



MEDICAL / PROFESSIONAL VERIFICATION
(for IndyGo's Open Door Service)
(Not a request for copies of medical records)

Dear Health Care Professional:

One of your clients has requested an assessment for use of IndyGo Open Door Paratransit service. We need detailed information about the client's condition or disability that prevents use of the regular bus system. The Americans with Disabilities Act (ADA) is very specific as to whom and under what circumstances eligibility may be granted to use Open Door Paratransit. According to the ADA, if a person has the functional ability to use fixed route buses, that person is not eligible for Open Door. The following factors do not, by themselves, qualify a person for Open Door: (a) disability, (b) distance to and from a bus stop, (c) inability to drive, (d) inconvenience, and/or (e) discomfort.

The disability must PREVENT travel on IndyGo's regular city buses that have the following ACCESSIBLE features:

- All are equipped with wheelchair lifts or ramps, along with securing devices.
All have "kneeling" capability, which lowers the height of the first step onto the bus.
Approximately 75% of buses are flush with the curb or have only 1 step up from the curb.
Bus operators announce major intersections, every 3rd cross street, transfer points and all requested stops.
Customer service is available to assist with bus schedules and trip routing, including transferring from one bus route to another.

Should you have additional questions about the assessment process, please call 614-9260 or email assessments@indygo.net.

When completed, please fax this form to the Open Door Assessment Office at FAX NUMBER (317) 614-9316 or have the applicant bring it to the assessment.

Applicant's Name: _____ Date of Birth _____

Address: _____

Phone: _____

1. In what capacity do you know this applicant? _____
How long have you known this applicant? _____

2. What was the last date of face to face contact (by you or your agency) with this applicant? _____

FOR OPEN DOOR OFFICE USE ONLY
Date form was signed _____ Date form was received _____
Applicant was / will be seen for Open Door Assessment on: _____
_____ Applicant has not yet scheduled Open Door Assessment

3. Please describe the applicant's condition(s) which affect ability to travel in the community.

Check Relevant Type(s) of Conditions	List Relevant Diagnoses	Date of Onset	Prognosis (State length of time if temporary)
<input type="checkbox"/> Physical Disability			
<input type="checkbox"/> Developmental Disability			
<input type="checkbox"/> Cognitive Disability			
<input type="checkbox"/> Mental Illness	DSM IV-TR code(s):		
<input type="checkbox"/> Vision Impairment/ Blindness	Visual Acuity R: _____ L: _____ Totally blind? Yes _ No_ Legally blind? Yes _ No_		
If other, please identify condition: <input type="checkbox"/> Other _____			

4. Is the applicant taking medication that affects his or her functional ability to travel independently within the community? (drowsiness, confusion, etc.)? Yes No
If yes, How does above medication affect applicant's functional ability to travel independently (other than driving) within the community? _____

5. Have the applicant's functional abilities changed temporarily due to adjustment to medication or other factors? Yes No If yes, please explain and give expected duration _____

6. Is disability/condition periodic? Yes No
If yes, under what circumstances does disability/condition flare up?

7. Are any of the following affected by applicant's condition(s)? Check ALL that apply:
- | | |
|--|--|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Problem-solving |
| <input type="checkbox"/> Short term memory | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Long term memory | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Gait | <input type="checkbox"/> Handling stress |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Interacting according to social customs |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> (<input type="checkbox"/> aggressive <input type="checkbox"/> sexual <input type="checkbox"/> overly-friendly) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Impulse Control |

- 8. What are the primary sensory, cognitive, and/or physical difficulties the applicant has with **getting to and from bus stops**? _____

- 9. What are the primary sensory, cognitive, and/or physical difficulties the applicant has with **getting on, riding, and getting off** regular city buses? _____

- 10. What are the primary sensory, cognitive, and/or physical difficulties the applicant has with **understanding, remembering, and "navigating" the system** to ride regular city buses? _____

- 11. When using Open Door transportation services, will the applicant require a personal care attendant? _____ Never _____ Sometimes _____ Always
- 12. Is there additional information regarding this applicant which you believe impacts his/her functional ability to use IndyGo regular city buses or special circumstance which you believe should be considered? _____

I certify that the information contained herein is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Please print or type name _____

Professional title _____

Professional License, Registration or Certification Number: _____

Clinic/Agency _____ Phone _____

Address _____ Fax _____

Thank you for your time and input.