



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 Psychologist

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? _____

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**