

RiverCities Transit

P. O. Box 128, Longview, WA 98632
Phone: 442-5663 FAX: 442-5979

REQUEST FOR CERTIFICATION OF DISABILITY ELIGIBILITY FOR REDUCED FARE

RiverCities Transit will only use the information obtained in this certification process for the provision of transportation services. Information regarding the evaluation of your functional disability to use transit services will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

PLEASE PRINT.

1.	Name _____
2.	Address _____
	City _____ State _____ Zip _____
3.	Telephone Number (Home) _____ (Work) _____
4.	Date of Birth ____/____/____

5.	What is the disability that would qualify you for receiving RiverCities' reduced fare?

	Is this condition temporary? _____ If yes, expected duration until ____/____/____

6.	Are there any other effects of your disability of which we need to be aware?

In order to allow the RiverCities Transit to evaluate your request, it may be necessary to contact a physician or other professional to verify the information you have provided. By signing this application, you authorize your provider to release information required to complete this certification.

Applicant or Other Authorized Signature

Date

(Continued on reverse side)

Part 7. Medical Verification

**(To be completed by a licensed medical or mental health professional,
or professional social worker)**

A. Please describe the applicant's disability.

B. To the best of your knowledge, is the information provided by the applicant true and correct?

YES

NO (note exceptions or additions below)

Signature of Professional _____ Date _____

Print Name and Title _____

State of Washington License or Registration # _____

Business Address _____

City/State _____ Zip _____

Telephone Number (_____) _____

Thank you for your cooperation. Please return this form to:

**RiverCities Transit
P O Box 128
Longview, WA 98632**