

ISLAND TRANSIT / DEMAND RESPONSE DIAL-A-RIDE

APPLICATION FOR CERTIFICATION OF ELIGIBILITY

INSTRUCTIONS FOR APPLYING FOR ISLAND TRANSIT DIAL-A-RIDE SERVICES

To apply you must:

1. Have your physician/certified healthcare professional complete and sign the medical verification section of the application on the reverse side.
2. **Have your physician/certified healthcare professional submit an additional signature on his/her letterhead or prescription note verifying completion of this application form to help us prevent fraudulent applications.**
3. Fill out completely and sign the applicant's portion of the application below.
4. Return the completed application form with professional letterhead to the address below

Remember: Island Transit will process your completed application and notify you within 14 days after a completed application arrives in our office. Island Transit reserves the right to require additional information. Final decisions will be made by Island Transit.

If the application is denied by Island Transit, the applicant has the right to appeal in writing to the following address: Transportation Commission c/o Island Transit, at the address below:

Return completed application forms to: Island Transit 3115 Market St. Galveston, Texas 77550	If you have any questions, please call Dial-A-Ride (409) 797-3909 (409) 797-3901 Fax
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TO BE COMPLETED BY APPLICANT

Name of applicant: Nombre del solicitante	Last Apellido	First Nombre	Middle Inicial
Address: Direccion:	Street Calle	Apartment Number Numero de Apartamento	City Ciudad
Zip Code Codigo Postal	Telephone Number Telefono		Date of Birth Fecha de Nacimiento
Apartment Complex Name Nombre de Apartamento		Gate Code Codigo de Cochera	
Applicant's Signature (required) Firma			Date Fecha

Information Collected for Federal Government Grant Applications

(1)The information requested below is voluntary, (2) the race and ethnic information will not affect an applicant's eligibility or level of benefits, and (3) the reason for the collection of the information is to assure that program benefits are distributed without regard to race, color or national origin. The individual may self identify his or her racial/ethnic status on the application. Visual observation by a program representative is used to collect the data when the individual does not self identify. Applicant may decline to answer the following question which is asked for the purpose of federal grant applications and will not affect the Applicant's eligibility for the Dial-A-Ride Program:

Please check the designation that most accurately reflects your race/ethnicity. You may check more than one or indicate that you do not wish to provide the information:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> I do not wish to furnish this information | | |

**ISLAND TRANSIT / DEMAND RESPONSE DIAL-A-RIDE
APPLICATION FOR CERTIFICATION OF ELIGIBILITY**

Dear Physician/Certified Health Professional:

We are requesting your assistance so that we can determine whether the undersigned applicant is eligible for Island Transit Demand Response bus service. Island Transit Demand Response is a curb-to-curb bus service for people whose disability prevents them from using the local fixed route Island Transit bus system for one of the following reasons:

- Passenger is unable, without the assistance of another person, to board, ride or disembark from an accessible local Island Transit bus. This includes people who, due to a severe impairment, are unable to “navigate” the bus system even with medication or corrective lenses.
- Passenger is prevented from getting to and from the bus stop, based on a disabling condition.
- Eligibility is not available on the basis of increased safety, convenience, or based on distance to the bus stop alone (the physical limitation must be the determining factor).

Please render judgment whether the applicant in your professional opinion, can or cannot access an accessible bus due to severe functional disability. We have provided a space below for you to describe in layman terms that applicant’s disability, and how their disability prevents use of the local fixed route bus service. Detailed information will help Island Transit make the proper eligibility determination.

Thank you.

Please Print or Type

IMPORTANT: Please sign the application card below and provide an additional signature on your professional letterhead or prescription note to help us prevent fraudulent applications. The application *cannot* be processed without all requested information and both signatures.

Patient/Client name:

How does the medical condition prevent local fixed route bus usage?

Is the disability:

Permanent Temporary **If temporary, please specify how many months _____**

Does applicant use any of the following aids for mobility?

Manual Wheelchair Electric Wheelchair Cane Guide/Service Dog
 Crutches Powered Scooter Walker Personal Care Attendant

Professionals Name (Please Print)

Telephone Number

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Physician/Certified Health Professional’s Signature

Date

I hereby certify that I have read and understand the eligibility requirements for the Island Transit Demand Response bus service as stated on the above letter and certify that my patient cannot ride an accessible local fixed route bus.