





# DISABILITY VERIFICATION

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Name: \_\_\_\_\_

LAST

FIRST

**Alternative formats:** Do you need information provided in an alternative format?

NO  YES - please indicate format type:  
\_\_\_\_\_

**Is the disability:**

Permanent  Temporary, I expect it to last until \_\_\_\_\_

I don't know

**Do you require a personal care attendant (PCA) on the bus?**

NO  YES – please describe the type of assistance that person will provide.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that, to the best of my knowledge, information given in this application is correct and I authorize the health care professional identified to provide information to Tri-City Roadrunner.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If someone other than the applicant completed this application, the following information must be provided:

Name of person completing application: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

# HEALTHCARE PROFESSIONAL CERTIFICATION

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Disability verification for: \_\_\_\_\_

Client name

1. Is the applicant currently your patient?

YES       NO

2. Does the applicant have a functional or cognitive disability that can be documented?

YES       NO

3. To the best of your knowledge, does your patient require a personal care attendant?

YES       NO

I hereby certify this information true and correct to the best of my knowledge.

Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Professional Printed Name: \_\_\_\_\_

Health Care Professional License Number: \_\_\_\_\_

Health Care Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

You may submit at the address below by email or mail this form to:

Name: Training, Safety & Compliance Coordinator  
Organization: Tri-City Roadrunner  
Address: 1825 10<sup>th</sup> Street  
City: Gering State: NE Zip: 69341  
Email: [tricityroadrunner@scottsbuffcountyne.gov](mailto:tricityroadrunner@scottsbuffcountyne.gov)  
Phone: 308-436-6687