



**Medina County Public Transit**  
**"Public Transportation for Medina County"**

*Client Registration Form*  
*Disabled Program Eligibility Form*

---

Criteria for Disabled Certification Policy

MCPT participates in the Elderly and Disabled Programs of the Ohio Department of Transportation and the Federal Transit Administration. This program permits transit systems to offer half-priced fares to those eligible. Each person who wishes to be considered for the half-priced fare disabled program must complete the application on the next page.

**Applications must be faxed to Medina County Public Transit: (330) 722-7870 by the Physician that completes the section for the Licensed Medical Professional.. PLEASE NOTE: REQUIRED DOCUMENTATION MUST ACCOMPANY THE APPLICATION. MCPT will review the documentation, and sign and date the application form.**

**Medina County Residents with Disabilities:** The documentation required for individuals with disabilities to be eligible includes a copy or facsimile of written documentation from a physician, or other licensed healthcare professional indicating that the person meets the criteria established by the Americans with Disabilities Act.

**The certification is valid for a period of three (3) years and those passengers who wish to continue in the program must be re-certified at the time.**

There are eight (8) categories of disabilities to be considered – mobility limitations and self-care limitations.

Medina County Public Transit  
6094 Wedgewood Rd. Medina, Ohio 44256  
Phone : (330)723-9670 (Option 3)  
Fax : (330)722-7870

Disabled Program Eligibility Form

I have read the above Policy and agree that the information submitted is correct and accurate. I give permission to Medina County Public Transit to release my name to an appropriate agency so that I may qualify for this assistance.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_  
Passenger or Caregiver  
Passenger Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you use any of the following equipment or assistive devices?

- Manual Wheelchair  Scooter  Walker  Cane/Crutches  Oxygen  Guide Dog

This Section for Licensed Medical Professional Only!

Disability Category (Page 3): \_\_\_\_\_  
Brief Explanation: \_\_\_\_\_  
\_\_\_\_\_

Is condition temporary? Yes or No If yes, for how long? \_\_\_\_\_

Does applicant need a PCA? Yes or No

Disability significantly affects applicant's ability to perform the following functions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician Name (Print): \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Physician Certification Number # \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Section for Medina County Public Transit Office Only!

Approved:  Not Approved:

Signature of MCPT Transit Administrator: \_\_\_\_\_  
Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

# Disabled Eligibility Criteria

Medina County Public Transit (MCPT) has adopted the below criteria for edibility with the following definition of disability:

Disability means, with respect to the individual – a permanent or temporary physical or mental impairment that substantially limits one or more of the major life activities of an individual. Major life activities mean functions such as caring for one's self, performing manual tasks, walking, hearing, seeing, speaking, breathing, learning or working.

Please note: The categories and/or conditions and impairments listed below are a generalized list of conditions and/or disabilities that are accepted for eligibility status. If you suffer from either a temporary or permanent disability not included on this list you may still complete the application with physician certification and submit it for review.

## *Eligibility Based on Professional Certification*

### **CATEGORY 1**

#### *Musculoskeletal*

- 1.1 Amputation of one or more major extremities
- 1.2 Arthritis leading to joint deformity or chronic pain substantially limiting function
- 1.3 Back injury or disease permanently affecting strength, flexibility and endurance
- 1.4 Joint Contractures

### **CATEGORY 2**

#### *Neuromuscular Disorders*

- 2.1 Hemiplegia or Hemiparesis
- 2.2 Paraparesis or Quadraparesis
- 2.3 Ataxia and other coordination disorders
- 2.4 Cerebral Palsy
- 2.5 Seizure Disorders
- 2.6 Muscular Dystrophy
- 2.7 Multiple Sclerosis
- 2.8 Peripheral Neuropathies

### **CATEGORY 3**

#### *Neurosensory Disorders*

- 3.1 Hearing Impairment
- 3.2 Visual Impairment
- 3.3 Aphasia – Receptive – Expressive

### **CATEGORY 4**

#### *Pulmonary Disorders*

- 4.1 Chronic Obstructive Lung Disease
- 4.2 Emphysema
- 4.3 Chronic Bronchitis or Chronic Asthma

### **CATEGORY 5**

#### *Cardiovascular Disorders*

- 5.1 Myocardial Infarction
- 5.2 Valvular Disease
- 5.3 Angina Pectoris
- 5.4 Thrombophlebitis

### **CATEGORY 6**

#### *Treatment Induced Disabilities*

- 6.1 Radiation Therapy
- 6.2 Chemotherapy
- 6.3 Kidney Dialysis

### **CATEGORY 7**

#### *Cognitive Disorders*

- 7.1 Intellectual Disability
- 7.2 Autism
- 7.3 Perceptual Disorders
- 7.4 Organic Brain Syndrome

### **CATEGORY 8**

#### *Psychiatric Disorders*

- 8.1 Chronic Mental Disabilities
- 8.2 Behavioral Disorders
- 8.3 Personality Disorders