



HEALTHCARE PROFESSIONAL VERIFICATION

This individual is applying for ADA Dial-A-Ride service. In compliance with the Americans with Disabilities Act (ADA), Riverside Transit Agency provides ADA Priority Service to persons who, due to a disability, are unable to independently use the public fixed route bus system. RTA fixed route buses are equipped with ramps and lifts therefore eliminating the need to negotiate stairs. Public buses offer additional accessibility features like priority seating for seniors and people with disabilities.

The applicant must have this form completed by a licensed healthcare professional in order to complete the application process. The information you provide will allow us to make an appropriate evaluation to determination eligibility of services and its application to specific trip requests. RTA may contact you if further information is required. Thank you for your cooperation.

HEALTHCARE PROFESSIONAL INFORMATION

Please print the following information

Applicant/Patient Name: _____ DOB: ___/___/___

Healthcare Professional:

First Name: _____ Last Name: _____

Address: _____ Phone: _____

Professional Title: _____ Professional License #: _____

Signature: _____ Date: ___/___/___

Mail completed form to:

**Riverside Transit Agency
Certification Department
P.O. Box 59968
Riverside, CA 92517-1968**

1. Please specify the applicant's disability (or disabilities): _____

2. Does the applicant's disability prevent them from using the accessible fixed route bus service? Yes No
If yes, please explain _____

3. Is the disability(s) permanent? Yes No
If you answered "No", what is the expected duration? _____
4. What was the date of onset of the disability(s): _____?
5. Does the applicant take any medication that would complicate the use of public transportation? Yes No Do not know
If yes, please explain _____
6. Does the applicant currently use any of the following mobility devices?
 None Cane Power/Electric Wheelchair
 Crutches Manual Wheelchair Communication Board
 Portable Oxygen Service Animal Other _____
7. Do you know of any challenges the applicant has with independent mobility?
 Yes No Sometimes Do not know
If yes or sometimes, please explain: _____

8. Do you think applicant is able to independently travel / wheel $\frac{3}{4}$ mile (using a mobility device and brief rest periods if needed)?
 Yes No Sometimes Do not know
If no or sometimes, please explain: _____

9. Are the applicant's symptoms episodic or variable in their severity?
 Yes No Sometimes Do not know
If yes or sometimes, please explain: _____

10. Does the applicant have any visual impairment that would prevent them from using the city bus?

- Yes No Sometimes Do not know

If yes or sometimes, please explain: _____

11. Do any of the following barriers prevent the applicant from using the city bus? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Heat | <input type="checkbox"/> Rain |
| <input type="checkbox"/> Smog | <input type="checkbox"/> Night Blindness | <input type="checkbox"/> Light Sensitivity
(bright sun) |
| <input type="checkbox"/> Hills | <input type="checkbox"/> Lack of sidewalks | <input type="checkbox"/> Rough terrain |
| <input type="checkbox"/> Unable to transfer
buses | <input type="checkbox"/> Lack of strength and
endurance | <input type="checkbox"/> None |

12. Do you know of any challenges the applicant may have with memory?

- Yes No Sometimes Do not know

If yes or sometimes, please explain: _____

13. Is the applicant able to independently cross streets?

- Yes No Sometimes Do not know

If no or sometimes, please explain: _____

14. If the applicant has a cognitive disability, which of the following, if any are they able to perform? (Check all that apply)

- Provide address and telephone number
- Recognize a destination or landmark
- Deal with unexpected situations
- Ask for, understand and follow directions
- Safely travel through crowded facilities

15. Is there any additional information you would like to provide regarding the applicant's mobility limitations or functional limitations that would prevent them from using the city bus? Yes No

If yes, please explain: _____
