NOTA REQUEST FOR PROFESSIONAL VERIFICATION

Professional's Name:_____

APPLICANTS NAME:_____**DOB**_____

THESE TWO PAGES MUST BE FILLED OUT BY PROFESSIONAL

North Oakland Transportation Authority (NOTA) requires verification by a professional in order to qualify disabled individuals requesting service for transportation. Please fill in all sections that pertain to the applicant's disabilities as they relate to using public transportation. If you have any questions, please call (248) 693-7100. **Please return this form to**: **Mike Joslyn via email: mjoslyn@ridenota.org or mail to: 675 Glaspie Street, Suite A, Oxford, MI 48371**

1. What is your professional relationship to the applicant?

   ☐ Physician ☐ PT/OT ☐ Social Worker

   ☐ Counselor ☐ Nurse Practitioner ☐ Other_____

2. What is/are the applicant's disabilities/diagnosis?

   _____

   _____

3. Is this disability temporary? ☐ YES ☐ NO If yes, until_____/_____/_____
4. Please check the mobility aid(s) that the applicant uses to your knowledge:

   ☐ Manual wheelchair ☐ Motorized wheelchair ☐ Walker

   ☐ Service Animal ☐ Crutches ☐ Cane

   ☐ Leg Braces ☐ Powered Scooter ☐ Other

5. Is the applicant legally blind? ☐ YES ☐ NO
6. Does the applicant have a cognitive disability? ☐ YES ☐ NO
7. Does the applicant exceed 400 pounds? (Bus lift restriction)? ☐ YES

8. Is the applicant able to:
    a. Give address and telephone numbers upon request? YES NO SOMETIMES
    b. Recognize a destination or landmark? YES NO SOMETIMES
    c. Deal with unexpected change in routine? YES NO SOMETIMES
    d. Ask for, understand and follow directions? YES NO SOMETIMES
9. Please explain any SOMETIMES responses from question #8 above or describe any other effects of the disability not already provided elsewhere on this form.

_____
_____
_____
_____
_____
_____
_____

YOUR NAME:_____

TITLE/POSITION:_____

PERMANENT PROFESSIONAL LICENSE/ID#_____

NAME OF ORGANIZATION:_____

OFFICE ADDRESS:_____APT #_____

CITY:_____STATE_____ZIP_____

OFFICE PHONE:_____

I hereby certify that the information given above and in this application is correct.

Professional Signature:_____Date:_____