WOTA REQUEST FOR PROFESSIONAL VERIFICATION

Professional's Name: _____

APPLICANTS NAME:_____DOB_____

THESE TWO PAGES MUST BE FILLED OUT BY A PROFFESSIONAL

West Oakland Transportation Authority (WOTA) requires verification by a professional in order to qualify disabled individuals requesting service for transportation. Please fill in all sections that pertain to the applicant's disabilities as they relate to using public transportation. If you have any questions, please call (248) 887-4979. Please return this form to:

Email to: info@rideWOTA.org or mail to: WOTA, 250 W. Livingston Rd., Highland, MI 48357

1) What is your professional relationship to the applicant?

2) What is/are the applicant's disabilities/diagnosis?

3) Is this disability temporary? If yes, until:

4) Please check the mobility aid(s) that the applicant uses to your knowledge:

5) Is the applicant legally blind?

6) Does the applicant have a cognitive disability?

7) Does the applicant exceed 400 pounds? (Vehicle Lift Restrictions)

8) Is the applicant able to?

   a) Give address and telephone numbers upon request:

   b) Recognize a destination or landmark:

   c) Deal with unexpected change in routine?

   d) Ask for, understand and follow directions?

9) Please explain any SOMETIMES responses from question #8 above or describe any other effects of the disability not already provided elsewhere on this form:

WOTA REQUEST FOR PROFESSIONAL VERIFICATION

YOUR NAME: _____

TITLE/POSITION: _____

PERMANENT PROFESSIONAL LICENSE/ID#_____

NAME OF ORGANIZATION: _____

OFFICE ADDRESS: _____ SUITE #_____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____

I hereby certify that the information given above and in this application is correct.

Professional Signature: _____ Date: _____

Email scanned forms to: info@rideWOTA.org

Or

Mail to: WOTA, 250 W. Livingston Rd., Highland, MI 48357

Please Attach Business Card Here