



TAP CHARLIECARD - Health Care Professional Certification

The Health Care Professional Certification form **must be completed by a licensed or certified health care professional** and must be received by the MBTA within 60 days of the health care professional's signature.

Please print legibly or type and complete all information.

Name of applicant: _____

Applicant date of birth (MM/DD/YYYY): _____ Applicant phone: _____

Applicant email: _____

Applicant mailing address: _____

Name of Health Care Professional: _____

Licensure title: _____ Specialty: _____

License number: _____ State issued: _____

Business address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

IMPORTANT PROGRAM NOTE: The MBTA issues the Transportation Access Pass (TAP) CharlieCard based on the level of difficulty applicants experience, and the extra planning and effort that may be required, to use public buses/trains/subway due to a physical, psychiatric, intellectual, or sensory disability. The TAP CharlieCard is issued to applicants with disabilities who find it moderately/severely difficult to wait for a bus, hear announcements, read visual signs, understand and/or follow directions, board the correct train, maintain stamina, function well in crowds, walk certain distances to transfer between transit modes, etc. The TAP CharlieCard **IS NOT ISSUED** based on applicant's income level.

The following must be completed by the Health Care Professional:

1. What is the applicant's disability?

Use category number(s) from Guidelines (page 2): _____

Please specify diagnosis:

2. How does the disability cause the applicant difficulty, as described in "Important Program Note" section above, when traveling on the MBTA?

3. Expected duration of disability (please select only one of the two options below):

Short-term disability (i.e. conditions with potential for improvement within 1 year)

Long-term disability (i.e. conditions with no expectation of improvement)

4. I certify that the information I have provided above about this MBTA TAP CharlieCard applicant is correct to the best of my knowledge:

Health Care Professional's Signature

Date

Note: The MBTA reserves the right to ask to see an original signature of the applicant's health care professional.

Guidelines for Health Care Professionals

Please use the categories below to complete the response to “What is the applicant’s disability?” of the Health Care Professional Certification form.

<p>1. DISABILITIES REQUIRING WHEELED MOBILITY such as the use of a wheelchair, scooter, etc.</p> <p>2. SEMI-AMBULATORY DISABILITIES that cause an individual to walk with difficulty or insecurity, and that may or may not require the use of leg braces, walker, cane, crutches, or other mobility device.</p> <p>3. SEVERE NEUROMUSCULAR / MUSCULOSKELETAL CONDITIONS such as muscular dystrophy, osteogenesis imperfecta, or arthritis where functional capacity is limited in ability to perform activities of daily living.</p> <p>4. AMPUTATION OF AN EXTREMITY: Please specify which limb(s) are affected.</p> <p>5. SEVERE EFFECTS FROM CVA (STROKE) including conditions where there is a functional motor deficit affecting any two limbs or ataxia 4 months post-CVA.</p> <p>6. SEVERE PULMONARY CONDITIONS (obstructions/ restrictions) that affect mobility, including those that result in dyspnea during activities of daily living; while climbing a flight of ordinary stairs or walking 100 yards; with the slightest exertion or even at rest.</p> <p>7. SEVERE CARDIAC CONDITIONS including those that result in moderate or marked restriction in ordinary physical activity, and that may cause fatigue, palpitations, dyspnea, or angina pain while climbing a flight of ordinary stairs or walking one or more level blocks, with the slightest exertion or even at rest.</p> <p>8. IMMUNOCOMPROMISED individuals, due to conditions such as HIV/AIDS; cancer or treatment for cancer; organ or bone marrow transplant; or chronic diseases such as lupus or rheumatoid arthritis.</p>	<p>9. LOW VISION where an individual has a visual acuity in the better eye, after correction, of 20/70 or less but is not legally blind.</p> <p>10. LEGALLY BLIND where an individual has a visual acuity in the better eye, after correction, of 20/200 or less; or where the peripheral field is 10° radius or less, regardless of visual acuity. Please note that applicants with a current MA Commission for the Blind ID Card/Certificate or other blindness certification will be eligible for a MBTA Blind Access CharlieCard.</p> <p>11. KIDNEY DIALYSIS TREATMENT.</p> <p>12. DEAF/HARD OF HEARING.</p> <p>13. COORDINATION DISABILITIES where there is a functional motor deficit in any two limbs or manifestations that significantly reduce mobility, coordination, and/or perception.</p> <p>14. INTELLECTUAL DISABILITY.</p> <p>15. EPILEPSY (CONVULSIVE DISORDER).</p> <p>16. AUTISM: Please describe nature and extent of disability.</p> <p>17. NEUROLOGICAL DISABILITIES affecting learning, perceptual, and behavioral functioning. Please include nature of condition and etiology.</p> <p>18. PSYCHIATRIC DISABILITIES where there is a long-term mental illness that:</p> <ul style="list-style-type: none">• includes a substantial disorder of thought, memory, perception, or orientation, or• significantly impairs judgment, behavior, capacity to recognize reality, or• significantly impacts ability to meet ordinary/independent life support needs of food, shelter, clothing, management of finances, and health care.
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