

## Part 2. Professional Verification

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

1. What is the diagnosis of the applicant's disability? Please describe specifically as possible in layman's terms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the applicant's condition prevent him/her from using regular bus service?

No  Yes If yes, tell us why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the applicant's condition temporary?  Yes  No

If yes, expected duration is \_\_\_\_\_ months.

*The following information will be used to ensure the appropriate type of vehicle is used to provide transportation, and accurate analysis of the applicant's trip request is processed by the RTA.*

4. Does the applicant use any mobility aids?  Yes  No

If yes, what type?  Wheelchair  Scooter  Walker  Crutches  Cane

Other \_\_\_\_\_

5. Can the applicant be transferred from a wheelchair/other mobility aid to a passenger seat if necessary?  Yes  No

6. Does the applicant need a Personal Care Attendant (PCA) for travel?  Yes  No

7. Can the applicant travel 200 feet without assistance?  Yes  No

8. Can the applicant travel one-quarter mile without assistance?  Yes  No

9. Can the applicant climb three twelve-inch steps without assistance?  Yes  No

10. Can the applicant wait outside without support for thirty minutes?  Yes  No

11. Is the applicant able to give their address and phone numbers upon request?  
 Yes       No
12. Is the applicant able to recognize a destination or landmark?  
 Yes       No
13. Is the applicant able to deal with unexpected situations or unexpected changes in routine?  
 Yes       No
14. Is the applicant able to ask for, understand, and follow directions?  
 Yes       No
15. Is the applicant able to travel, safely and effectively, through crowded and/or complex facilities?  
 Yes       No
16. Can the applicant use regular bus service if travel training is provided?  
 Yes       No

***Please check only one of the following:***

- Applicant can use regular public transit buses.
- The applicant cannot use regular public transit at all.
- Applicant can use regular public transit only to destinations for which applicant has been trained.

The Regional Transit Authority's paratransit program is a federally assisted program. By signing this document, the below-named licensed health care professional hereby certifies to the truth and accuracy of the above information to the best of his/her professional knowledge, information, and belief under the penalty of applicable federal, state and local law.

**Print:**

Health Care Professional's Name \_\_\_\_\_

Office Street Address \_\_\_\_\_

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

Office Telephone # \_\_\_\_\_ La Professional License # \_\_\_\_\_

**(Required)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please check the one that applies to you:***

- Physician                       Vocational Rehabilitation Counselor
- Other: \_\_\_\_\_