MAP Eligibility Dept.

Phone: 240-4691 FAX: 262-7366

MEDICAL INFORMATION FORM

Medical Professional (physician, RN, LPN, social or rehab case workers completes Sections A-E as appropriate.

Applicant's Name: _____ ***Applicant's SS#:*** ___ - ___ - ____

MAP services are for persons who cannot use MATS transit services. The information you provide will allow us to make an appropriate evaluation of this request for certification. Section A and E and at least one (1) of Sections B-D must be completed. Thank you.

Section A. A1. Capacity in which you know the applicant: _____

A2. What is the health condition or disability which prevents the applicant from using the regular bus service? *(Please list all applicable conditions/disabilities)*

_____

A3. Is this public transportation disability temporary? ☐ Yes ☐ No
If Yes, expected duration is until _____ (approximate date)

. . . . . .

Section B. If the applicant has a visual impairment:

B1. Visual Acuity with Best Correction: Right Eye _____ Left Eye _____ Both Eyes _____

B2. Visual Fields: Right Eye _____ Left Eye _____ Both Eyes _____

Visual Impairment ☐ Yes ☐ No

. . . . . .

Section C. If the applicant has a mobility impairment, is the applicant able to:

C1. Wait outside at street-side with no facilities (benches, etc.) for 10 minutes? ☐ Yes ☐ No ☐ Sometimes

C2. Using a mobility aid or on their own, how far is the applicant able to travel without the assistance of another person?

☐ Less than 200 feet ☐ 3/4 mile (9 blocks)
☐ 1/4 mile (3 blocks) ☐ More than 3/4 mile (more than 9 blocks)
☐ 1/2 mile (6 blocks)

C3. Is the applicant's ability to independently travel this distance affected by *(check all that apply):*

☐ hot weather ☐ cold weather ☐ **none of these**
☐ steep hills ☐ street crossings
☐ other (explain)

☐ *Mobility Impairment* ☐ Yes ☐ No

. . . . . .

Section D. If the applicant has a cognitive disability is the applicant able to:

D1. Give addresses/telephone numbers upon request? ☐ Yes ☐ No
D2. Recognize a destination or landmark? ☐ Yes ☐ No
D3. Deal calmly with unexpected situations/changes in routine? ☐ Yes ☐ No
D4. Ask for, understand, and follow directions? ☐ Yes ☐ No
D5. Safely and effectively travel through crowded facilities (i.e. transfer buses)? ☐ Yes ☐ No

Cognitive Impairment ☐ Yes ☐ No

. . . . . .

Section E. Professional's Name (print) _____ Professional's Title _____

Professional's Firm _____ Professional's Mailing Address _____

City _____ State _____ Zip Code _____ Office Phone _____ FAX # _____

Professionals Signature _____