



# THE RIDE Eligibility Center

1000 Massachusetts Avenue • Suite 201 • Boston, MA 02118  
617-337-2727 • 617-337-2737 FAX

**Request for 30-Day Medical Necessity for The RIDE**  
**Questions? Please call 617-337-2727, Option 2**

**Fax to 617-337-2737**  
**PLEASE PRINT CLEARLY**

Today's Date		
Last Name		
First Name		Middle Initial:
Date of Birth		Gender:
Street Address		
City		Zip Code:
Primary Phone		
Emergency contact	Name:	Phone:
Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:		
Mobility Device(s)	<input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Oxygen <input type="checkbox"/> Other	
Disability/Condition		
Reason for request		

**IMPORTANT:** To qualify, the reason for request must be **recent and unexpected**. Dates in applicable categories below are required. Requests will not be processed without this info.

Cancer diagnosis/treatment start date: \_\_\_\_\_

Dialysis start date: \_\_\_\_\_

Inpatient hospital/rehab, release date & reason: \_\_\_\_\_

Accident/injury/surgery date/type: \_\_\_\_\_

Seizures, date of onset/first seizure: \_\_\_\_\_

**Please allow 2 BUSINESS DAYS for processing**

**By submitting this request, you certify the following:**

1. Applicant is aware that 30-Day Medical Necessity Eligibility for The RIDE is a **temporary bridge service**.
2. That you will provide the patient with their RIDE ID number and information included with confirmation.
3. In order to apply for continuing eligibility for the MBTA's ADA paratransit service, (The RIDE.), applicant must call 617-337-2727 **within 10 days** to schedule an in-person interview at The RIDE Eligibility Center (TREC).
4. That extensions cannot be given for Medical Necessity eligibility and not all requests can be processed.

**\* REQUIRED FIELDS. PLEASE PRINT CLEARLY.**

*Facility/Org.	
*Name	
*Title	
*Phone	
*Fax	
*Email	

<p>* Preferred method to receive The RIDE ID and processing confirmation:</p> <p><b>FAX</b> _____ <b>Email</b> _____</p>
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**Who be scheduling in person appointment (please check one):**  Referrer  Family member/caregiver  Applicant

**RIDE ID:** \_\_\_\_\_ **Eligibility Dates:** \_\_\_\_\_