



CARE-A-VAN ELIGIBILITY CENTER
 HEALTHCARE PROVIDER VERIFICATION
 FORM PART B 1617 Wilcox Blvd
 Chattanooga, TN 37406

Applicant Name _____ DOB _____

Healthcare Provider Verification – To be completed by a Healthcare professional

Please note the following are some of the licensed health care professionals that are authorized to fill out the application:

- Physician (MD or DO)
- Registered Nurse
- Psychologist
- Psychiatrist
- Ophthalmologist
- Optometrist (visual disabilities only)
- Physical Therapist
- Occupational Therapist
- **Other licensed provider familiar with the applicant’s condition**

****Please Fax (423)698-8555, email: CAVEligibility@gocarta.org or Mail directly to CARTA Care-a-Van, 1617 Wilcox Blvd. Chattanooga, TN 37406****

Please complete the section below. The information that you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our fixed route bus service. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

1. What is the applicant’s disability?

2. How does the condition functionally prevent the applicant from using regular bus service?

3. If temporary, what is the duration?

4. Does this individual use a mobility aid? Yes No If yes, what type of mobility aid do they use?

5. If this individual is currently taking prescribed medication(s), does this medication enhance or diminish the individual’s functional ability to travel independently? Please explain:
