

PHYSICIANS STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

Print Applicants Name _____

MUST BE COMPLETED BY THE QUALIFYING PHYSICIAN OR LICENSED HEALTH CARE PROVIDER TREATING YOU FOR THIS CONDITION

To qualify for Metro’s Reduced Fare Permit, your client/patient listed on the front of this application must have physical or mental condition(s) that fall within the medical eligibility criteria listed below that substantially limits a major life activity, such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning and/or working, and that further meets the legal standard for reduced-fare eligibility.

Is the disability permanent? Yes No – If no, **HOW LONG** do you expect disability to last* _____

***Note:** If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

Please use reverse side for a list of qualifying disabilities

Please check **ALL** that apply:

NONAMBULATORY (see number 1 on reverse side)

SEMIAMBULATORY PHYSICAL DISABILITIES (Categories 2 through 7 on reverse side)

- ARTHRITIS DIALYSIS
- CARDIOPULMONARY DISEASE LOSS OF EXTREMITIES
- CEREBROVASCULAR ACCIDENT RESTRICTED MOBILITY

SIGHT DISABILITIES (Category 8 on reverse side) HEARING DISABILITIES (Category 9 on reverse side)

MENTAL DISABILITIES (Categories 10 through 14 on reverse side)

- DEVELOPMENTAL DISABILITY AUTISM
- NEUROLOGICAL DISABILITIES EPILEPSY

MENTAL DISORDERS – a principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Paranoid Disorders, Psychotic Disorders elsewhere classified, Dissociative Disorders, Psychological Factors, affecting physical conditions, & Post-Traumatic Stress Syndrome. (See category 14 on reverse) **PATIENT MUST HAVE A GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE OF 50 OR BELOW**

DISABILITY BENEFIT RECIPIENT (Categories 15 & 16 on reverse side)

- DISABLED VETERAN
- OTHER DISABILITY: If your patient does not fall under one of the categories above. Any other temporary or permanent disability that would significantly affect the applicant’s ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design, such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets the legal standard for reduced-fare eligibility. LIST OTHER DISABILITY AND DESCRIBE IN DETAIL. ATTACH INFORMATION IF MORE SPACE IS NEEDED _____

LEARNING DISABILITIES (Category 17 on reverse side)

Describe the learning disability and explain why it requires the applicant to need special training or assistance when utilizing Metro’s fixed-route transit system (**REQUIRED**): _____

PLEASE DO NOT SUBMIT APPLICATIONS FOR INDIVIDUALS WHO DO NOT QUALIFY FOR A MEDICAL DISABILITY REDUCED FARE. REDUCED FARE ID CARDS ARE NOT ISSUED FOR SOCIOECONOMIC PURPOSES. The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations and must further meet the state and federal requirements for reduced fare eligibility. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. For example, pregnancy, obesity, drug addiction, alcohol addiction, taken alone, do not qualify an individual for a reduced transit fare. Please see Metro’s “Explanation of Reduced Fare Benefits for Individuals with Disabilities” for an explanation of the disabilities that qualify an individual for reduced fare on Metro’s transit system.

Physician’s Name (**ONLY** qualified professionals as listed in the “Explanation of Reduced Fare Benefits for Individuals with Disabilities”)

Physician’s License Number (**REQUIRED**)

Office Street Address

City, State, Zip Code

Phone Number with Area Code – Extension if applicable

Fax Number with Area Code

I certify that I am a legally licensed physician by the state of Ohio. I am currently treating _____ (Patient’s name required) for a qualifying disability. The applicant is disabled as defined by the above criteria and the information I have provided is true and correct under penalty of perjury according to laws of the State of Ohio.

Authorized Signature (**MUST BE ORIGINAL – copies/faxed signatures not accepted**)

Date

****PLEASE MAKE A COPY FOR YOUR PATIENT’S FILE; METRO STAFF WILL CALL TO VERIFY THAT YOU HAVE APPROVED THEIR DISABILITY****

FOR METRO INTERNAL USE ONLY

Verified by: Name and position _____ Date _____ Metro Staff Initials _____

LIST OF QUALIFYING DISABILITIES

	TYPE OF LICENSED HEALTH CARE PROFESSIONAL* AUTHORIZED TO COMPLETE THE CERTIFICATION
1. NON AMBULTORY. Impairments (such as anatomical loss or paralysis) that require the use of a wheelchair	1. Licensed Physician (MD or OD)
2. ARTHRITIS. American Rheumatism Association may be used as a guideline for determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse as evidence of arthritic disability.	2. Licensed Physician (MD or OD)
3. CARDIOPULMONARY DISEASE. Cardiopulmonary disease. Serious loss of heart or lung reserves as shown by X-ray, EKG, or other test and, in spite of medical treatment, there is breathlessness, pain or fatigue. Requires impairment as Class III or IV Level.	3. Licensed Physician (MD or OD)
4. CEREBROVASCULAR ACCIDENT. Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.	4. Licensed Physician (MD or OD)
5. DIALYSIS. Individual who must use a kidney dialysis machine in order to live.	5. Licensed Physician (MD or OD)
6. LOSS OF EXTREMETIES. Anatomical deformity of or amputation of hand(s) and/or feet or loss of major function.	6. Licensed Physician (MD or OD)
7. RESTRICTED MOBILITY. Disabilities requiring the permanent use of a cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about.	7. Licensed Physician (MD or OD)
8. SIGHT DISABILITIES. Result in the better eye, after best correction, which is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): a) to 10 degrees or less from a point of fixation; or b) so the widest diameter subtends an angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other-than-language reasons.	8. Licensed Physician (MD or OD)
9. HEARING DISABILITIES. Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(A) or greater in the 500, 1000, and 2000 Hz ranges.	9. Licensed Physician (MD or OD) or licensed audiologist*
10. DEVELOPMENTALLY DISABLED. Result in sub-average general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior.	10. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
11. AUTISM. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.	11. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
12. NEUROLOGICAL DISABILITIES. (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments 3 months post stroke; or (2) Difficulty with coordination, communication n, social interaction and/or perception, functional motor deficits, or significantly reduced mobility that result from a brain, spinal, or peripheral nerve injury or illness. A specific diagnosis is required.	12. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
13. EPILEPSY. Grand mal or psychomotor. Persons seizure-free for continuous period of six months disqualified.	13. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
14. MENTAL DISORDERS. Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design or facilities. A principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting condition, and Post-Traumatic Stress Syndrome. *Patient <u>must</u> have a Global Assessment of Functioning (GAF) Score of <u>50 or below</u>.	14. Licensed psychologist* or licensed psychiatrist*.
15. DISABLED VETERAN. Certified at 100 percent.	15. Licensed Physician (MD or OD)
16. OTHER DISABILITY. Any other temporary or permanent disability that would significantly affect the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning or design.	16. Licensed Physician (MD or OD)
17. LEARNING DISABILITIES. An individual has a significant learning, perception, and/or cognitive disability <u>which results in a reduced capacity to perform actions necessary for use of Metro's regular fixed-route services without receiving special training.</u> Some conditions are excluded from eligibility, such as attention deficit disorder (ADD or ADHD), dyslexia, and lack of English proficiency. A specific diagnosis is required.	17. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*. *Specific health care professional accepted to complete and sign this application.