



Coast Transit Authority

333 DeBuys Road, Gulfport, MS 39507 • 228/896 -4010 • 228/896-8081(facsimile)

REQUEST FOR PROFESSIONAL VERIFICATION FOR ADA PARATRANSIT SERVICE (must be completed by a licensed healthcare/ rehabilitation professional)

Dear _____

The attached authorization form has been submitted by _____, who indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize transit services. Federal law requires Coast Transit Authority provide paratransit services to persons who cannot utilize available fixed-route services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. All information received will remain confidential. Thank you for your cooperation in this matter.

Capacity in which you know the applicant: _____

Medical diagnosis of condition causing disability: _____

Is this condition temporary? Yes No

If yes, expected duration until: _____

If the person has a disability affecting mobility, is the person:

	Yes	No	Sometimes
Able to walk 200 feet (less than a football field) without assistance?			
Able to walk ¼ mile (length of a football field) without assistance?			
Able to walk ¾ mile (length of three football fields) without assistance?			
Able to climb three 12-inch steps without assistance?			
Able to wait outside without support for ten minutes?			

Does this person use any mobility aids? Yes No

If Yes, what?: _____

Does the person have a visual impairment that impacts transportation?

If so please explain:

If the person has a cognitive disability, are they able to

Yes

No

	Yes	No
Give addresses and telephone numbers upon request?		
Recognize a destination or landmark?		
Deal with unexpected situations or unexpected changes in routine?		
Ask for, understand and follow directions?		
Safely and effectively travel through crowded and/or complex facilities?		

Is there any other disability the effect of which Coast Transit Authority should be aware?

If so, please describe:

Your Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____

Signature: _____ Date: _____

Coast Transit Authority
333 DeBuys Road
Gulfport, MS 39507

Phone: (228) 896-4010
Fax: (228) 896-8081
www.coasttransit.com