

Medical Professional Questionnaire for SMART ADA Paratransit Eligibility

Part 2.- Applicant Fill Out and Sign Page 1 (Medical Professional Release).

Date:
Dear, (Medical professional)
I,, have asked SMART to determine my (Applicant's name) eligibility to use their SMART Fixed-Route buses or their SMART Dial-A-Ride paratransit service.
HIPAA Statement: I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain health care treatment from you. However, it may impact the ability of SMART to determine my eligibility for paratransit services. I understand that I may cancel this authorization in writing at any time. The cancellation will not affect any information that you disclosed prior to cancellation. This authorization will expire one year from the date of this letter. I understand that the information released may be subject to redisclosure and no longer protected under federal and state law.
Signature of patient or legal representative Contact number
Relationship to patient (if applicable)
If I revoke this authorization, I will send a written request with a copy of this form to you at the address below.

Mail To:

SMART ATTN: Transit Supervisor 29799 SW Town Center Loop E. Wilsonville, OR 97070

If you have any questions or need assistance in completing the application, please contact us at **(503) 682-7790.**

Pages 2 and 3: To be filled out by your Medical Professional:

Name:			/
First	t Middle Initial	Last	D.O.B
What is SMART Dial-A-R	ide ADA Paratransit and who is	s eligible?	
SMART Dial-A-Ride is the	e Americans with Disabilities A	ct (ADA) complementary para	transit service for the
Wilsonville area. SMART	Dial-A-Ride is an origin to des	tination, shared ride, public tra	ansportation service for
individuals with disabilit	ies who are unable to use SMA	RT Fixed-Route bus service du	e to significant functional
limitations. The followin	g features of the SMART bus s	ystem allow many individuals v	with disabilities to use
these routes:			
SMART Fixed-Ro	ute buses are equipped with a	ramp and/or lift. This helps av	oid climbing steps if the
applicant is unab	ole.		
Announcement s	system that identifies major bu	s stops and transfers.	
 Reader signs that 	t provide a visual cue for riders	with hearing impairment.	
 Priority seating: 	a dedicated area for seniors an	d people with disabilities.	
Bus stop improve	ements including curb ramps a	t intersections and adding ben	ches and shelters at man
locations.			
Please Note : Paratransi	t eligibility is not based on age,	inability to drive, or the lack of	of availability or
	T Fixed-Route bus service.	,	,
This Medical Profession	al Questionnaire will be used	to help determine what SMA	RT service best meets the
applicant's needs.			
	ou know this applicant:		
	use any of the following device		tv needs?
□Cane	□Power scooter	☐Power wheelchair	☐Service animal
□Crutches	☐White cane	☐Manual wheelchair	Respirator
□Walker	☐Portable oxygen	☐Extended footrests	
☐Picture Board	☐Prosthetic Device	Other:	
3. Does the applicant ha	ve health-related condition(s)	or diagnosis that makes it diffi	cult or prevents the
applicant from using SM	IART Fixed-Route buses?	□Yes □No	

Name:					/	<i></i>	
	First	Middle Initial	Last		D.O.B		
4. Please answer	r the following	by marking "yes", "no", or "	unsure", if you	ır patient do	es/does r	not hav	e
"functional limit	ation(s)" that n	nay make it difficult or preve	ents them fron	n using SMAR	T Fixed-	Route b	uses:
							N/A
<u>PHYS</u>	SICAL ABILITI	ES: Is patient within no	<u>rmal limits fo</u>	or:	YES	NO	Unsure
Walking speed –							
		bulate one-quarter mile					
Endurance – is able to safely and independently complete a bus trip							
Coordination and	d balance – <i>is sto</i>	able, does not present a fall ris	k				
_		afe, independent travel					
		ce or disturbance affecting tra					
	•	nt ambulation difficulties affec					
Dexterity – does							
		independently climb three 12"					
Waiting outside – can patient wait independently outside for 10 min?							
Mobility aids – is	the patient proj	ficient in using their mobility a	ids?				
	CENCOD	V FUNCTIONS, In the mo	4 :4.				N/A
		Y FUNCTIONS: Is the pa	tient:		YES	NO	Unsure
Oriented and aw							
Able to detect ch							
Able to detect environmental cues (seeing, hearing, feeling)?							
Visual acuity with best correction: (if information is available) Right eye: Left eye:					Both	n eyes:	
Visual Fields: Ri	gnt eye: L	eft eye: Both eyes:	_				
C	OGNITIVE A	BILITIES: Does the patie	nt nossess		YES	NO	N/A Unsure
		nt oneself to person/place/thir			ILS	140	Olisure
Judgment/safety skills – adequate for safe, independent travel?							
Problem solving skills – adequate for safe, independent travel?							
Coping skills – adequate for safe, independent travel?							
Short-term memory – adequate for safe, independent travel?							
Long-term memory – adequate for safe, independent travel?							
Attention to task – adequate for safe, independent travel?							
Public behavior – able to maintain appropriate behavior in public setting?							
Wayfinding skills – adequate for safe, independent travel?							
Communication skills – adequate for safe, independent travel?							
Ability to recognize and respond to dangerous situations?							
Ability to deal with unexpected situations or changes without assistance?							
Ability to provide or say street address and telephone number upon request?							
Ability to recognize destination or landmarks?							
Ability to ask for, understand, and follow directions?							
Ability to safely a	1 66 11 1						1

Name:							
	First	Middle Initial	Last	D.O.B			
5. Are these funct If tempora		•	☐temporary				
Signature of health care provider:							
Print name of health care provider:							
Date:	Ph	one:					
Office address:							

^{***}Medical professional must sign this form.***