Monterey-Salinas Transit ADA Paratransit

Contact Information Form

PLEASE PRINT OR TYPE ALL RESPONSES (EXCEPT SIGNATURE). RESPONSES MUST BE LEGIBLE IN PRINTED BLUE OR BLACK INK.

(A TYPE-IN PDF FORM IS AVAILABLE AT WWW.MSTMOBILITY.ORG/ADA-PARATRANSIT-RIDES/)

This contact information may be shared with other transit officials and health care professionals should you decide to apply for ADA Paratransit Services. It will not be used for any other purpose. You must complete all items on the form.

PLEASE PROVIDE THE FOLLOWING REQUESTED CONTACT INFORMATION

Your Full Name:			
Address Where You Live:			Apt #:
City:		State:	Zip Code:
Mailing Address (if different):			Apt #:
City:		State:	Zip Code:
Date of Birth: / /	← Example: 01/01/2011	Gender: Male ☐	Female ☐
Contact Phone: ( )		Cellular Phone: ( )	
E-mail Address:			
Preferred Language (for interview):			
List one person we can call in case of emergency (or print *"none"* next to Name):			
Name:		Phone:	

Once MST receives your combined *Contact Information* and *Professional Verification Form* from your health care provider, we will contact you to schedule an in-person interview. If transportation is needed to/from the interview site, MST will provide transportation at no cost to you.

If you are the applicant, and not submitting this application on behalf of someone else, please sign directly below.

Signature: _____ Date: ____/____/_____

☐	**If you are submitting this application on behalf of someone else, please check the box to the left, provide the required information and sign directly below.**
Name:	Phone:
Email Address:	

YOU MUST PROVIDE DOCUMENTATION THAT YOU HAVE THE LEGAL AUTHORITY TO ACT ON BEHALF OF THE APPLICANT. PLEASE ATTACH COPY(S) OF DOCUMENTATION TO THIS FORM.

Signature: _____ Date: ____/____/_____

Mail Original Document to MST ADA Paratransit Service at 201 Pearl Street, Monterey, California 93940

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Professional Verification Form

(to be completed by a California licensed health care provider with the qualifications and training to properly evaluate the applicants abilities and limitations with regard to accessing public transporatation)

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CALIFORNIA LICENSED HEALTH CARE PROFESSIONAL

(To be completed by MD, DO, DC, PhD, LCSW, LMFT, RN, etc.)

Professional Named on License	Print License Type	Print License #	Expiration Date
			/ /

Office Telephone:	Office Fax:
How long has the applicant been in your care?	Years ____ Months ____

PLEASE RESPOND TO THE QUESTIONS BELOW REGARDING THE APPLICANT'S LIMITATIONS

Applicants Full Name:

☐ Applicant can only stand for__ minutes at a time before he/she needs to sit. _____ Minutes

☐ Applicant can only walk for__minutes before he/she needs to rest. _____ Minutes

☐ Applicant can only walk up a street grade less than__%. _____%

☐ Applicant can only walk down a street grade less than __%. _____%

☐ Applicant is undergoing treatment (dialysis, chemotherapy, etc.) which results in a need for travel assistance following those treatments. *Please check box if applicable but do not provide diagnosis or medical information.*

☐ Applicant will require the assistance of a personal care attendant and/or requires a mobility device to ride the bus. Please specify which and under what conditions.

☐ Applicant's physical or cognitive impairment keeps him/her from navigating city streets and roads by use of signs, maps or written/oral directions. Please specify which and under what conditions.

Is the applicant's limitation(s) ☐ Permanent ☐ Temporary (lasting _____ months)?

Your signature below certifies that this form has been completed or reviewed fully by you, that the above information is accurate and current, and that you understand that false or misleading information provided for the purpose of qualifying your patient for publically subsidized services violates State and Federal law.

This form must be signed by the California licensed professional named above. Please sign below and return to MST. Signature stamps are prohibited. Copies and faxed forms will not be accepted.

Provider Signature: _____ Date ____/____/_____

Mail Original Document to MST ADA Paratransit Service at 201 Pearl Street, Monterey, California 93940