



Transit System

Dear Dial-A-Ride Client,

We are writing to inform you the Federal Transit Administration rules and regulations require us to certify the eligibility for the WTS Complementary Paratransit Service Program. This is a requirement for us to receive federal funds for the program. Without these funds the program would not be sustainable.

We have enclosed a Professional Verification form. Please take this form to your physician and ask that he or she complete it for you and mail it back to the WTS Complementary Paratransit Service Program in the envelope provided.

Thank you for your time and effort in helping us satisfy this requirement.

If you have any questions regarding this matter, please call me at 503-982-5245.

Sincerely,

Kathleen McClaskey (sy)

Kathleen McClaskey, Transit Operations Manager

City of Woodburn, Community Services Dept.

270 Montgomery St. Woodburn, OR 97071



Transit System

PROFESSIONAL VERIFICATION FOR COMPLEMENTARY PARATRANSIT SERVICE

TO BE COMPLETED BY AGENCY REPRESENTATIVE OR MEDICAL PROFESSIONAL FAMILIAR WITH THE APPLICANT.

FEDERAL LAW REQUIRES THAT SPECIALIZED, DOOR -TO-DOOR SERVICE MUST BE PROVIDED TO PERSONS WHO CANNOT USE AVAILABLE FIXED-ROUTE SERVICE DUE TO A DISABILITY.

TO BE ELIGIBLE, PERSONS MUST HAVE A DISABILITY THAT PREVENTS USE OF THE WOODBURN TRANSIT FIXEDROUTE BUS SERVICE. ALL BUSES ARE EQUIPPED WITH WHEELCHAIR LIFTS AND WOODBURN TRANSIT PROVIDES INFORMATION ON HOW TO UTILIZE THE BUS.

1. Name of Applicant: _____ Phone: _____

2. Name of Agency or Medical Office: _____

3. Name of Representative or Physician: _____

4. Telephone Number: _____

5. In what capacity do you know the applicant: _____

6. In your opinion is the applicant able to:

- _____ Board or disembark from a transit bus without assistance
- _____ Board or disembark from a transit bus within a reasonable amount of time
- _____ Walk to a close transit bus stop
- _____ Travel on the transit bus unassisted
- _____ Climb three 10 inch steps

7. Is the applicant's disability permanent or temporary?

I have reviewed this application and offer these additional comments:

I believe that the information provided is true and correct. I understand that deliberately providing false information is punishable by law and may jeopardize the receipt of services. I hereby authorize the City of Woodburn and its agents and employees, to verify the information provided in this application.

Name of person completing form (Please print)

Date

Signature: