



# KAT AKSÈ PASS TRANSPÓTASYON (TAP) CHARLIECARD

## Aplikasyon pou pri tikè redwi MBTA CharlieCard pou moun ki gen andikap

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Moun ki gen andikap ak moun ki gen kat Medicare yo elijib pou aplike pou tikè a pri redui MBTA yo atravè yon **Pass Aksè Transpò CharlieCard (TAP)**.

Pou w jwenn plis enfòmasyon sou TAP MBTA CharlieCard, tanpri vizite:  
[mbta.com/transportation-access-pass](http://mbta.com/transportation-access-pass)

### Enfòmasyon Jeneral:

- Aplikasyon an ka sijè a revizyon adisyonèl selon dokiman yo prezante.
- Ou pral resevwa yon Lèt sou Eitati Aplikasyon an nan 6 a 8 semèn konsènan kalifikasyon w pou yon CharlieCard TAP.
- Aplikan ki apwouve yo dwe vizite CharlieCard Store pou:
  1. Prezante lèt apwobasyon TAP CharlieCard ou a.
  2. Prezante yon idantite ki valab (ki pa ekspire) ak foto gouvènman an bay, tankou yon lisans pou kondwi, paspò, oswa idantite eta a.
  3. Fè yo pran foto w.
  4. Resevwa yon CharlieCard tanporè a pri redui, ki valab pou w itilize pandan w ap tann TAP CharlieCard pèmanan w lan rive pa lapòs nan 10 jou ouvrab.
- Yo p ap trete aplikasyon ki pa konplè epi y ap retounen l ba ou.

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### TANPRI RETOUPEN APLIKASYON KI RANPLI A NAN:

MBTA CharlieCard Store  
Downtown Crossing Station  
Underground Concourse  
7 Chauncy Street  
Boston, MA 02111

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## PATI A: Enfòmasyon Aplikan

*Tanpri ekri an lèt detache byen lizib oswa tape epi ranpli tout enfòmasyon yo.*

Estatik Aplikasyon:  Aplikasyon premye-foya  Renouvèlman

Non Fanmi: \_\_\_\_\_ Prenon: \_\_\_\_\_ MI: \_\_\_\_\_

Dat nesans (JJ/MM/ANE): \_\_\_\_\_

Adrès postal (enkli tout enfòmasyon ki obligatwa pou livrezon pa lapòs):

\_\_\_\_\_

Ri adrès

Apatman, suite, bilding

\_\_\_\_\_

Vil

Eta

Kòd postal

Telefòn: \_\_\_\_\_ Èske se yon telefòn mobil?  Wi  Non

Adrès imèl: \_\_\_\_\_

Preferans kontak:  Kourye  Telefòn  Imèl

## Enfòmasyon Kontak dijans

Non: \_\_\_\_\_

Relasyon: \_\_\_\_\_ Telefòn: \_\_\_\_\_

## Otorizasyon Divilgasyon Enfòmasyon sou Andikap

Mwen konprann ke yo pral itilize tout enfòmasyon mwen bay la sèlman pou detèmine kalifikasyon mwen pou yon Pass pou Aksè Transpò (TAP) CharlieCard.

Mwen otorize pwofesyonèl swen sante k ap ranpli aplikasyon sa a pou l divilge enfòmasyon sou andikap mwen an bay Massachusetts Bay Transportation Authority (MBTA).

\_\_\_\_\_  
Siyati aplikasyon an

\_\_\_\_\_  
Dat

## PATI B: Kritè Kalifikasyon TAP CharlieCard

### Aplikan yo ki Elijib Otomatikman

Aplikan yo ki satisfè youn nan kritè ki anba yo otomatikman elijib pou yon CharlieCard Transpò Aksè (TAP). Tanpri: 1) ranpli PATI A, 2) tcheke kategori anba ki aplike a oumenm, epi 3) vizite CharlieCard Store pou prezante dokiman original ki obligatwa (dokiman original sèlman; yo pa p aksepte fotokopi oswa faks).

<input type="checkbox"/>	<b>Detantè Kat Medicare, One Care, oswa Tufts Health Unify:</b> Prezante Kat Wouj, Blan ak Ble Medicare ou, Commonwealth Care Alliance One Care Card, oswa Tufts Health Unify Card.
<input type="checkbox"/>	<b>Kliyan aktyèl THE RIDE - # ID RIDE:</b> _____
<input type="checkbox"/>	<b>Veteran ki gen yon evalyasyon andikap 70% oswa plis:</b> Prezante Lèt Rezime Benefis sou papyè antèt Administrasyon Veteran yo, ki espesifye evalyasyon andikap la.
<input type="checkbox"/>	<b>Moun ki gen kat a pri redui ki pa MBTA ki soti nan MA oswa andeyò Eta a:</b> Prezante yon kat a pri redui ki soti nan eta oswa zòn ou an ak yon dat ekspirasyon.
<input type="checkbox"/>	<p><b>Kliyan ajans ki annaprè yo:</b></p> <p><input type="checkbox"/> DMH/Depatman Sante Mantal (enkli founisè DMH yo)</p> <p><input type="checkbox"/> DDS/ Depatman Sèvis Devlopmanal</p> <p><input type="checkbox"/> MRC/Komisyon Reyabilitasyon Massachusetts</p> <p>Prezante lèt orijinal sou papyè antèt ajans ki soti nan reprezantan ajans otorize (oswa founisè) verifye estati kòm kliyan aktyèl la.</p>
<input type="checkbox"/>	<b>Diplome oswa aktyèlman enskri nan yon pwogram fòmasyon vwayaj MBTA:</b> Prezante lèt fòmasyon vwayaj ou ki siyen sou papyè antèt MBTA.
<input type="checkbox"/>	<b>Plaka Andikap RMV</b>

### Tout Lòt Aplikan yo

Si ou pa satisfè youn nan kritè ki anwo yo, tanpri: 1) ranpli PATI A, epi 2) fè pwofesyonèl swen sante ki gen lisans ou ranpli PATI C aplikasyon sa a. Vèsyon anglè PATI C a se sou de dènye paj fòm aplikasyon an.

## Règleman sou Pri Redwi ak Kondisyon Itilizasyon

- Patisipasyon w nan pwogram Pass Aksè Transpò CharlieCard (TAP) a dapre Règ sou Konfidansyalite MBTA a. Ou ka jwenn règleman an nan [www.mbta.com/policies/privacy-policy](http://www.mbta.com/policies/privacy-policy)
- TAP CharlieCard ou sijè avèk enspeksyon oswa revizyon pa pèsonèl MBTA nan nenpòt kilè pou asire itilizasyon pa moun ki otorize a sèlman.
- Yon moun ki pa otorize k ap sèvi ak TAP CharlieCard ou a kapab pran sanksyon kriminel/sivil dapre Chapit 161, Seksyon 113A Lwa Jeneral MA ak/oswa nenpòt lòt Lwa Jeneral MA aplikab.
- Anplis de sa, ou ka diskalfye oswa sispann patisipe nan pwogram TAP CharlieCard la pou pèmèt ou sèvi ak kat ou san otorizasyon.

## PATI C: Sètifikasyon Pwofesyonèl Swen Sante

PATI C dwe ranpli pa yon pwofesyonèl swen sante ki gen lisans oswa sètifye epi MBTA dwe resevwa l nan 60 jou apre siyati pwofesyonèl swen sante a.

