

NOTA REQUEST FOR PROFESSIONAL VERIFICATION

Professional's Name: _____

APPLICANTS NAME: _____ DOB _____

THESE TWO PAGES MUST BE FILLED OUT BY PROFESSIONAL

North Oakland Transportation Authority (NOTA) requires verification by a professional in order to qualify disabled individuals requesting service for transportation. Please fill in all sections that pertain to the applicant's disabilities as they relate to using public transportation. If you have any questions, please call (248) 693-7100, press 2 . **Please return this form via email: dispatchers@ridenota.org**

or mail to: 675 Glaspie Street, Suite A, Oxford, MI 48371

1. What is your professional relationship to the applicant?

- Physician PT/OT Social Worker
 Counselor Nurse Practitioner Other _____

Are you currently overseeing the care of this applicant? YES NO

If NO, date last time you saw applicant: _____

2. What is/are the applicant's disability that prevents the applicant from driving? _____

3. Is this disability temporary? YES NO If yes, until ____/____/____

4. Please check the mobility aid(s) that the applicant uses to your knowledge:

- Manual wheelchair Motorized wheelchair Walker
 Service Animal Crutches Cane
 Leg Braces Powered Scooter Other

5. Is the applicant legally blind? YES NO

6. Does the applicant have a cognitive disability? YES NO

7. Does the combined weight of applicant and wheelchair exceed 700 pounds?
YES NO If yes, what is combined weight _____

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8. Is the applicant able to:

- a. Give address and telephone numbers upon request? YES NO
SOMETIMES
- b. Recognize a destination or landmark? YES NO SOMETIMES
- c. Deal with unexpected change in routine? YES NO SOMETIMES
- d. Ask for, understand and follow directions? YES NO SOMETIMES

9. Please explain any SOMETIMES responses from question #8 above or describe any other effects of the disability not already provided elsewhere on this form.

10. Is the applicant currently receiving dialysis treatment? YES NO

11. Is the applicant currently receiving cancer treatment? YES NO

12. Has the applicant had a seizure in the past year? YES NO

13. If the applicant is not wheelchair-bound, are they able to board and exit and otherwise ride without assistance and control their behavior to not endanger self or others? YES NO

YOUR NAME: _____

TITLE/POSITION: _____

PERMANENT PROFESSIONAL LICENSE/ID# _____

NAME OF ORGANIZATION: _____

OFFICE ADDRESS: _____ APT # _____

CITY: _____ STATE _____ ZIP _____

OFFICE PHONE: _____

I hereby certify that the information given above and in this application is correct.

Professional Signature: _____ Date: _____