

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT
County of Lebanon Transit Authority

1. NAME: _____ DATE: _____

2. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

3. HOME # () _____ CELL# () _____

4. BIRTHDATE: _____ / _____ / _____

5. SOCIAL SECURITY # _____ / _____ / _____

6. WHAT IS THE DISABILITY WHICH PREVENTS YOU FROM USING OUR
FIXED ROUTE SERVICES?

IS THE CONDITION TEMPORARY? YES _____ NO _____

IF YES, EXPECTED DISABILITY UNTIL: _____

7. HOW DOES THIS DISABILITY PREVENT YOU FROM USING OUR FIXED
ROUTE SERVICES? PLEASE EXPLAIN COMPLETELY. USE ADDITIONAL
PAPER IF NECESSARY.

8. ARE THERE ANY OTHERS EFFECTS OF YOUR DISABILITY, WHICH WE
NEED TO BE MADE AWARE OF?

9. DO YOU USE ANY OF THE FOLLOWING AIDS FOR MOBILITY? (Check)

MANUAL WHEELCHAIR _____ ELECTRIC WHEELCHAIR _____
CANE _____ CRUTCHES _____ GUIDE DOG _____

10. DO YOU REQUIRE A PERSONAL CARE ATTENDANT WHEN YOU TRAVEL USING TRANSIT?

YES _____ NO _____

11. PLEASE ANSWER THE FOLLOWING QUESTIONS.

- CAN YOU TRAVEL 200 FEET WITHOUT THE ASSISTANCE OF ANOTHER PERSON? YES _____ NO _____ SOMETIMES _____
- CAN YOU TRAVEL ¼ MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON? YES _____ NO _____ SOMETIMES _____
- CAN YOU TRAVEL ¾ MILE WITHOUT ASSISTANCE? YES _____ NO _____ SOMETIMES _____
- CAN YOU CLIMB THREE 12 INCH STEPS WITHOUT ASSISTANCE? YES _____ NO _____ SOMETIMES _____
- CAN YOU WAIT OUTSIDE WITHOUT SUPPORT FOR 10 MINUTES? YES _____ NO _____ SOMETIMES _____

12. I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNED: _____ DATE: _____

13. IF THIS APPLICATION HAS BEEN COMPLETED BY SOMEONE OTHER THAN THE PERSON REQUESTING CERTIFICATION, THAT PERSON MUST COMPLETE THE FOLLOWING INFORMATION:

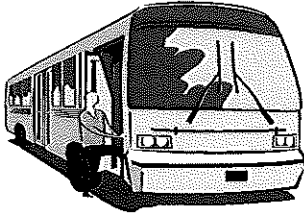
NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: () _____

14. IN ORDER TO ALLOW THE COUNTY OF LEBANON TRANSIT AUTHORITY (COLT) TO EVALUATE YOUR REQUEST IT IS NECESSARY TO CONTACT A PHYSICIAN OR OHER PROFESSIONAL TO CONFIRM THE INFORMATION YOU HAVE PROVIDED: PLEASE COMPLETE THE ATTACHED MEDICAL RELEASE FORM WITH PROPER INFORMATION.



County of Lebanon Transit Authority

COLT

200 WILLOW STREET
LEBANON, PA 17046
WWW.COLTBUS.ORG

Medical Release Form

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INFORMATION

FIXED ROUTE
717.274.3664

PARATRANSIT
717.274.3514

FAX
717.274.8860

Name: _____

Birthdates: ___/___/___

Address: _____

Phone: () _____

Signature: _____ Date: ___/___/___

In order to allow the County of Lebanon Transit Authority (COLT) to evaluate your request it may become necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

Physician Name: _____

Phone: _____

Address: _____
