



TAP CHARLIECARD - HEALTH CARE PROFESSIONAL CERTIFICATION

Fòm Sètifikasyon Pwofesyonèl Swen Sante a dwe ranpli pa yon pwofesyonèl swen sante ki gen lisans oswa sètifye epi MBTA dwe resevwa l nan 60 jou apre siyati pwofesyonèl swen sante a.

Tanpri ekri an lèt detache byen lizib oswa tape epi ranpli tout enfòmasyon yo.

Non aplikan an: _____

Dat nesans aplikan (JJ/MM/AAAA) _____ Telefòn aplikan _____

Imèl aplikan _____

Adrès imèl aplikan _____

Non Pwofesyonèl Swen Sante: _____

Tit lisans: _____ Spesyalite: _____

Nimewo lisans: _____ Eta kote li fèt: _____

Adrès biznis: _____

Vil: _____ Eta: _____ Kòd postal: _____

Telefòn: _____ Adrès imèl: _____

REMAK PWOGRAM ENPÒTAN: MBTA bay Pass Aksè Transpò CharlieCard (TAP) ki baze sou nivo eksperyans difisil aplikan yo, ak planifikasyon anplis ak efò ki ka nesese pou yo itilize otobis/tren/metwo piblik akòz pwoblèm fizik, sikyatrik, entelektyèl, oswa andikap sansoryèl. TAP CharlieCard la bay aplikan yo ki gen andikap ki jwenn li difisil pou tann yon bis, tandè anons, li siy vizyèl, konprann ak/oswa swiv enstriksyon yo, monte bon tren an, kenbe andirans, byen fonksyone nan foul moun yo, mache. sèten distans pou transfere ant mòd transpò, elatriye. TAP CharlieCard la **PA DELIVRE** dapre nivo revni aplikan an.

Pwofesyonèl Swen Sante a dwe ranpli sa ki annaprè a:

1. Ki andikap aplikan an?

Sèvi ak nimewo kategori ki soti nan Gid (paj 2): _____

Tanpri presize dyagnostik:

2. Kijan andikap la koze aplikan an difikilte, jan sa dekri nan seksyon “Nòt enpòtan sou pwogram” anlè a, lè w ap vwayaje sou MBTA?

3. Dire ki prevwa pou andikap (tanpri chwazi sèlman youn nan de opsyon yo ki anba):

Andikap akoutèm (sa vle di kondisyon ki gen posiblite pou amelyorasyon nan lespas yon (1) lane)

Andikap alontèm (sa vle di kondisyon ki pa atann pou amelyorasyon)

4. Mwen sètifye ke enfòmasyon mwen bay anwo a konsène aplikan MBTA TAP CharlieCard sa a kòrèk dapre sa mwen konnen:

Siyati Pwofesyonèl Swen Sante a

Dat

Nòt: MBTA rezève dwa pou mande pou wè yon siyati orijinal pwofesyonèl swen sante aplikan an.

Gid pou Pwofesyonèl Swen Sante

Tanpri itilize kategori ki anba yo pou ranpli repons pou “Ki andikap aplikan an ye?” nan fòm Sètifikasyon Pwofesyonèl Swen Sante a.

<ol style="list-style-type: none"> 1. ANDIKAP KI EGZIJE YON MOBILITE SOU WOU tankou itilizasyon yon chèz woulant, scooter, elatriye. 2. ANDIKAP SEMI-ANBILATWA ki lakoz yon moun mache avèk difikilte oswa ensekirite, epi sa kapab oswa pa kapab egzije itilizasyon atèl pou janm, machèt, baton, bekiy, oswa lòt aparèy pou mobilite. 3. KONDISYON NEWOMISKILÈ/ MISKILOSKELETÈ GRAV tankou distwofi miskilè, osteojenesis enpafè, oswa atrit kote kapasite fonksyonèl limite nan kapasite pou fè aktivite nan lavi chak jou 4. ANPITASYON YON EXTREMITE: Tanpri presize ki manm (yo) ki afekte 5. EFÈ GRAV Apati CVA (ESTWÓK) ki gen ladan kondisyon kote gen yon defisi motè fonksyonèl ki afekte nenpòt de manm oswa ataksya 4 mwa apre CVA. 6. KONDISYON POLMONÈ GRAV (obstriksyon/restriksyon) ki afekte mobilite, enkli sa ki lakòz dispne pandan aktivite lavi chak jou; pandan y ap monte yon eskalye òdinè oswa mache 100 yad; ak nan nenpòt ti efò oswa menm nan repo. 7. KONDISYON KADYAK GRAV ki gen ladan yo sa ki lakòz restriksyon modere oswa ki make nan aktivite fizik òdinè, epi ki ka lakòz fatig, palpitasyon, dispne, oswa doulè anjin pandan y ap monte yon eskalye òdinè oswa mache youn oswa plizyè nivo blòk, ak nan nenpòt ti efò oswa menm nan repo. 8. MOUN KI GEN PWOBLÈM IMINITÈ akòz kondisyon tankou VIH/SIDA; kansè oswa tretman pou kansè; transplantasyon ògàn oswa mwèl zo; oswa maladi kwonik tankou lupus oswa atrit rimatoyid. 	<ol style="list-style-type: none"> 9. VIZYON FÈB kote yon moun gen yon akwite vizyèl nan pi bon je a, apre koreksyon, 20/70 oswa mwens men li pa avèg legalman. 10. AVÈG LEGALMAN kote yon moun gen yon akwite vizyèl nan pi bon je a, apre koreksyon, 20/200 oswa mwens; oswa kote jaden periferik la se 10° reyon oswa mwens, kèlkeswa akwite vizyèl la. Tanpri sonje aplikan ki gen yon kat idantite/sètifika MA Commission for the Blind ID oswa lòt sètifikasyon avèg yo ap elijib pou yon MBTA Blind Access CharlieCard. 11. TRETMAN DYALIZ REN. 12. SOUD/DIFIKILTE POU TANDE. 13. ANDIKAP KÒDINASYON kote gen yon defisi motè fonksyonèl nan nenpòt de manm oswa manifestas- yon ki diminye anpil mobilite, kowòdinasyon, ak/oswa pèsepsyon. 14. ANDIKAP ENTÈLEKTYÈL. 15. EPILEPSI (TWOUB KONVILSIF). 16. OTIS: Tanpri dekri nati ak limit andikap. 17. ANDIKAP NEWOLOJIK ki afekte aprantisaj, pèsepsyon, ak fonksyonman konpòtman. Tanpri mete nati kondisyon ak etyoloji. 18. ANDIKAP SIKYATRIK kote gen yon maladi mantal alontèm ki: <ul style="list-style-type: none"> • gen ladan yon gwo twoub nan panse, memwa, pèsepsyon, oswa oryantasyon, oswa • siyifikativman afekte jijman, konpòtman, kapasite pou rekonèt reyalyite, oswa • Siyifikativman afekte kapasite pou satisfè bezwen sipò lavi òdinè/endepondan nan manje,abri, rad, jesyon finans, ak swen sante
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Pou fòm sètifikasyon pwofesyonèl swen sante an angle, gade paj 3-4.



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 DOB (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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