

Blue Grass Community Action Partnership, Inc.
dba Bluegrass Ultra-Transit Service
Passenger Transportation Classification Form

Section 1

Passenger Name

Client ID#

Last 4 digits of passenger's SSN

Telephone #

Home Address

Please check the box (es) below that most accurately describes the passenger's medical transportation needs.

Passenger has physical or mental impairments that would prohibit the use of transportation services that are typically used by the general public (For example: taxi, non-profit bus, or fixed route service)

Passenger is confined to a wheelchair and must be transported by a wheelchair lift equipped vehicle. (Does not include a passenger who needs to be transported by stretcher.)

Is this a permanent disability? Yes No

If no, how long will the passenger be confined to a wheelchair? _____

Passenger requires a medically necessary escort (**to be provided by passenger**) during transportation services
(**An escort is defined as a person being at least 18 years of age and physically and mentally capable of escorting the passenger.**)

Passenger is disoriented with respect to time, place and the identity of people and objects. The extent of disorientation is such that it prevents the passenger from utilizing modes of transportation that are typically used by the general public.

Section 2

Form must be signed by the passenger's personal physician, physician assistant, advanced registered nurse practitioner or qualified mental health professional.

Clinical Provider Name (please print)

License Number

Office Street address

Telephone Number

City, State, Zip Code

I based the classification checked above on (check all that apply)

an individual assessment of the passenger.

my knowledge of the passenger's treatment services provided by myself or my practice.

I hereby declare that to the best of my knowledge and belief the information provided is accurate.

Signature

Date