

Steuben Area Rides provides reduced fare transportation for persons age 60 or older and for persons with disabilities. The purpose of this form is to provide written, independent verification that the applicant named on reverse side has a disability according to the definition in the Americans with Disabilities Act. This form is to be completed by a professional who is familiar with the applicant's disability. A professional is someone who has medical training, provides rehabilitative or therapeutic services, does cognitive assessments, or provides independent living and counseling services to people with disabilities. The applicant has applied for transportation services provided by Steuben Area Rides. If you have questions about the form, please call 607-776-1229 or 800-251-9416.

Definition of Disability

Eligibility for this reduced fare is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such an impairment." "...major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

Please answer the following questions **(to be completed by the agency or person providing verification of eligibility information)**

Is the applicant's disability permanent? Yes No
 (A standard definition of a permanent disability is one that lasts for 12 months or longer.)

If not, how long is it expected to last? _____

What is the nature of the applicant's disability: Check those that apply. Please check all mobility aids that apply.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Mobility disability (please see question to right) | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Vision disability | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Motorized scooter | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cognitive disability | | |
| <input type="checkbox"/> Mental disability | | |
| <input type="checkbox"/> Other – Please specify: _____ | | |

Signature of Professional	Date
Title	Name of Agency or Organization
Address	Telephone

Information for All Personal Representatives

If the application is completed by a personal representative of the applicant for reduced fare, the personal representative must complete the following:

 Print Name of Personal Representative:

 Address:

 Telephone No.(s):

 Relationship to Applicant: (e.g. parent, guardian, attorney, friend, etc.)

For Office Use Only: Approved Yes No ID#: _____

Date Processed: _____ Examiner's Signature: _____