



MIDAS TRANSIT SYSTEM

530 1st Ave South Fort Dodge, IA 50501

PHONE: (515)573-8145

TRANSIT DISABILITY CERTIFICATION

The information on this form will be used in determining whether a person is able to use regular fixed-route bus service. Please consider the person's physical ability in light of getting to the nearest bus stop, boarding and de-boarding a bus, and riding on a bus to the person's destination. Also, note other factors you feel are appropriate in determining the person's ability to ride the fixed-route buses.

Please note that physical disabilities must be noted by a physician. Behavioral disabilities may be noted by the person's sponsoring agency.

NAME: _____

ADDRESS: _____ PHONE#: _____

DISTANCE TO NEAREST BUS STOP: _____

Indicate below if the person is **able or unable** to perform the indicated activity:

- Able Unable Walk safely, unaided from residence to nearest bus stop, board, ride and de-board a bus;
- Able Unable Unable to step up and down a 15 inch step and two 10 inch steps;
- Able Unable Unable to locate a bus stop and the correct bus to board;
- Able Unable Unable to board, ride, and de-board a crowded bus without exhibiting behaviors that would prevent client from using the bus

Any special circumstances not listed above: _____

This disability is: (circle one) Permanent or Temporary

If temporary, how long will it be? _____

Physician's Signature: _____ Date: _____

Case Worker Signature: _____ Date: _____

Office Use Only: Approved or denied by: _____ Date: _____