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

Please read, sign, date, and mail to VTA Eligibility Department, 3331 N. First St, San Jose, CA 95134. This form can also be dropped off at VTA Downtown Customer Service Center, 2 N. Market st., San Jose, 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 _____ 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

Emergency Contact Name _____

Relationship to Applicant _____ Phone Number(s) _____

Address _____ City _____ State _____ Zip Code _____

Continued on back

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/Power of Attorney

Print Name: _____
Applicant/Legal Guardian/Conservator/Power of Attorney

Section 4 ***Applicant Certification***
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/Power of Attorney

Print Name _____
Applicant/Legal Guardian/Conservator/Power of Attorney

Section 5 ***Applicant Assistance (Required if Applicant has Legal Guardian, Conservator, or Power of Attorney)***
If this form has been completed by the applicant's legal representative, please provide the following information:

Name of Person Assisting Applicant _____ Relationship to Applicant _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

Signature _____ Date _____
Legal Guardian/Conservator/Power of Attorney

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