*Tanpri ekri an lèt detache byen lizib oswa tape epi ranpli tout enfòmasyon yo.*

Non aplikan an: \_\_\_\_\_

Non Pwofesyonèl Swen Sante: \_\_\_\_\_

Tit lisans: \_\_\_\_\_ Spesyalite: \_\_\_\_\_

Nimewo lisans: \_\_\_\_\_ Eta kote li fèt: \_\_\_\_\_

Adrès biznis: \_\_\_\_\_

Vil: \_\_\_\_\_ Eta: \_\_\_\_\_ Kòd postal: \_\_\_\_\_

Telefòn: \_\_\_\_\_ Adrès imèl: \_\_\_\_\_

**REMAK PWOGRAM ENPÒTAN:** MBTA bay Pass Aksè Transpò CharlieCard (TAP) ki baze sou nivo eksperyans difisil aplikan yo, ak planifikasyon anplis ak efò ki ka nesese pou yo itilize otobis/tren/metwo piblik akòz pwoblèm fizik, sikyatrik, entelektyèl, oswa andikap sansoryèl. TAP CharlieCard la bay aplikan yo ki gen andikap ki jwenn li difisil pou tann yon bis, tandè anons, li siy vizyèl, konprann ak/oswa swiv enstriksyon yo, monte bon tren an, kenbe andirans, byen fonksyone nan foul moun yo, mache. sèten distans pou transfere ant mòd transpò, elatriye. TAP CharlieCard la **PA DELIVRE** dapre nivo revni aplikan an.

### Pwofesyonèl Swen Sante a dwe ranpli sa ki annaprè a:

#### 1. Ki andikap aplikan an?

Sèvi ak nimewo kategori ki soti nan Gid (paj 4): \_\_\_\_\_

Tanpri presize dyagnostik:

\_\_\_\_\_  
\_\_\_\_\_

#### 2. Kijan andikap la koze aplikan an difikilte, jan sa dekri nan seksyon “Nòt enpòtan sou pwogram” anlè a, lè w ap vwayaje sou MBTA?

\_\_\_\_\_  
\_\_\_\_\_

#### 3. Dire ki prevwa pou andikap (tanpri chwazi sèlman youn nan de opsyon yo ki anba):

Andikap akoutèm (sa vle di kondisyon ki gen posibilite pou amelyorasyon nan lespas yon (1) lane)

Andikap alontèm (sa vle di kondisyon ki pa atann pou amelyorasyon)

#### 4. Mwen sètifye ke enfòmasyon mwen bay anwo a konsène aplikan MBTA TAP CharlieCard sa a kòrèk dapre sa mwen konnen:

**Siyati Pwofesyonèl Swen Sante a**

**Dat**

**Nòt:** MBTA rezève dwa pou mande pou wè yon siyati orijinal pwofesyonèl swen sante aplikan an.

## Gid pou Pwofesyonèl Swen Sante

Tanpri itilize kategori ki anba yo pou ranpli repons pou “Kisa andikap aplikan an ye?” nan Pati C: Sètifikasyon Pwofesyonèl Swen Sante.

