

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



JOB ACCESS TRANSPORTATION SERVICES
Bernalillo County

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 9:00am – 5:00pm

Phone: 505-724-3623 Fax: 505-247-1753 Attn: Job Access Email: JAccess@mrcog-nm.gov

Physical Address: 809 Copper Avenue NW, Albuquerque, NM 87102

Mailing Address: Job Access Program, 809 Copper Avenue 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.

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 participate 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 of 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 or Employment Verification Form from ISD.
 - **Earned Benefits** documentation: (submit one of the following)
 - Most current award letter for long-term disability benefits
 2. **Unearned Income**- I have enclosed proof of documentation for each household member's unearned income
 - **Provide award letters for the following Unearned Benefits**

TANF/SNAP	Unemployment Compensation	Alimony/Child Support
Social Security	Worker's Compensation	Retirement Income
Veterans Administration	ISD Notice of Action Letter	
 3. **No Income** – Applicant **ONLY** needs to provide the following:
 - If you are new to your job your employer must provide a letter on company letterhead stating your employment status.
- Provided current Proof of Identification:**
 1. Current government issued Driver's License or I.D. Card
 2. Employment Authorization Card or travel document with photo
 3. Passport
- Provided current Proof of Physical Address:**
 1. My Proof of Income and/or Proof of Identification documentation has my current physical address; therefore, no additional documentation is required.

OR

2. Provide one of the following:
 - Letter from human service agency (shelter, transition home, non-profit agency, etc.) verifying applicant's temporary address or situation.
 - Hotel receipt
 - Utility bill with applicant's name and physical address
 - Cover of lease with applicant's name and address
- I qualify for ADA and have COMPLETED and SUBMITTED the following documents
 - ADA Application **AND** Medical Verification Form (pages 8 and 9)
 - COMPLETED and SIGNED the Job Access application

Contact Information

Physical & Mailing Address: Job Access Program 809 Copper Avenue NW, Albuquerque, NM	Phone: 505-724-3623	Fax: 505-247-1753	Email: JAccess@mrcog-nm.gov
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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 7 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

Phone: 505-724-3623

Email: JAccess@mrcog-nm.gov

Attn: Job Access

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 Telecommunications Relay System by dialing 711 to inquire about Job Access ADA Transportation Services.

Applicant Contact Information

First Name: _____ Last Name: _____

Physical Address: _____ City: _____ **Zip Code:** _____

Mail Address, if different: _____ Email: _____

Contact Phone Numbers: 1) _____ 2) _____

(Optional) Information about Agency or Person Representing Applicant:

Name of Agency: _____ Contact Phone Number: _____

Name of Individual Representing Applicant: _____ Contact Email: _____

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						
Circle Days Worked:	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						
Circle Days Worked:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

Transportation Information

1. Have you ever received transportation assistance from Job Access Transportation Services? **Circle one:** Yes No
 If yes, what was the 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 Home
 - a. Is your child under 5 years old? **Circle one:** Yes No
 - b. If yes, Name/Address of Pre-School/Childcare: _____
3. Are you interested in earning a free bicycle to assist with your transportation needs? **Circle one:** Yes No
4. Do you have any disabilities that prevent you from using public transportation independently? **Circle one:** Yes No
 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 (page 2 of program packet) for a detailed description of earned and unearned income. Provide all documentation for earned and unearned income.

Name 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 Rio Metro RTD 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 that any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud and that I may be removed from the program. Furthermore, I understand that assistance is contingent upon availability of funding.

I authorize Rio Metro RTD to disclose the following 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 RTD 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: _____ **DATE:** _____

JOB ACCESS TRANSPORTATION SERVICES POLICIES AND PROCEDURES

Service Period:

Eligibility is for six (6) months of services approved during initial determination. If participant has not used the service within sixty (60) days from the initial approval/eligibility date, it will be assumed that the participant no longer needs services 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 Transportation Coordinator if this applies to you and the standard six (6) month service period will apply.

(initials)

Re-Certification:

Participants will be notified thirty (30) days by mail before the end of the service 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 before the service period deadline or other date documented by the Job Access Transportation Coordinator. 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 trips current:

- Approved Job Access Program participants are limited to using service for qualified Job Access activities and trips previously approved by the Job Access Transportation Coordinator.
- Participants must contact the Job Access Transportation Coordinator when an address has changed for: home to job; home to daycare to work or job-related activities. Participant must contact the Job Access Program twenty-four (24) hours before to obtain approval of a requested trip change. The Job Access Transportation Coordinator will notify the providers and participant of the requested trip change status.
- Maximum of two (2) trips per participant. Special requests need to be made to the Job Access Transportation Coordinator for additional trips.

Scheduling Trips:

Participant may begin scheduling trips, only after the Job Access Transportation Coordinator has confirmed with the participant that s/he has been approved and added to the Ridership List. To schedule a trip, contact **zTrip at 505-247-8888**. If a participant has a disability that requires an ADA accessible vehicle, the participant should inform the Dispatcher at the time their trip is scheduled.

