



Valdez Coordinated Community Transportation Committee

P.O. Box 2017 Valdez, Alaska 99686

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Disability Verification

Patient

Name: _____

Patient

DOB: _____

Dear Health Care Professional: The Valdez Coordinated Community Transportation Program provides low cost transportation for the elderly, disabled and low income to work. This program is grant funded and the Department of Transportation requires verification of the rider's disability.

The person named above reports having a disability that interferes with their ability to function/work.

1. Does this person's physical or mental condition limit their ability to function/work?

Yes No

Name & Title of Licensed Health Care

Professional: _____

Address: _____

Signature: _____

Phone: _____

Date: _____