<ol style="list-style-type: none"> <li>1. <b>ANDIKAP KI EGZIJE YON MOBILITE SOU WOU</b> tankou itilizasyon yon chèz woulant, scooter, elatriye.</li> <li>2. <b>ANDIKAP SEMI-ANBILATWA</b> ki lakoz yon moun mache avèk difikilte oswa ensekirite, epi sa kapab oswa pa kapab egzije itilizasyon atèl pou janm, machèt, baton, bekiy, oswa lòt aparèy pou mobilite.</li> <li>3. <b>KONDISYON NEWOMISKILÈ/ MISKILOSKELETÈ GRAV</b> tankou distwofè miskilè, osteojenesis enpafè, oswa atrit kote kapasite fonksyonèl limite nan kapasite pou fè aktivite nan lavi chak jou</li> <li>4. <b>ANPITASYON YON EXTREMITE:</b> Tanpri presize ki manm (yo) ki afekte</li> <li>5. <b>EFÈ GRAV Apati CVA (ESTWÓK)</b> ki gen ladan kondisyon kote gen yon defisi motè fonksyonèl ki afekte nenpòt de manm oswa ataksya 4 mwa apre CVA.</li> <li>6. <b>KONDISYON POLMONÈ GRAV (obstriksyon/restriksyon)</b> ki afekte mobilite, enkli sa ki lakòz dispne pandan aktivite lavi chak jou; pandan y ap monte yon eskalye òdinè oswa mache 100 yad; ak nan nenpòt ti efò oswa menm nan repo.</li> <li>7. <b>KONDISYON KADYAK GRAV</b> ki gen ladan yo sa ki lakòz restriksyon modere oswa ki make nan aktivite fizik òdinè, epi ki ka lakòz fatig, palpitasyon, dispne, oswa doulè anjin pandan y ap monte yon eskalye òdinè oswa mache youn oswa plizyè nivo blòk, ak nan nenpòt ti efò oswa menm nan repo.</li> <li>8. <b>MOUN KI GEN PWOBLÈM IMINITÈ</b> akòz kondisyon tankou VIH/SIDA; kansè oswa tretman pou kansè; transplantasyon ògàn oswa mwèl zo; oswa maladi kwonik tankou lupus oswa atrit rimatoyid.</li> </ol>	<ol style="list-style-type: none"> <li>9. <b>VIZYON FÈB</b> kote yon moun gen yon akwite vizyèl nan pi bon je a, apre koreksyon, 20/70 oswa mwens men li pa avèg legalman.</li> <li>10. <b>AVÈG LEGALMAN</b> kote yon moun gen yon akwite vizyèl nan pi bon je a, apre koreksyon, 20/200 oswa mwens; oswa kote jaden periferik la se 10° reyon oswa mwens, kèlkeswa akwite vizyèl la. Tanpri sonje aplikan ki gen yon kat idantite/sètifika MA Commission for the Blind ID oswa lòt sètifikasyon avèg yo ap elijib pou yon MBTA Blind Access CharlieCard.</li> <li>11. <b>TRETMAN DYALIZ REN.</b></li> <li>12. <b>SOUD/DIFIKILTE POU TANDE.</b></li> <li>13. <b>ANDIKAP KÒDINASYON</b> kote gen yon defisi motè fonksyonèl nan nenpòt de manm oswa manifestas- yon ki diminye anpil mobilite, kowòdinasyon, ak/oswa pèsepsyon.</li> <li>14. <b>ANDIKAP ENTÈLEKTYÈL.</b></li> <li>15. <b>EPILEPSI (TWOUB KONVILSIF).</b></li> <li>16. <b>OTIS:</b> Tanpri dekri nati ak limit andikap.</li> <li>17. <b>ANDIKAP NEWOLOJIK</b> ki afekte aprantisaj, pèsepsyon, ak fonksyonman konpòtman. Tanpri mete nati kondisyon ak etyoloji.</li> <li>18. <b>ANDIKAP SIKYATRIK</b> kote gen yon maladi mantal alontèm ki: <ul style="list-style-type: none"> <li>• gen ladan yon gwo twoub nan panse, memwa, pèsepsyon, oswa oryantasyon, oswa</li> <li>• siyifikativman afekte jijman, konpòtman, kapasite pou rekonèt reyalyite, oswa</li> <li>• Siyifikativman afekte kapasite pou satisfè bezwen sipò lavi òdinè/endepondan nan manje,abri, rad, jesyon finans, ak swen sante</li> </ul> </li> </ol>
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**Pou PATI C: Sètifikasyon Pwofesyonèl Swen Sante an Angle, gade paj 5-6.**

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Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Auto Renew: \_\_\_\_\_ Denied: \_\_\_\_\_ Incomplete: \_\_\_\_\_

## PART C: Health Care Professional Certification

PART C **must be completed by a licensed or certified health care professional** and must be received by the MBTA within 60 days of the health care professional's signature.

*Please print legibly or type and complete all information.*

Name of applicant: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_

Licensure title: \_\_\_\_\_ Specialty: \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**IMPORTANT PROGRAM NOTE:** The MBTA issues the Transportation Access Pass (TAP) CharlieCard based on the level of difficulty applicants experience, and the extra planning and effort that may be required, to use public buses/trains/subway due to a physical, psychiatric, intellectual, or sensory disability. The TAP CharlieCard is issued to applicants with disabilities who find it moderately/severely difficult to wait for a bus, hear announcements, read visual signs, understand and/or follow directions, board the correct train, maintain stamina, function well in crowds, walk certain distances to transfer between transit modes, etc. The TAP CharlieCard **IS NOT ISSUED** based on applicant's income level.

