



Current VIAtrans ID Number

Accessible Services Dept
VIA Metro Center
1021 San Pedro
San Antonio, TX 78212
(210)362-2140;TDD (210)362-2019
Rev Rcrtr Apr 2011

Recertification Application for Continued VIAtrans Service

(Do not copy this application)

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: VIAtrans ID#

NAME DATE OF BIRTH:

ADDRESS: APT#

CITY ZIP

PHONE NUMBERS: HOME# CELL# 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** \_\_\_\_\_