



PARATRANSIT PROFESSIONAL VERIFICATION

Americans with Disabilities Act (ADA) regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. Paratransit eligibility is not based on a person’s lack of knowledge of bus service, distance from bus service, ability to drive, language ability or age.

Complete the form below. The information you provide will assist in determining under what circumstances this applicant may be eligible for paratransit service.

Applicant Name:	Marin Access ID:
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Last Face to Face Contact with Applicant (mm/dd/yyyy):

Name of Professional:

Title:	Clinic / Agency:
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Phone:	Email:
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Address:

City:	State:	Zip Code:
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Professional License / Certification Number:	State:
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Describe in detail, the medical condition, physical or cognitive disability and how it causes the applicant to be unable to independently use a lift-equipped bus some or all of the time.
Print legibly and do not use medical abbreviations. Attach additional pages if necessary.

Is this condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate the number of months this condition is likely to last (applicants may reapply should the condition persist): _____ Months

Is this condition permanent or unlikely to change over time? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: <i>I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.</i>