Participant should schedule trips with enough time to allow the provider to adequately provide trips 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 trip 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 first time Job Access participant fares are waived for the first sixty (60) days.

(initials)

Day of Trip

On-time:

Be ready and waiting for your scheduled trip. **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 30-minute pick-up window, they may arrive 15 minutes before or 15 minutes after your scheduled pick-up time (during the pick-up window). However, the driver must get you to your destination.

Stranded Riders:

If you scheduled a trip with the provider and the driver does not arrive by the end of the 15-minute pick-up window, contact the provider to check the status of the trip or cancel the trip. In addition, please contact the Job Access Transportation Coordinator to report the incident.

Day Care:

For participants who have a pick-up/drop-off for children: 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 I.D.:

Have a photo I.D. available when using the Job Access transportation services. 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:

- If you miss your scheduled trip and do not contact the provider one (1) hour before the scheduled pick-up time, this will count as a No-Show.
- Participant does not have the drop rate fare and/or additional fares for meter readings over \$20.00.

(initials)

Suspension Policy:

Riders who have a pattern or practice of three (3) or more Rider No-Shows or late cancellations and those No-Shows/Late Cancellations exceed the 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 will result in a warning letter being sent to participant.
- 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 a 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 RTD’s Customer Service to explain what happened. You also have the right to appeal or dispute any No-Show decision. The Appeal Decision shall be made within thirty (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 RTD Customer Service at 866-795-7245 (Monday through Friday 6:00am to 10:00pm, Saturday 7:30am to 11:30pm or Sunday 7:00am to 10:00pm) or in person at 809 Copper Avenue NW, Albuquerque, NM 87102 (Monday through Friday 8:00am to 5:00pm). 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 8:00am to 5:00pm).

(initials)

Participant Conduct and Responsibilities

Discontinuation of Job Access Transportation Program services before end of Service Period: Participant services will be discontinued before the Service Period ends for the following reasons:

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

Participant Responsibilities: As a Job Access Program 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 RTD or other transportation providers’ staff or other riders.
- **Follow Job Access Program and the Transportation Providers’ Policies and Procedures.**

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 Avenue, NW, Albuquerque, NM 87102**, which includes the following information:

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

I have read and agree to Rio Metro RTD’s 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:** _____



JOB ACCESS ADA APPLICATION

Persons with disabilities may be considered eligible to use ADA services if they meet one of the following criteria **AND** the Job Access Program Federal Income requirements.

- If the person’s disability prevents him/her 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/ramp equipped vehicle.
- If the person’s disability prevents him/her from recognizing the pick-up point or destination 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 independently.

Authorization to Release Medical Information

Applicant’s Release: I hereby authorize the below medical professional 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 Rio Metro RTD 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 RTD.

Full Name (please print): _____
 Physical Address: _____
 Mail Address, if different: _____
 Date of Birth: _____ Telephone Number: _____
Applicant Signature: _____ **Date:** _____

Emergency Contact

Please provide the name and telephone number of someone we can contact in the event of an emergency.

Name: _____ **Telephone Number:** _____
Relationship to you: _____ **Date:** _____

Medical Information

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

_____ Walking _____ Climbing stairs _____ Using public transportation independently

Please explain your disability: _____

Is this condition (check one) _____ Permanent _____ Temporary

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

Do you use any mobility aide(s) i.e., cane, walker, white cane, crutches, etc.? **Please check one:** _____ Yes _____ No

If yes, please list the mobility aide(s) used: _____

I hereby understand that in order to be eligible to use the Job Access ADA transportation service, I must have a disability that prevents me from using public transportation services independently. I agree that if any of the information give to Rio Metro RTD is materially false or misleading, the Rio Metro RTD shall have the right to reconsider my eligibility for the Job Access ADA transportation services. I certify that the information given above is correct. I understand that Rio Metro RTD may contact the medical professional who completed the Medical Verification for Job Access ADA Transportation Services form to obtain additional information in order to determine eligibility for Job Access ADA Transportation Services.

APPLICANT’S SIGNATURE: _____ **DATE:** _____



MEDICAL VERIFICATION FOR JOB ACCESS ADA TRANSPORTATION 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 Rio Metro Regional Transit District (Rio Metro RTD) in determining your patient’s functional and cognitive ability to use public transportation services independently. This form assist Rio Metro RTD in determining when and under what circumstances or conditions the applicant can utilize public transportation services.

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.

Medical Professional Information

Full Name (please print): _____

Office Address: _____

Mailing Address, if different: _____

Office Telephone Number: _____ Email (Optional): _____

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 application from using regular public transportation services. Be as specific as possible in your description.

3. Prognosis/expected duration of disability.

4. Does the applicant/patient need a mobility aide for ambulation outside of their home? (Check one) Yes No
If yes, please list and explain mobility aide used.

5. To the best of your knowledge, the information provided on the Job Access ADA Application form (attached to this Medical Verification form) by the applicant/patient is correct? (Check one) Yes No
If no, please explain:

MEDICAL PROFESSIONAL’S SIGNATURE: _____ **DATE:** _____

Print Name and Title: _____