Instructions for completing the Individual Access Pass Application:

**PART 1**

√ (**Part A**) Complete the Applicant Information

√ (**Part B**) Include a copy of the applicant’s NYS Driver’s License or Non-Driver ID card. For applicants under the age of 18, parent or legal guardian’s ID must be provided as outlined in the application.

√ (**Part C**) Attach a photo of the applicant – **(only required for applicants under the age of 18 or applicants who**

 **are 18 or older who do not have a NYS Driver’s License or NYS Non-Driver ID card.)**

√ (**Part D**) Sign and date the Authorization and Certification

**PART 2** – See category below for acceptable supporting documentation:

* **DD** (Developmental Disability) – documentation must be submitted by organization and **dated within 1 year.**
	+ LCED Form (Level of Care Eligibility Form)
	+ Life Plan
	+ OPWDD Eligibility Letter
* **MH** (Mental Health) – documentation must be submitted by organization and **dated within 1 year.**
	+ Certification on office letterhead from agency or organization that the applicant is currently under their care and the facility is licensed, operated, certified or funded by the NYS Office of Mental Health.
* **BL** (Blind)
	+ Certification from the Commission of the Blind with registration # **OR**
	+ Physician can complete Part 2 Section B. They must sign, date and stamp the application. If your doctor does not have a physician’s stamp, certification must be provided on office letterhead. **Must be dated within 6 months**.
* **DF** (Deaf)
	+ Physician can complete Part 2 Section B. They must sign, date and stamp the application. If your doctor does not have a physician’s stamp, certification must be provided on office letterhead. **Must be dated within 6 months**.
* **WC** (Wheelchair user 100% of the time – non-ambulatory)
	+ Physician can complete Part 2 Section B. They must sign, date and stamp the application. If your doctor does not have a physician’s stamp, certification must be provided on office letterhead. **Must be dated within 6 months**.
* **AM** (Amputee)
	+ Physician can complete Part 2 Section B. They must sign, date and stamp the application. If your doctor does not have a physician’s stamp, certification must be provided on office letterhead. **Must be dated within 6 months**.

\*\*\* All incomplete applications will be returned. To maintain privacy, we will not keep a copy of your incomplete application on file. If you are submitting missing information, please be sure to submit the application with supporting

documentation **in its entirety** to avoid further processing delays. **\*\*\***