



Disability Certificate

To be completed by a medical/clinical professional

* A medical/clinical professional is someone who has medical training, provides rehabilitative or therapeutic services, performs cognitive assessments, case management, or counseling services.

If transportation with BCT is requested, a medical professional must provide an explanation of functional disability that prevents the patient from using public transportation. Please be as specific as possible. Keep in mind that SEPTA vehicles are lift equipped and can accommodate passengers in wheelchairs as well as disabled passengers.

Passenger Name: _____ **SSN:** _____

Functional Disability: _____

ALL WHEELCHAIRS MUST BE IN FUNCTIONING ORDER AND MUST BE INSPECTED AND APPROVED BY OUR RISK MANAGEMENT DEPARTMENT PRIOR TO SCHEDULING TRANSPORTATION. IF A WHEELCHAIR BECOMES NON-FUNCTIONING WHILE IN TRANSIT, BCT WILL CONTACT THE CLIENT'S EMERGENCY CONTACT FOR ASSISTANCE. CLIENT'S EMERGENCY CONTACT OR BCT WILL DIAL 911 FOR EMERGENCY PROFESSIONAL ASSISTANCE AT THE CLIENT'S EXPENSE.

I certify that to the best of my knowledge, due to the functional disability described above, my patient cannot use public transportation.

Is this functional disability permanent? Yes _____ No _____
If no, please specify approximately how long the patient will have a functional disability. _____
Does this patient's disability require the assistance of an escort? Yes _____ No _____
Can this patient use public transportation with the assistance of an escort? Yes _____ No _____

Professional's Signature: _____

Professional's Name (Please Print): _____

Professional's Affiliation/Title: _____

License # if applicable: _____

Telephone: _____

Date: _____

Section II Appeal Notification

If an individual has been informed that medical transportation services are going to be reduced, changed, suspended, refused, discontinued, or delayed, the individual has the right to appeal to the Department of Human Services Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pa. 17105. If an oral or written appeal is postmarked or received within ten (10) days of the mailing date of the notice of service denial, benefits will continue without interruption pending the outcome of the appeal. A request for a fair hearing must be postmarked or received within thirty (30) days of the mailing date of the notice of service denial. The client will have the opportunity to explain the reason for the appeal.

Return this form:
Bucks County Transport, Inc
P.O. Box 510
Holicong, Pa.18928
Email: info@bctransport.org or Fax: 215-794-5564