



# ADA Request for Professional Verification

**STEP #2: This document MUST be completed and submitted by a licensed treating professional listed below and returned by mail or fax.**

The Americans with Disabilities Act requires that SMART provide complementary transportation services to persons who, because of a disability, cannot ride Fixed Route buses or travel to/from bus stops. The individual below has applied to SMART for ADA service and additional information is required to verify their abilities to use Fixed Route service. Please complete all sections that pertain to the applicant's disabilities. Thank you for your cooperation in this matter. **Unreadable or incomplete Requests for Professional Verification (RPV) may take longer to process or may be returned.**

Applicant Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Professional's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Professional License/ID# **(Required)**: \_\_\_\_\_

Office Address/Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

What is your professional relationship to the applicant?

- Physician - MD, DO    PT / OT    Mobility Specialist    P.A., N.P., D.C.    Social Worker
- Rehabilitation Specialist    Nurse    Counselor    Optometrist

Are you currently overseeing the care of this applicant?  YES  NO

If NO, date last time you saw applicant: \_\_\_\_\_

What is the applicant's disability/diagnosis?

Disability	Reason/Cause of Disability	Temporary Condition	If YES, Until When?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____

If the weather is good and there are no barriers in the way, what is the farthest the applicant can navigate outdoors on a level sidewalk, walking or using their mobility aid (wheelchair, cane, etc?)

- Cannot travel outdoors alone    1 block    3 blocks    Not sure
- Curb in front of residence    2 blocks    4 blocks

Does the applicant have the ability to access a SMART vehicle using the steps?  YES  NO  SOMETIMES

(If no, lift access will be provided.)

Does the applicant have the ability to wait up to 30 minutes in good weather, outdoors without a place to sit?

YES  NO  SOMETIMES

Does the applicant experience significantly increasing fatigue throughout the day?  YES  NO

Any environmental issues that may make travel unsafe or risky? (check all that apply)

Extreme Heat / Cold

Poor Air Quality

Ice or Snow

Lack of Sidewalks

Does the applicant require assistance getting to/from or getting on/off the vehicle?  YES  NO

If YES, what assistance is needed? \_\_\_\_\_

## VISUAL IMPAIRMENTS

If vision limits the applicant's independent travel ability, please answer the following:

(If there are no vision impairments, proceed to Cognitive Disability section below.)

1. Prognosis: stable/ degenerative/ other

2. Can the patient recognize familiar places landmarks or destinations?  YES  NO  DON'T KNOW

3. Is the applicant legally blind?  YES  NO  DON'T KNOW

3a. If YES, provide visual acuity: (with best correction)

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

3b. Visual Fields:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

4. Has the applicant received any travel training?  YES  NO

If YES, when and with whom? \_\_\_\_\_

## COGNITIVE DISABILITY

Is the applicant able to:

Give address / telephone numbers upon request?  YES  NO Recognize destination / landmark?  YES  NO

Judge whether a situation is safe or unsafe?  YES  NO Deal with unexpected change in routine?  YES  NO

Ask for, understand and follow directions?  YES  NO Safely cross major intersections?  YES  NO

Additional Comments? \_\_\_\_\_

\_\_\_\_\_

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This information is accurate to the best of my knowledge.

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: **SMART ADA Office, Buhl Building, 535 Griswold Street, Suite 600 Detroit, MI 48226**

Fax form to: **(248) 244-9040** (Fax must be sent directly from the professional's office and include a cover sheet.)

Questions? Call the ADA Office @ **(313) 223-2193** or email **ADAInfo@smartbus.org**