



31 Pleasant Street
 Berlin NH 03570
 603-752-1741
 1-888-997-2020

REQUEST FOR CERTIFICATION OF DISABLED

Door to Door Service

The information obtained in this certification process will only be used by Tri-County Transit for the provision of transportation services. Information will only be shared with other transit providers, upon request of the applicant, to facilitate travel in those areas. The information will not be provided to any other person or agency.

Client Information

Name:

Address:

Telephone (Home):

Telephone (Work):

Date of birth:

Medicaid number:

Primary Physician:

I hereby certify that the above information above is correct.

Signature :

Date:

Physician Information (Must be filled out by a medical professional only)

Patient's Disability:

Is patient's condition temporary? (Circle One) Yes No

If yes, expected duration of disability:

Does patient's disability prevent him/her from using the Flex Route system (If applicable)?

(Circle One) Yes No

If yes please explain completely.

Does patient's disability require the use of Door to Door vehicles only?

(Circle One) Yes No

If yes please explain completely.

Does patient require the use of the following mobility aids? (Circle all that apply)

Manual Wheelchair	Electric Wheelchair	Walker	Cane
Powered Scooter	Prosthesis	Crutches	Dog Guide

Does the patient require a personal care attendant when using transit services?

(Circle One) Yes No

Is the patient able to walk on their own, distances of more than 150 feet ?

(Circle One) Yes No

Does the patient have any affects resulting from their disability that Tri-County Transit should be aware of? (Circle One) Yes No

If yes please explain completely.

Is there any other information regarding the patient's disability that you feel would be pertinent to Tri-County Transit in determining the eligibility for Door to Door Certification?

(Circle One) Yes No

If yes please explain completely.

Signature :

Date:

Physician - Health Care Provider - Rehabilitation Professional

Address:

Telephone:

Approval/Denial Process for Disabled Certification

Tri-County Transit reserves the right to review all information given by the client and the client's medical professional. The Transit Director or his/her designated representative will conduct a review of all client applications for disability certification. In some cases, Tri-County Transit may perform its own evaluation of the applicant to determine eligibility.

Approved applicants will be notified by mail within thirty (30) days of application. Certification will remain valid for a period of 1 year. Re-certification will take place on the anniversary month of initial acceptance.

Applicants who are denied certification will be sent a denial confirmation in writing and within thirty (30) days of initial application. Applicants have the right to appeal their decision to Tri-County Transit within thirty (30) days of denial. Should the applicant have information or supported evidence which was not previously considered during the initial application process, such information may be sent to Tri-County Transit with a letter requesting a review and consideration of the client's original application.

Tri-County Transit retains the final decision on all approved or denied applications.