



**PROFESSIONAL DISABILITY VERIFICATION  
TO BE COMPLETED BY PROFESSIONAL ONLY (PLEASE PRINT)**

NAME OF APPLICANT: \_\_\_\_\_

1. Indicate applicant mobility status:      \_\_\_\_\_ Ambulatory      \_\_\_\_\_ Non-Ambulatory
2. What is approximate combined weight of the client/wheelchair? \_\_\_\_\_
3. Nature of disability: \_\_\_\_\_
4. Is the condition temporary?      \_\_\_\_\_ No      \_\_\_\_\_ Yes - Expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Can the applicant travel alone?      \_\_\_\_\_ Yes      \_\_\_\_\_ No (Explain) \_\_\_\_\_
6. Please answer the appropriate section(s) which apply to the applicant.

**Verification of Physical Impairment:**

- Can the applicant climb three 12-inch steps?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant travel 7 blocks on their own?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant wait outside without support for 10 mins?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant travel 2 blocks on their own?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Verification of Visual Impairment:**

Visual acuity with best correction:      \_\_\_\_\_ Right      \_\_\_\_\_ Left

Visual Fields: \_\_\_\_\_

**Verification of Cognitive Impairment:**

- Can the applicant give address and telephone numbers upon request?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant recognize landmarks and destinations?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant deal with unexpected changes in routine?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant ask for, understand and follow directions?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Can the applicant tell time?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

7. What additional conditions prevent the applicant from using RRTA regular bus services? \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL DISABILITY CERTIFICATION**

**The Red Rose Transit Authority's ADA paratransit transportation is provided to persons with disabilities who are unable to use RRTA regular bus services. ADA paratransit is costly to provide and subsidize and RRTA requires that the physician, case worker or qualified professional completing the application provide certification for qualified applicants only. Applications are subject to final RRTA approval.**

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Name of Professional (PLEASE PRINT)      Professional's Signature      Date

\_\_\_\_\_  
Name of Agency      Address      Telephone

**\*FOR RRTA USE ONLY\***

APPROVED / DENIED By: \_\_\_\_\_  
Signature      Date

PCA: Yes / No