APPLICATION FORM

REQUEST FOR CERTIFICATION
AS VERIFYING AGENCY/ORGANIZATION
MATBUS

This application form is used by the Cities of Fargo, North Dakota, and Moorhead, Minnesota, to determine an agency or organization's eligibility to provide medical verification as to an individual with a disability's eligibility for special services or rates on the MATBUS System. If you have any questions, contact the appropriate Transit Office at the address or telephone number listed below.

Send completed application form to:

MATBUS
650 23rd Street North
Fargo, ND 58102

Transit Office: 701-241-8140

TDD/Relay: 7-1-1

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1. Name of Agency/Organization

_____

2. Address of Agency/Organization

_____

_____

City _____State_____Zip_____

3. Brief description of type of clients you serve.

_____

_____

_____

4. Do you have medical personnel on staff?

Yes _____ No _____

4a. If **yes**, check which one of the following apply:

_____ Physician
_____ Rehabilitation Professional
_____ Health Care Professional

4b. If **no**, you must have medical records available to you that have been provided by a licensed physician, rehabilitation professional or health care professional. Give the name(s) and title(s) of up to two individuals from your agency/organization whom are authorized to provide verification of an individual's disability to Moorhead Transit.

Name and Title _____

Name and Title _____

5. I hereby certify that the information given above is correct.

Signed _____ Date_____/_____/_____

Name and Title: _____

Telephone Number: _____

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OFFICE USE ONLY

DATE INITIALS

_____ _____ Date Completed Application Received

_____ _____ Date Determination Made

_____ _____ Date Notification of Eligibility Mailed

If denied, reason: _____