



## Medical Verification Form

The individual presenting this form to you is applying for SARTA's Proline ADA Paratransit and Proline PLUS service. They are curb-to-curb, shared-ride services for individuals whose disability prevents them from using SARTA's fixed route buses under certain circumstances or all the time.

Fixed-Route Service is a service provided on a repetitive, fixed-schedule basis along a specific route with vehicles stopping to pick up and deliver passengers to Transit Center/Hub or bus stop.

Proline ADA Paratransit trips are trips where the origin and destination are within  $\frac{3}{4}$  of a mile of SARTA's fixed routes. If there are changes to SARTA's fixed routes this may impact SARTA's ADA Zone.

Proline PLUS trips are trips where the origin or destination are outside of  $\frac{3}{4}$  of a mile of SARTA's fixed routes.

Transit agencies, such as SARTA, take steps to make fixed route bus services accessible to persons with disabilities. Fixed route bus service is intended to be the primary mode of public transportation for persons with disabilities.

The Americans with Disabilities Act (ADA) requires that complementary ADA Paratransit service be provided, as an alternative transportation, for qualified persons who are unable, because of disability, to use a fixed route system. ADA regulations requires that individuals must apply for and be determined ADA eligible in order to use Paratransit Services.

SARTA's Proline services are "Shared Ride" services. Passengers usually ride with others who are traveling in the same general direction therefore drivers may stop to pick up or drop off passengers during a person's trip. Proline services are comparable to the service provided to people who use the fixed route service. Coach Operators on Proline will provide support comparable to the support provided for people on fixed route service. The exception to this is when a reasonable modification is requested and approved. Coach Operators cannot go inside to get passengers or take them inside their destination. SARTA only provides transportation services.

Disability alone, distance to and from a bus stop, or the availability of fixed route bus service, is not by itself, a qualifier for Proline services. In addition, eligibility for other programs is not a qualifier nor is finding it uncomfortable or inconvenient to ride a SARTA fixed route bus. As a medical professional your evaluation must be based solely upon the individual's ability to use SARTA's fixed route service.

Only professionals who have knowledge of the applicant's functional ability or limitations to use SARTA's fixed route service should complete this form.

\*Please be aware that SARTA's fixed route buses are 100% accessible

Submit applications by mail, in person at one of SARTA's transit centers or by fax to 330-454-5476.

Stark Area Regional Transit Authority Proline Services  
1600 Gateway Blvd., SE  
Canton, OH 44707

### SARTA's Paratransit Services are not:

1. A social service-sponsored transportation program.
2. For group trips.
3. Designed to meet the needs of every disabled person; some people may require more service or assistance than SARTA's Proline services can provide.
4. For individuals who can use the regular SARTA fixed route buses but do not want to.
5. A door-to-door service that uses residential driveways. Drivers do not go beyond the curb but may escort passengers to and from outer doors of a building, upon request. If residential driveway use is requested, a reasonable modification must be approved (see page 8 in the Proline Guide for more information).
6. Responsible for the custodial care of passengers.
7. Capable of being a mobility aid for a passenger.

### If you have any questions or need assistance completing this form, please call:

**Proline:** 330.455.2292  
(Option #1, Priority Care Line)

**Toll Free:** 1.800.379.3661

**TTY Ohio Relay Service:**  
1.800.750.0750

# Medical Verification Form

This form shall be completed by a **physician** licensed to diagnose your condition or disability and is able to provide the needed information that would help determine eligibility for ADA paratransit service. Incomplete forms will be returned.

## PATIENT INFORMATION

PATIENT FIRST NAME	MI	PATIENT LAST NAME	DOB (MM/DD/YYYY)
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## PHYSICIAN INFORMATION

PHYSICIAN FIRST NAME	PHYSICIAN LAST NAME	TITLE (DO, MD, ETC.)
NAME OF PRACTICE		MEDICAL LICENSE NO.
STREET ADDRESS	CITY	ZIP

## APPLICANT MEDICAL INFORMATION

Date of applicant's last visit:

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Medical diagnosis of disability/condition:

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Please detail the impact this disability/condition has on the applicant's ability to use SARTA's Fixed Route Services:

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## PHYSICIAN'S RELEASE

I certify that the information contained in this application is true and correct to the best of my knowledge and ability. I hereby verify that the diagnosis of disability listed above has been reviewed by me, is accurate and true, and represents the current physical and/or mental condition of the applicant named on this form.

PHYSICIAN SIGNATURE	DATE (MM/DD/YYYY)
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The original Medical Verification Form must be received within 30 days of the ADA Paratransit Application. Applications will only be considered completed if both the ADA Paratransit Application and Medical Verification Form are received. Copied, faxed, or scanned forms will not be accepted. Incomplete forms will be returned