

Local Shared-Fare Taxi

DISABILITY DESIGNATION FORM

If you are under age 60, this form must be submitted with your application. The information provided on this application will be kept confidential and will only be used by the Aging and Disability Resource Center of Waukesha County for determining eligibility for the specialized transportation programs.

If you need assistance filling out this form, call the Aging and Disability Resource Center at (262) 548-7928.

PLEASE PRINT

Name of Applicant: _____ Birth Date _____

Address _____ Apt # _____ Zip _____

City _____ Phone (____) _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

1) This is to certify that _____ has a physical, mental or other
(Applicant's Name)
disability that requires specialized transportation.

2) This disability is (circle one) PERMANENT / TEMPORARY.
If temporary, this person will require specialized transportation from the period
beginning _____ and ending _____.

3) Is a personal attendant **required** for this person while traveling? Y N
A "personal attendant" is defined as "a personal aide to the passenger, necessary to facilitate the safe
mobility of the passenger."

I certify that to the best of my knowledge the information contained on this form is true and correct.

PRINT NAME _____ DATE _____

SIGNATURE _____ NPI or Tax ID # _____

TITLE _____

AGENCY NAME _____

Address _____ City _____ Zip _____

Phone (____) _____

Please return this completed form to: Aging and Disability Resource Center of Waukesha County
Human Services Center
514 Riverview Avenue
Waukesha, WI 53188-3631 OR FAX TO (262) 896-8273