

Request for Certification of ADA Eligibility

SECTION ONE

All information needs to be filled out completely and accurately in order for MCPT system to be able to provide the best service to you (our client).

NAME

ADDRESS

TELEPHONE

EMERGENCY

DATE OF BIRTH

I am applying for service on MCPT for the following reason:

I am:

Disabled

65 Years or Older

SECTION TWO

The following information will be used to ensure that the appropriate vehicle is utilized to provide your best transportation and that an accurate analysis of your trip request can be made by MCPT.

Do you use any of the following aids to mobility?

Manual Wheel Chair

Electric Wheel Chair

Power Scooter

Cane

Crutches

Guide Dog

Will you require a personal care attendant when you travel using MCPT? (Please understand the personal care assistant is someone other than the driver).	Yes	No
Can you travel 200 feet without assistance of another person?	Yes Sometimes	No
Can you climb three stairs without assistance of another person?	Yes Sometimes	No
Can you stand outside without support for fifteen minutes?	Yes Sometimes	No
Does weather affect your condition?	Yes	No

Please Explain:

Are you able to:

Give address and telephone # on request:	Yes	No
Recognize Streets	Yes	No
Sign his or her name	Yes	No
Ask for and understand directions	Yes	No

If the application has been completed by someone other than the person requesting certification, that person must complete the following.

Name

Address

Daytime Phone

Signature

Date

The Monroe County Public Transportation System offers services for senior citizens and disabled persons using public transportation services. ID (showing age 60 or over) or a Medicare Card will be accepted as eligibility. Disabled persons under the age of 60 without one of these cards must submit this form with appropriate signature. This form must signed by a Health Care Professional.

Applicants Name

Certification of information and authorization to provide information.

I hereby authorize the completion of the remainder of this form by the professional listed below and relay the form and related information to the Monroe County Public Transportation System to be used for transportation purposes.

Signature

Date

***TO BE COMPLETED BY HEALTH CARE PROFESSIONAL ***

A physician, optometrist, ophthalmologist, psychiatrist, physical or occupational therapist, low-vision specialist or mobility specialist should only complete the the following section of this application.

The undersigned professional is being asked to certify that the applicant is disabled. Monroe County Public Transportation System ask that the professional recognize that by signing this, the applicant will be able to receive specialized transportation and only sign forms when the person is truly disabled as defined below.

Describe the person's medical diagnosis related to disabling conditions.

Is the condition temporary Yes No

If yes, how long will it last?

I, the undersigned health care professional, do hereby certify that the above named applicant has a mental or physical impairment limiting some life functions.

Name

Title

Office Address

Phone Number

Signature