

Office Use Only:
New Certification _____
Recertification _____



PROFESSIONAL VERIFICATION FORM

Section A. Authorization to Release Information

(Applicant to complete and sign, then send to the professional you named)

Applicant's Name _____
Date of Birth _____
Applicant's Address _____
Applicant's Telephone Number _____

I authorize the following professional to release to GTA specific information as requested. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for 90 days after the date appearing below.

Name of Professional: _____ Title: _____

Applicant's Signature: _____ *Date:* _____

Guardian's Signature required if applicant is not his/her own guardian.

Guardian's Signature: _____ *Date:* _____

Section B: Professional Verification

Dear Healthcare Professional:

You are being asked to provide information regarding this individual's disability. The individual is applying for Americans with Disabilities Act (ADA) paratransit eligibility. The law specifies that ADA paratransit eligibility is provided only to those individuals who (1) as a result of their disability, cannot board, ride or disembark from a regular fixed route bus or (2) have a specific impairment-related condition that prevents them from getting to or from a bus stop.

Please note: This is not intended as verification of the applicant's disability or medical condition but to determine the effect of that disability or medical condition on the individual's ability to independently use regular, fixed route bus service.

PART B

Greensboro's regular fixed route bus service is accessible to people with disabilities. All fixed route buses operated by Greensboro Transit Authority (GTA) are equipped with lifts for people who use wheelchairs/scooters. All buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs. There is priority seating behind the bus driver for people with disabilities and seniors. Stops and major transfer points are announced at each stop. Please return the completed form to the applicant, or you may fax it to 373-2809, Attention: SCAT Eligibility Department

General Questions

1. In what capacity do you know the applicant? _____

2. What is the diagnosed disability or medical condition causing the disability that you are treating the applicant for? _____

3. What category (ies) is the applicant's disability? Physical Visual Cognitive

4. Is the disability temporary or permanent?
If temporary, how long do you expect it to last? _____

5. Does the applicant's disability or condition prevent use of using regular fixed route bus service?

No Sometimes Yes

If Sometimes or Yes, please explain why: _____

6. Does the applicant use any mobility aids: No Yes

If Yes, what type:

Manual Wheelchair Power Wheelchair Scooter Walker

Crutches Cane White Cane

Other; please specify _____

7. Does the applicant require a Personal Care Attendant (PCA) to travel in the community?

No Yes Sometimes

Effects of Applicant's Disability or Medical Condition on Community Travel

8. How far can the applicant walk/travel (with his or her mobility aid if applicable)?

3 blocks 6 blocks 9 or more blocks Less than 3 blocks

9. How long can the applicant wait outside (with his or her mobility aid if applicable)?

15 minutes 30 minutes Less than 15 minutes

10. Can the applicant negotiate hills or steep terrain? Yes No Sometimes

Please elaborate if necessary _____

11. Can the applicant cross the street without assistance? Yes No

If No, why not?: _____

12. Can the applicant recognize a destination or landmark?

Yes No Sometimes

Please elaborate if necessary _____

13. Is the applicant able to ask for, understand, and follow directions?

Yes No

Please elaborate if necessary _____

14. Is the applicant able to get around independently in the community?

Yes No Sometimes

Please elaborate if necessary _____

Additional Information

Is there any other relevant information about the applicant's disability or medical condition affecting the applicant's mobility that would be helpful to GTA in determining ADA paratransit eligibility?

I hereby affirm that the information I provided herein is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Please print your name and title

License Number _____ **Telephone** _____

Thank you for your help. If you have questions, please contact the Greensboro Transit Authority at (336) 373-2634, or by email at scateligibility@greensboro-nc.gov.