

MIDAS TRANSIT SYSTEM
530 1ST AVE SOUTH
FORT DODGE, IOWA
PHONE: (515) 573-8145 FAX: (515) 573-5888

TRANSIT DISABILITY CERTIFICATION

The information on this form will be used in determining whether a person is able to use regular fixed-route bus service. Please consider the person's physical ability in light of getting to the nearest bus stop, boarding and de-boarding a bus, and riding on a bus to the person's destination. Also note other factors you feel are appropriate in determining the person's ability to ride the fixed-route buses.

Please note that physical disabilities must be noted by a physician. Behavioral disabilities may be noted by the person's sponsoring agency.

NAME _____
ADDRESS _____ PHONE # _____
DISTANCE TO NEAREST BUS STOP _____

Indicate below if the person is able or unable to perform the indicated activity:

- | | |
|-------------------------|---|
| _____ Able _____ Unable | Walk safely, unaided from residence to nearest bus stop, board, ride and de-board a bus |
| _____ Able _____ Unable | Unable to step up and down a 15 inch step and two 10 inch steps |
| _____ Able _____ Unable | Unable to locate a bus stop and the correct bus to board |
| _____ Able _____ Unable | Unable to board, ride, and de-board a crowded bus without exhibiting behaviors that would prevent client from using the bus |

Any special circumstances not listed above:

This disability is: (circle one) Permanent or temporary
If temporary, how long will it be? _____

Physician's signature _____ Date _____

Case Worker Signature _____ Date _____

Office use only:
Approved or denied by _____ Date _____