**The following must be completed by the Health Care Professional:**

**1. What is the applicant's disability?**

Use category number(s) from Guidelines (page 6): \_\_\_\_\_

Please specify diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

**2. How does the disability cause the applicant difficulty, as described in "Important Program Note" section above, when traveling on the MBTA?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Expected duration of disability (please select only one of the two options below):**

Short-term disability (i.e. conditions with potential for improvement within 1 year)

Long-term disability (i.e. conditions with no expectation of improvement)

**4. I certify that the information I have provided above about this MBTA TAP CharlieCard applicant is correct to the best of my knowledge:**

\_\_\_\_\_  
**Health Care Professional's Signature**

\_\_\_\_\_  
**Date**

**Note:** The MBTA reserves the right to ask to see an original signature of the applicant's health care professional.

# Guidelines for Health Care Professionals

Please use the categories below to complete response to “What is the applicant’s disability?” of Part C: Health Care Professional Certification.

<ol style="list-style-type: none"> <li><b>1. DISABILITIES REQUIRING WHEELED MOBILITY</b> such as the use of a wheelchair, scooter, etc.</li> <li><b>2. SEMI-AMBULATORY DISABILITIES</b> that cause an individual to walk with difficulty or insecurity, and that may or may not require the use of leg braces, walker, cane, crutches, or other mobility device.</li> <li><b>3. SEVERE NEUROMUSCULAR / MUSCULOSKELETAL CONDITIONS</b> such as muscular dystrophy, osteogenesis imperfecta, or arthritis where functional capacity is limited in ability to perform activities of daily living.</li> <li><b>4. AMPUTATION OF AN EXTREMITY:</b> Please specify which limb(s) are affected.</li> <li><b>5. SEVERE EFFECTS FROM CVA (STROKE)</b> including conditions where there is a functional motor deficit affecting any two limbs or ataxia 4 months post-CVA.</li> <li><b>6. SEVERE PULMONARY CONDITIONS (obstructions/ restrictions)</b> that affect mobility, including those that result in dyspnea during activities of daily living; while climbing a flight of ordinary stairs or walking 100 yards; with the slightest exertion or even at rest.</li> <li><b>7. SEVERE CARDIAC CONDITIONS</b> including those that result in moderate or marked restriction in ordinary physical activity, and that may cause fatigue, palpitations, dyspnea, or angina pain while climbing a flight of ordinary stairs or walking one or more level blocks, with the slightest exertion or even at rest.</li> <li><b>8. IMMUNOCOMPROMISED</b> individuals, due to conditions such as HIV/AIDS; cancer or treatment for cancer; organ or bone marrow transplant; or chronic diseases such as lupus or rheumatoid arthritis.</li> </ol>	<ol style="list-style-type: none"> <li><b>9. LOW VISION</b> where an individual has a visual acuity in the better eye, after correction, of 20/70 or less but is not legally blind.</li> <li><b>10. LEGALLY BLIND</b> where an individual has a visual acuity in the better eye, after correction, of 20/200 or less; or where the peripheral field is 10° radius or less, regardless of visual acuity. Please note that applicants with a current MA Commission for the Blind ID Card/Certificate or other blindness certification will be eligible for a MBTA Blind Access CharlieCard.</li> <li><b>11. KIDNEY DIALYSIS TREATMENT.</b></li> <li><b>12. DEAF/HARD OF HEARING.</b></li> <li><b>13. COORDINATION DISABILITIES</b> where there is a functional motor deficit in any two limbs or manifestations that significantly reduce mobility, coordination, and/or perception.</li> <li><b>14. INTELLECTUAL DISABILITY.</b></li> <li><b>15. EPILEPSY (CONVULSIVE DISORDER).</b></li> <li><b>16. AUTISM:</b> Please describe nature and extent of disability.</li> <li><b>17. NEUROLOGICAL DISABILITIES</b> affecting learning, perceptual, and behavioral functioning. Please include nature of condition and etiology.</li> <li><b>18. PSYCHIATRIC DISABILITIES</b> where there is a long-term mental illness that:             <ul style="list-style-type: none"> <li>• includes a substantial disorder of thought, memory, perception, or orientation, or</li> <li>• significantly impairs judgment, behavior, capacity to recognize reality, or</li> <li>• significantly impacts ability to meet ordinary/independent life support needs of food, shelter, clothing, management of finances, and health care.</li> </ul> </li> </ol>
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Approved: \_\_\_\_\_ Auto Renew: \_\_\_\_\_ Denied: \_\_\_\_\_ Incomplete: \_\_\_\_\_