



Application #2
Request for Professional Verification Form

Dear Physician/Professional:

The attached authorization form has been submitted by _____, who indicated you can provide us information regarding their *abilities and limitations* and the impact on their ability to use fixed route transit services. Federal law requires Palmetto Breeze Transit provide Complementary Paratransit services to persons who *cannot* utilize available fixed route bus services. The information you provide will allow us to make an appropriate evaluation of this request. Federal law also requires that we make a prompt determination in this matter.

We understand that you may only see the applicant concerning one disability, so please answer the questions pertaining to the disability you are familiar with for this applicant. Because there are sections in this application that may not apply to the applicant, it is important to make the appropriate answers only to those applicable sections, marking the section that does not apply and moving on to the next one.

Your immediate attention to this matter will be greatly appreciated. The applicant can only be considered after receiving this completed form. Thank you very much for your cooperation.

I do not have sufficient knowledge of this individual to offer information of their ability to use fixed route transit services.

****If checked, please skip to the signature at the end of this document.****

GENERAL INFORMATION

Capacity in which you know the applicant: _____

Identification of *all* condition(s) causing their limitations for safely getting to a bus stop, boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination.

(Please explain completely): _____

Is this condition temporary? Yes No

If **temporary**, expected duration until (date): _____ / _____ / _____

Is this condition episodic or occasional? Yes No

If **yes**, under what circumstances? _____

Would the applicant **require** a Personal Care Attendant to travel with them on all trips?

- No Yes, he/she requires assistance with:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Eating | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Other: _____ | |

VISUAL IMPAIRMENTS

Does the applicant have a visual impairment? Yes No

(Note: If the applicant **does not** have a visual impairment, please check No, and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

DEVELOPMENTAL DISABILITIES

Does the applicant have a cognitive or developmental disability? Yes No

(Note: If the applicant **does not** have a developmental disability, please check No, and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

Is the applicant able to:

- Give address and telephone numbers upon request? Yes No Sometimes
- Deal with unexpected situations or changes in routine? Yes No Sometimes
- Safely and effectively travel through a crowded area? Yes No Sometimes
- Be aware of safety issues when traveling alone? Yes No Sometimes

MOBILITY DISABILITIES

Does the applicant have a mobility disability? Yes No

(Note: If the applicant **does not** have a mobility disability, please check No, and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

FUNCTIONAL ABILITIES (to be completed for all applicants)

Please indicate the applicant's ability to perform the following functions:

- Understand directions needed to complete a trip? Yes No
- Identify the correct bus or transit stop? Yes No
- Wait standing 15 minutes outside at a stop? Yes No
- Wait if seated? Yes No
- Recognize a destination or landmark? Yes No

Would this individual *possibly* be able to safely use an accessible fixed route bus service for some trips if a person were to train the individual in riding and understanding the bus system?

This includes independently getting to and from a bus stop safely, or boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination.

Yes No Sometimes

Your Name: _____ Title: _____

Office/Agency Address: _____

City: _____ State: _____ Zip: _____

Office Phone Number: _____

By my signature, I certify this information is true and correct. I understand that falsification of the information may result in denial of service to the applicant. I understand all information will be kept confidential. I understand the applicant has a right to receive a copy of this form.

X _____
Signature

X _____
Date

Thank You Very Much for Your Time!!