Personal Data Card, Certification and Authorization for Release of Protected Health Information

Please read, sign, date, and mail or drop off to VTA Eligibility Department, 3331 N. First St, SJ, CA 95134, or at VTA Downtown Customer Service Center, 2 North Market Street, SJ,CA 95113. FAX(408)238-1015 Data Cards for individuals who are under the age of 18 years, must be completed by the applicant's parent, legal guardian, or custodian.
If an applicant is 18 years or older but is unable to complete the Data Card because of a physical or vision impairment, the applicant must have given permission to the person completing this Data Card. Data Cards for individuals 18 years of age or older with cognitive impairments, must be completed by the applicant's legal guardian or custodian. See section 4. ***Data Cards that do not meet the above criteria will not be processed.*** Incomplete forms will be mailed back to applicants. ***Thank you in advance for your cooperation.***

Section 1: ***Personal Data*** ***Check one:*** ☐ New Applicant ☐ Existing Customer

(Client ID #_____)

Applicant Name: _____ (Mr/Mrs/Ms - circle one)

Birthdate: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone Number:_____ Cell Phone Number:_____

Best time(s) to call:_____ Email:_____

Primary Language:_____

What is your primary disability and/or most limiting condition that prevents you from using the bus some or all the time?

_____

_____

_____

Do you use any mobility aids or specialized equipment? ☐ Yes ☐ No

If you answered "Yes" please check all that apply:

☐ Cane	☐ White Cane	☐ Walker	☐ Crutches	☐ Manual Wheelchair
☐ Power Wheelchair	☐ Power Scooter	☐ Leg Braces	☐ Respirator	☐ Portable Oxygen Tank
☐ Prosthesis	☐ Service Animal	☐ Speech Devices	☐ Communication Board	☐ Other_____

Do you need any future written information provided to you in an accessible format? ☐ Yes ☐ No

If "Yes", please check the format you prefer: ☐ Email ☐ Diskette ☐ Audio Tape ☐ Braille ☐ Large Print

Would you be interested in learning more about mobility options and travel training? ☐ Yes ☐ No

Continued on back

Emergency Contact Name: _____

_____

Relationship to Applicant:_____Phone Number (s):_____

Address:_____City: _____State:_____Zip Code:_____

Section 2: ***Authorization for Release of Protected Health Information***

I understand the protected health information provided during the application and interview process will be kept confidential and shared only with the following professionals or providers as necessary to determine eligibility and provide paratransit services, and for quality assurance/audits to comply with ADA regulations and VTA policy.

Section 3: ***Authorization to Release Medical Information***

(Please include the contact information for your physician or licensed professional, who can verify your disability(ies), or has knowledge about your disability(ies) and functional limitations.)

I hereby authorize:

Name:_____

Address:_____

Phone:_____ FAX:_____

(OPTIONAL) Medical Record/Kaiser Number:_____

to release the information requested below about my disability or disabilities to VTA ACCESS Paratransit eligibility representatives/contractors upon request. The information released will be used solely to evaluate my eligibility for VTA paratransit services as required by the Americans with Disabilities Act, 42 U.S.C. Section 12101 et seq., 104 Stats. 327.

I understand that I have a right to revoke any Section of this authorization at any time by writing to VTA ACCESS Paratransit except to the extent that action has already been taken based upon this authorization.

REQUIRED **Signature: _____Date: _____

Applicant/Legal Guardian/Conservator

Section 4: ***Applicant Certification (OPTIONAL)***

If this form has been completed by someone other than the applicant, the person who completed the form must provide the following information:

Name of Person Assisting Applicant: _____Relationship to Applicant:_____

Address_____City_____State_____Zip Code_____

Phone Number:_____Alternate Number: _____

Signature:_____Date: _____

By signing this application, you are certifying under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

REQUIRED **Signature: _____Date: _____

Applicant/Legal Guardian/Conservator

VTA ACCESS Paratransit will contact you for a phone interview. Questions call us (408)321-2381.