

PART VIII: HEALTHCARE PROFESSIONAL CERTIFICATION

To be eligible for Laketran's paratransit ADA Service, a person must have a medically documented disability that prevents him/her from using the fixed route bus system (Local Routes 1-6). If the disability prevents a person from using a fixed route bus with lift/ramp-equipment some or all of the time, they may be eligible for ADA Service.

By regulation, only those persons applying for paratransit ADA Service for which at least one of the categories below applies, can be found eligible for service by Laketran.

1. "Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual, (except the operator of a wheelchair lift or other boarding device) to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities."
2. "Any individual with a disability who needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities. If the individual wants to travel on a route of the system during hours of operation at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route."
3. "Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system."

Notice to Healthcare Professional

ADA Service eligibility is not based solely on the presence of a disability, rather the applicant's functional ability to physically and cognitively navigate a fixed route system independently. Your evaluation of the applicant and the information provided by the applicant must be solely based upon their functional abilities to use fixed route bus services (Local Routes 1-6).

The information provided should focus on the applicant's functional physical and cognitive abilities to ride the Local Routes, not either the applicant's age or economic status or whether or not the applicant finds it uncomfortable or inconvenient to ride fixed route transportation (including getting to/from a bus stop, boarding, riding and alighting fixed route vehicles).

Please complete this application as thoroughly as possible. The information is needed to make an accurate determination of eligibility for the applicant. Inaccurate results in eligibility determinations could reduce service availability for those persons legitimately eligible for the service.

Thank you for taking the time to fill out this application. Your attention to this process is important and appreciated by Laketran.

TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL, CASE WORKER, SOCIAL WORKER, OR OTHER QUALIFIED PROFESSIONAL. PLEASE PRINT.

Name: _____ Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Applicant Name: _____

Initial each statement to which you agree.

_____ I certify that I have treated the applicant and am familiar with his/her disability and health condition.

_____ I certify that I have read and agree with the applicant's information in its entirety.

_____ I certify that I have read and disagree with the applicant's information.

_____ I certify that I have read and disagree with some of the applicant's information.

If you do not agree with the information provided by the applicant, (please explain in detail why you disagree):

If condition is not permanent, what is the anticipated duration: _____

I certify that the information provided above is accurate to the best of my knowledge. I understand that if needed, Laketran's ADA Coordinator may contact me for follow-up information.

Signature

Date

License Number _____