of time. Warning letters will be sent to the rider to alert of a No-Show.

- 1st No-Show a warning letter will be sent to rider.
- 2nd No-Show will result in a one (1) week suspension
- 3rd No-Show will result in a two (2) week suspension
- 4th No-Show will result in thirty (30) day suspension
- 5th No-Show will result in the rider being removed from the Job Access Program.
_____ (initials)

Appealing a No Show:

If your failure to show up or cancel in time was beyond your control, you may call Rio Metro Customer Service to explain what happened. You also have the right to appeal or dispute any No-Show decision. Appeal Decision shall be made within (30) days of the appeal date in writing. _____ (initials)

Complaints and Compliments

Rio Metro RTD can assist you in filing a complaint or compliment. As soon as possible after the event happened, write down all the information needed to investigate your complaint and a summary of the incident then contact Rio Metro Customer Service at (866) 795-7245 (Monday through Friday 5am to 10pm), or in person at 809 Copper Ave NW, Albuquerque, NM, 87102 (Monday through Friday 8am to 5pm). Complaints will be addressed by phone call, letter, or email within 14 days of receipt of complaint. If participants need immediate assistance with their trip please contact Job Access personnel at (505) 724-3623 (Monday through Friday 8am to 5pm). _____ (initials)

Participant Conduct and Responsibilities

Discontinuation of Job Access Transportation benefits before Benefit Period: Participant services will be discontinued before the Benefit Period for the following reasons:

- Violating Job Access Program Policies & Procedures.
- Providing false information or hiding information to get Job Access Program benefits.
- Participant has not used services in sixty (60) days and has not responded to the letter mailed out by the Job Access Representative.

Participant Responsibilities: As a Job Access participant, please cooperate with the driver and other staff at all times. It is the responsibility of the participant to:

- Not act or speak abusively to Rio Metro Regional Transit District, ABQ Ride, NMRX, or other transportation providers' staff or other riders.
- Follow Job Access, and The Transportation Providers Rules and Regulations.

Participant Rights: As a Job Access participant it is your right to:

- Be treated courteously and respectfully.
- Be picked up and returned home in a safe and timely manner.
- Express your concerns to job access representative. Feedback will not determine your eligibility to ride.

Appeals Process: For individuals requesting an extension or would like to appeal an application or re-certification determination you may submit an appeal letter to **Rio Metro Regional Transit District, Job Access Program, 809 Copper Ave. NW, Albuquerque, NM 87102**, which includes the following information:

- Date of request
- Full name of participant requesting the appeal
- Current mailing address and physical address, if different from mailing address
- Contact phone number
- Explanation of current circumstances and purpose for appeal

I have read and agree to the Rio Metro Regional Transit District Job Access Program Policies and Procedures. I understand that using Job Access Transportation Services is a privilege and that I will lose this privilege if I do not follow these policies and procedures. _____ (initials)

APPLICANT'S SIGNATURE _____

DATE _____



ADA & PARATRANSIT APPLICATION

Persons with disabilities may be considered eligible to use ADA or Paratransit services if they meet one of the following criteria, in addition to the JARC – Federal income requirements:

- If the person’s disability prevents him/her from getting to and from a station/stop at the point of origin or destination.
- If the person’s disability prevents him/her from boarding, utilizing or disembarking from the vehicle at the station/stop, even with the assistance of a lift –equipped bus.
- If the person's disability prevents him or her from recognizing the pick-up point or the destination point once they are in the vehicle.
- If the person's disability would not allow the person to negotiate transfers or connections, if any should exist, on the desired fixed-route path of travel.

Authorization to Release Medical Information

Applicants Release: I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency has the right and opportunity to verify my eligibility and if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by Rio Metro Regional Transit District.

Full Name (please print): _____

Address: _____

Date of Birth: _____

Applicant’s Signature: _____

Date: ____ / ____ / ____

Emergency Contact

Please provide the name and telephone number of someone we can call in the event of an emergency:

Name: _____

Telephone: _____

Relationship to you: _____

Date: _____

Medical Information

My disability prevents me from: (check all that apply)

- Walking
- Using Public Transportation Independently

Please explain disability: _____

Is this condition permanent _____ or temporary ____? (check one)

If temporary, how long do you expect your condition to last? _____

Do you use any mobility aids (Circle One) YES / NO

If yes, please explain: _____

I hereby understand that in order to be eligible to use ADA Paratransit service, I must have a disability which makes me unable to use Bus or Rail service independently. I agree that if any of the information given to the Rio Metro Regional Transit District is materially false or misleading, the Rio Metro Regional Transit District shall have the right to reconsider my eligibility for ADA and Paratransit services. I certify that the information given above is correct. I understand the Rio Metro Regional Transit District may contact the health care professional who

Applicant's Signature :

DATE:

MEDICAL VERIFICATION FOR ADA & PARATRANSIT SERVICES

It is necessary for a licensed medical professional (not a relative or friend) that sees you on a professional basis to complete this section of the application. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, or mental health counselor employed by a medical facility.

IMPORTANT NOTICE: The information, which you provide, will assist the Rio Metro Regional Transit District in determining your patient's functional and cognitive ability to use public transportation including; bus, rail and other transportation services. This form assists the Rio Metro Regional Transit District in determining when and under what circumstance the applicant can utilize bus, rail, other transportation services and paratransit transportation.

It is essential that you be as precise as possible in your evaluation. All information on this form will be kept strictly confidential and will not be released.

PHYSICIAN OR HEALTH CARE PROFESSIONAL INFORMATION:

NAME: _____
OFFICE: _____
ADDRESS: _____
OFFICE: _____
PHONE#: _____

PATIENT'S MEDICAL HISTORY:

1. Capacity in which you know the applicant/patient: (please explain)

2. Please describe the condition (whether physical or cognitive) which functionally prevents the applicant from using regular bus/ rail service or other transportation services. Be as specific as possible in your description:

3. Prognosis / expected duration of disability

4. Does the applicant need a wheelchair for ambulation outside of their home? Yes ___ No ___

If yes, please explain:

5. To the best of your knowledge, the information provided by the applicant on this form is correct. Yes ___ No ___

If no, please explain:

Physician or Health Care Professional's Signature:

X _____ **Date:** ___/___/___

Print Name and Title: _____ Telephone: _____