

CITY OF BAYTOWN
SENIOR & DISABLED CITIZENS TRANSPORTATION PROGRAM
DISABILITY CERTIFICATION

APPLICANT		Middle Name	Last Name
First Name			
Street Address		City	State
			Zip
Phone Number	Social Security Number		Date of Birth
Doctor		Middle Name	Last Name
First Name			
Doctor's Street Address		City	State
			Zip
Nature of Disability		Phone Number	Type of Practice/Degree

In accordance with federal law and regulation published by the Department of Housing and Urban Development, it is necessary to verify the disability status of the Applicant identified hereinabove. The information provided will be used solely for the purpose of determining the applicant's eligibility for participation in the Senior/Disabled Citizen Transportation Program funded by a Community Development Block Grant.

I, the above-referenced doctor, hereby certify that in my professional opinion, the above-named applicant meets the following marked criteria:

- _____ The applicant has a disability as defined in 42 U.S.C.S. 423 --
- (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - (B) in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 216(i)(1) [42 U.S.C.S. §416(i)(1)]), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

- _____ The applicant has a developmental disability as defined in 42 U.S.C.S. §6001 -- a severe, chronic disability of an individual 5 years of age or older that
- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (B) is manifested before the individual attains age 22;
 - (C) is likely to continue indefinitely;
 - (D) results in substantial functional limitations in three or more of the following areas of major life activity__
 - (i) self-care;
 - (ii) receptive and expressive language;
 - (iii) learning;
 - (iv) mobility;
 - (v) self-direction;
 - (vi) capacity for independent living; and
 - (vii) economic self-sufficiency; and
 - (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

SIGNED this the _____ day of _____, 20__.

Signature of Doctor

[Stamp of Doctor's Office]