



Westmoreland

Verification of Disability or Special Needs

Recipient Identification

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ SSN: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

County: _____

Explain Medical reason for escort:

Indicate the tasks (below) related to using public transit that the individual can't do.

Tasks	Always	Usually	Occ.	Rarely	Perm.	Temp.	If condition is temporary, how long will it last?
Boarding vehicle without wheelchair lift or ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizing a bus stop, identify apt bus and route#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding/handling bus fare/money transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizing destinations when stops are announced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiting for an hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking less than a 1/4 mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicating with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to understand/handle emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does the individual named require a personal care attendant (for medical reasons) or an escort for assistance while traveling? Yes No

Physician Signature

By signing, I affirm that to the best of my knowledge, the information in this evaluation form is true and correct. Furthermore, I certify that I have medical information on file to document the above statements and will produce such documentation at the request of GO Westmoreland.

Signature _____ Print Name _____ PA License Number _____ Date _____

Office Street Address _____ City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____