

Department of Vermont Health Access 208 State Drive, NOB 1 South Waterbury, VT 05671-1010

Phone: (802) 879-5900 Fax: (802) 879-5919

Public Transportation Medical Exemption Application

Please fax this form to 802-879-5919.

Member's Medicai	d ID #:	_ Date of Birth:	Ge	nder: Male Female
Last Name:		First Name		M.I.:
Street Address:		Apt. #:	City:	State:
Zip Code:	Home Phone: (_)	Email Addres	SS:
	l use a wheelchair? idual transfer with n			
Type of wheelchair	: Manual Moto	orized Scooter	(Three wheeled)) Not Applicable
Other assistive dev	ice: Walker Ot	her		
The Americans with transportation serv unable to use the firange of physical al also be used by peowhen they are spectage. The applicant who alternate transport	ice for the general poixed-route system. Find it is a point of the property of	990 (ADA) require public to also provinced in the second in the steps in order the sist an individual to application form is application form were supplication form the steps in the step	es all public entitide complement in Vermont are lifts and wheeld to enter the bus. with a specific distance of the bus applying to DVI will assist DVHA t	cies operating fixed- route ary paratransit service to persons designed to accommodate a wide hair attachment points. The lifts can These busses allow service dogs
DVHA USE ONI	LY - Authorized B	3 y:		Date:
Approved Exp	p. Date:		Denied []
Revised 1.1.19				

DVHA Eligibility Criteria:

Members who live within three quarters of a mile of a bus route are required to utilize that mode of transportation. If there are medical restrictions, applicants shall be individually evaluated, and eligibility shall be determined based on a functional ability to use conventional fixed route public transportation. Functional inability to use public transportation includes the Americans with Disabilities Act (ADA).

To process this applicant's request to become a qualified paratransit rider, we require certification from a qualified medical provider who is enrolled in Vermont Medicaid and is treating this individual for the condition(s) described in the medical certification. The certification should be written on letterhead with the name and address of both the medical provider and the applicant. To expedite applicant processing, please attach the certification addressing the following questions in detail on page two. Incomplete documentation may lead to an administrative denial of this application.

Medical certification on letterhead must address all questions below in detail:

- 1. Describe this individual's physical, psychological, or cognitive disability/disabilities.
- 2. Describe the duration of the disability. Is the disability permanent or temporary? If temporary, please provide the anticipated timeframe.
- 3. Is the disability controlled by medication?
- 4. What is the expected outcome of this treatment and over what period of time?
- 5. Can this individual go the distance to and from bus stops either with or without the use of an assistive device/wheelchair?
- 6. Considering that busses are ADA compliant and designed to accommodate a wide range of disabilities, why is this individual's condition incompatible with the use of a bus?
- 7. Please state how many appointments the member has missed due to this disability.
- 8. How does the patient get to non-medical appointments/trips?

If the above questions are not addressed in enough detail, DVHA may request the submission of additional information or clinical notes.

Attestation by provider:		
•	ion I have submitted with this form is true a fy that I am treating this individual for the c	•
Signature of Provider:		Date:
Phone #:	Fax #:	