PTM OF JACKSON, INC.

Medical Verification of Disability

Dear Medical Professional,

The Medical Verification of Disability form is being submitted by your patient who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize JATRAN's transit services. Federal law requires JATRAN Handilift service to provide paratransit service to persons who cannot utilize available fixed route service. The information being requested will allow JATRAN to make an appropriate evaluation of this request and its application to a specific trip request. We appreciate your cooperation in this matter.

Date: _____

Please Print /Type

Patient's Name:

What is the applicant's capacity? _____

Medical diagnosis of condition causing disability _____

Is this condition temporary?_____

If yes, expected duration until _____

_____

If the person has a disability effecting mobility

Is this person:

Able to walk 200 feet without assistance? ☐ Yes ☐ No

Sometimes (explain) _____

Able to walk ¼ mile without assistance? ☐ Yes ☐ No

Sometimes (explain) _____

Able to climb three (3) 12-inch steps without assistance? ☐ Yes ☐ No

Sometimes (explain) _____

Does the person use any mobility aids? If so, describe?

_____

If the patient has a cognitive disability

Is the person able to:

Provide address and telephone number upon request? ☐ Yes ☐ No

Recognize a destination or landmark signage? ☐ Yes ☐ No

Handle unexpected situations or changes in his/her routine? ☐ Yes ☐ No

Inquire, understand, and follow directions? ☐ Yes ☐ No

Safely and effectively travel through crowded and/or complex facilities? ☐ Yes ☐ No

Please provide any other disability issues that JATRAN would need to take into consideration.

_____

_____

Physician Contact Information

Name: _____

Office Address: _____

_____

Phone #: _____

Office: _____

_____ _____

Physician Signature *Date*

Mail Form To

JATRAN Handilift
P.O. Box 2809, Jackson, MS 39207-2809

If you have any questions, please call **601-948-3840**