

Applicant's Name: _____

MARTA
2424 Piedmont Rd. NE
Atlanta, GA 30324-3330
404-848-5000

Dear Health Care Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill which prohibits discrimination against persons with disabilities. In accordance, MARTA is required to provide comparable (paratransit) transportation for individuals who, because of their disability, cannot travel by fixed route (bus or rail) service. MARTA's regular bus and rail service is wheelchair accessible and operators make the required ADA announcements to assist the visually impaired. Many disabled individuals use our system daily; however, a percentage of patrons cannot travel on regular buses or the rail system. Individual categories applying to these patrons are described below.

One of your clients has requested certification for use of MARTA Mobility Services. Your assistance is required for evaluating and properly determining the applicant's ability or inability to use MARTA's regular bus and/or rail service. Please **complete ALL sections** of the attached Health Care Professional Certification (**PART B**) of the Application for MARTA Mobility Services and return to your client.

The ADA law specifically defines the conditions of eligibility for paratransit (MARTA Mobility) transportation. We hope that the descriptions below will aid your understanding of the eligibility criteria. The three categories of eligibility are defined as follows:

Category 1: Individuals with disabilities who cannot board, ride or disembark from an accessible vehicle (e.g., people who, because of a visual or cognitive impairment, could never "navigate the system"). These individuals are usually paratransit dependent for life.

Category 2: Individuals with disabilities who can use an accessible vehicle (bus or rail) but an accessible vehicle is not available. These individuals are usually transitional users until the system becomes 100% accessible.

Category 3: Individuals with disabilities who have specific impairment related conditions which prevent them from getting to and from a bus stop. A combination of a disability and environmental barriers (such as a blind person who cannot cross an eight-lane highway or a wheelchair user who cannot go up a steep hill or push through heavy snow) may prevent a person from getting to and from a stop. The existence of a barrier alone, however, does not confer eligibility. Inconvenience and decreased comfort are not a basis for qualification. The condition must prevent the travel.

Should you need additional information or explanation, please call our MARTA Mobility Paratransit Eligibility Office at (404) 848-5389.

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MARTA MOBILITY PARATRANSIT ELIGIBILITY HEALTH CARE PROFESSIONAL CERTIFICATION

PART B

DEAR HEALTH CARE PROVIDER:

PART B **must be completed by** one of the following licensed Health Care Professionals:

- Physician
- Registered Nurse
- Social Worker
- Psychologist
- Physical Therapist
- Chiropractor
- Occupational Therapist
- Special Education
- Teacher
- Nurse Practitioner
- Physician's Assistant
- Mental Health Counselor
- Orientation/Mobility Specialist
- Vocational Rehabilitation Counselor
- Respiratory Therapist
- Speech Pathologist
- Recreation Therapist (employed by a medical facility)

Applicant's Name: _____ DOB: _____

Capacity in which you know the applicant: _____

Date of applicant's last visit: _____

Date of Onset of Disability: _____

Medical diagnosis of disability: _____

Please describe the impact this disability has on the applicant's ability to function:

Is the disability/condition permanent: YES [] NO []

If temporary, when will applicant be able to resume normal travel patterns:

Date: _____

Applicant's Name: _____

Is disability/condition periodic: YES [] NO []

If yes, under what circumstances does disability/condition flare-up:

Does the applicant have the mental capacity, visual and/or hearing ability to?

Give addresses and phone number:	YES []	NO []
Recognize a destination or landmark:	YES []	NO []
Deal with unexpected change in route:	YES []	NO []
Ask for, understand and follow directions:	YES []	NO []
Safely/effectively travel through crowded/complex facilities:	YES []	NO []

Are there any other mobility concerns of which MART A should be aware? If so, please explain: _____

Can the applicant complete the following distance without assistance?

Walk less than a block- approx. 200 FT.	YES []	NO []
Walk the length of 1 football field- approx. 300 FT.	YES []	NO []
Walk the length of 1 football field and back- approx. 600 FT.	YES []	NO []
Walk 1 lap around a track- approx. 1200 FT.	YES []	NO []
Walk up steps - approx. 12-14 inches high	YES []	NO []
Grip a handrail	YES []	NO []

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Does the applicant use mobility devices? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Orthopedic Cane (3 or 4 Prong) | <input type="checkbox"/> Motorized Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Braces | |

Are there any conditions which may prevent the applicant from traveling without assistance on the bus and rail? If so, please explain:

Does weather impact applicant's ability to travel? YES NO

If yes, please explain weather conditions and effects:

Does the applicant require a Personal Care Attendant: YES NO

THIS CERTIFICATION HAS BEEN COMPLETED BY: _____
PRINT NAME OF CERTIFYING PROFESSIONAL: _____
NAME OF FACILITY/AGENCY _____
ADDRESS _____
SUITE _____ STATE _____ ZIP _____
OFFICE PHONE NUMBER _____ FAX _____
GEORGIA STATE LICENSE NUMBER: _____
SIGNATURE _____ CERT. _____ DATE _____