

# **Fayette Area Coordinated Transportation**

Department of the Office of Human & Community Services  
825 Airport Road  
Lemont Furnace, PA 15456  
724-628-RIDE  
1-800-321-RIDE

## Escort Eligibility Physician Verification Form

### **TO BE COMPLETED BY THE CLIENT:**

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

\_\_\_\_\_

Client Phone Number \_\_\_\_\_

### **TO BE COMPLETED BY THE PHYSICIAN:**

Is the above stated client capable of getting himself or herself from the front door to the curb to meet the vehicle without assistance? (Please circle)

**YES**

**NO**

Please explain the medical condition of the client that requires this client to have an escort:

\_\_\_\_\_  
\_\_\_\_\_

Is this condition permanent or temporary? \_\_\_\_\_

If temporary, how long will the client be in need of an escort? \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

\_\_\_\_\_

Physician Phone No. \_\_\_\_\_

Signature of Physician \_\_\_\_\_