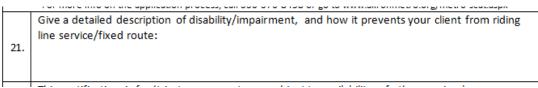
Application Tips for Medical Providers

The purpose of the METRO SCAT Temporary program is to provide origin to destination service to persons who, due to disability or impairment, are <u>unable to access METRO Fixed Route/Line Service</u>. The following information is intended to serve as a guide and not meant to be a comprehensive set of instructions.

 In Part D section 21, be as detailed as possible. This information should be directly related to the individual's disability and how it relates to the ability of the individual to travel.



2. In Part D section 22, check the trip type you are requesting for the individual. Keep in mind that work and higher education certification require verification. Grocery certification depends on availability of Grocery Bus service or other services available to the individual.

	This certification is for (trip type requests are subject to availability of other services):				
22.	Medical Appointments	□ Work*	Higher Education*	Grocery	
	* VERIFICATION OF EMPLOYMENT AND/OR HIGHER EDUCATION MUST BE PROVIDED BY APPLICANT TO SECURE SERVICE				

3. In Part D section 23, if the disability is not permanent, give the estimated duration.



4. In Part D section 24, check the box that describes the customers mobility. If other, be as

descriptive as possible.

	Please check all that apply to the applicant:		
24.		No disability which prevents the use of accessible regular line/fixed route buses	
		Able to walk independently	
		Able to walk, negotiates changes in grades with difficulty/insecurity	
		Able to walk, negotiates grade changes with difficulty/insecurity and uses a mobility device	
		Visual or auditory condition that causes difficulty or insecurity	
		Mental or psychological condition that causes difficulty or insecurity	
		Unable to walk, able to use a wheelchair independently	
		Unable to walk or make use of a wheelchair without assistance	
		Other:	
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5. In Part D section 25, check the service that you recommend as a professional based on the abilities of the individual. If you do not recommend any services, check the appropriate box. As a reminder, SCAT Temporary services are for individuals who, due to disability or incapacity, are unable to access Fixed Route/Line Service. All METRO vehicles are 100% accessible. Use of a wheelchair does not preclude an individual from accessing Fixed Route/Line Service. Lack of reliable transportation or knowledge of bus service does not qualify for SCAT Temporary service. Free travel training is available for Fixed Route/Line Service.

	I recommend this individual for the following METRO service and is public transit appropriate:				
25.		SCAT origin to destination temporary service.			
		METRO line service/fixed route Reduced Fare program.			
		I do not recommend this individual for service at this time.			

6. Make sure to fully complete the ENTIRETY of the information in this box. Any boxes left blank will result in the application being considered incomplete and will be returned to the healthcare

provider.

I, the undersigned medical professional, certify that the above mentioned client is prevented from accessing METRO fixed route/line service due to disability/impairment and should be considered for SCAT Temporary origin to destination services. By signing this, you agree to the validity of the information presented in this application.					
Printed Name:					
	_Agency:				
Address:					
City/State/Zip:					
Phone:	Fax:				
Signature:	Date:				
Knowingly providing fraudulent information on this application may result in loss of current and/or future service.					

Please note that your patient may be required to complete an assessment as part of the eligibility process.

It is our hope that by providing this tip sheet we receive properly completed applications so that we may process this application in a timely manner to assist our mutual clients. If you have further questions, please contact us at 330-376-8458. Thank you for your assistance!