



VIA Metropolitan Transit
Accessible Services
1021 San Pedro
San Antonio, TX 78212
362-2140 (TDD: 362-2019)
(Revised Rcrct Dec 2007)

Current VIAtrans ID# _____
--

RECERTIFICATION APPLICATION FOR CONTINUED VIATRANS SERVICE

INSTRUCTIONS: On pages 1 and 2 of this questionnaire, VIA will be asking for information about the VIAtrans patron's current medical condition and special travel needs. Some questions are general and some are specific, but all are important. Please take the time to answer **ALL** questions carefully and completely. A friend, family member, or caseworker may complete the questionnaire for the VIAtrans patron. If someone other than the patron is completing this application, Part 3, Page 2 must also be completed.

PART I. GENERAL INFORMATION:

NAME _____ **VIAtrans ID#** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #** _____

ADDRESS: _____ **APT#** _____

CITY _____ **ZIP** _____

PHONE NUMBER: HOME _____ **WORK:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP?** _____

PHONE # _____ **ADDRESS** _____

WHAT IS YOUR DISABILITY? _____

PLEASE DESCRIBE ANY CHANGES IN YOUR CONDITION OR TRAVEL NEEDS SINCE YOUR INITIAL APPLICATION: _____

WHEN WAS YOUR MOST RECENT VIATRANS TRIP? _____

HOW OFTEN DO YOU USE VIATRANS SERVICE ? _____

FOR WHAT GENERAL PURPOSES?

PART II. INDIVIDUAL AND MOBILITY INFORMATION:

What assistive device(s) do you use when traveling? (Please check any that apply):

- Support Cane Manual wheelchair Trained service animal
- Crutches Electric wheelchair Communications device
- Leg brace(s) Electric "scooter" White cane
- Aluminum "walker" Portable oxygen(tank size and class)
- Other (describe): _____

If you travel by wheelchair or scooter, please provide the following information about your device:

- a. Type(wchr?,sctr?): _____ Brand Name: _____ Make and Model# _____
- b. Measurements(in inches) width: _____" length: _____" height: _____"
- c. Combined weight of occupied chair(chair weight + applicant's weight) _____ lbs.
- d. Special or custom features, attachments,etc. _____

Do you require a "personal care attendant(PCA)" to accompany you on VIAtrans? If "yes", what duties does the PCA perform for you:

INDICATE WHAT COMMUNICATIONS FORMAT DO YOU REQUIRE OR PREFER:

- ENGLISH STANDARD PRINT BRAILLE TDD
- SPANISH LARGE PRINT AUDIO CASSETTE OTHER?

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRIMARY PHYSICIAN:

NAME: _____ **TELEPHONE#:** _____

ADDRESS: _____

DATE LAST EXAM: _____ **CONDITION TREATED:** _____

VIATRANS PATRON'S SIGNATURE: _____ **DATE:** _____

PART III. If this application has been completed by someone other than the VIAtrans patron, that person must complete the following:

NAME : _____

WHAT IS YOUR RELATIONSHIP TO APPLICANT? _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE NUMBER: HOME _____ **WORK** _____

SIGNATURE

DATE