

## SECTION VI: Marin Access Paratransit Professional Verification Form

**TO THE APPLICANT:** If you are applying for Marin Access Paratransit and this form is not completed and returned with your application, your application will be incomplete and your Paratransit eligibility evaluation may be delayed. Paratransit eligibility requirements may change in the future. Should this occur, Marin Access reserves the right to require those with permanent status to meet these new eligibility requirements at the discretion of Marin Transit and Golden Gate Bridge Highway and Transportation District.

**TO THE PROFESSIONAL:** 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. The information you provide will assist in determining under what circumstances this applicant may be eligible for paratransit service.

Name of Applicant:	DOB of Applicant (mm/dd/yyyy):	
Date of Last Face to Face Contact with Applicant (mm/dd/yyyy):		
Name of Professional:		
Title:	Clinic / Agency:	
Phone:	Email:	
Address:		
City:	State:	Zip Code:
Professional License / Certification Number:		State:

**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 your answers legibly and do not use medical abbreviations.* Attach additional pages if necessary.

Is this condition permanent or temporary? *Check one if either description applies. Skip this section if neither applies to the applicant.*

Temporary

*If the condition is temporary, please enter then number of months this condition is likely to last (applicants may reapply should the condition go beyond the projected period):*

\_\_\_\_\_ Months

Permanent

*If the applicant has a condition that is unlikely to change over time, sign below. With this statement in our files, the applicant's future eligibility renewal will be much shorter, consisting of a questionnaire that will ask questions about their travel habits and if they wish to remain in the program.*

*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.*

Signature:  
Date:

Signature:  
Date: