



**DIAL-A-LIFT
CERTIFICATION FORM**
716 W. KIVETT DRIVE * HIGH POINT, NORTH CAROLINA 27262
887-1183, FAX 883-3425 OR TDD#883-8517
**THIS PRINTED MATERIAL WILL BE PROVIDED IN AN
ALTERNATIVE FORM UPON REQUEST.**

Please read the attached instructions before completing this form. ALL questions must be answered & incomplete applications will be returned. Please don't fill out both sections 1 & 2. If you qualify because you are 60+ just do section 1. If disabled, do section 2 ONLY.

NAME _____

ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

PHONE(AREA CODE) _____ BIRTHDATE _____ HEIGHT _____ WEIGHT _____ SEX _____

EMERGENCY CONTACT NAME & RELATIONSHIP _____

EMERGENCY CONTACT PHONE(AREA CODE) _____

1. ELDERLY CERTIFICATION- (AGE 60 & OVER): THE PERSON REQUESTING THE SERVICE MUST PROVIDE A COPY OF ANY DOCUMENT THAT VERIFIES HIS/HER BIRTHDATE.

- A. HAS THERE BEEN AN EXPOSURE TO HEPATITIS "A"? YES _____ NO _____
HEPATITIS "B"? YES _____ NO _____ "HIV" YES _____ NO _____
- B. DOES HE/SHE REQUIRE A WHEELCHAIR? YES _____ NO _____ WHEELCHAIR SIZE _____ (L) X _____ (W)
WHEELCHAIR WEIGHT _____ LBS
WHEN NO RAMP IS AVAILABLE, A **PRIVATE ESCORT MUST ASSIST.**
- C. WHAT MOBILITY AIDES/EQUIPMENT ARE USED? (EX. CANE, WALKER, OXYGEN, ETC) _____
- D. WILL HE/SHE NEED TO TRAVEL WITH A PRIVATE ESCORT? YES _____ NO _____ SOMETIMES _____
IF YES, THE ESCORT MUST TRAVEL ON ALL TRIPS. ONE ESCORT MAY RIDE AT NO CHARGE.
- E. WHAT OTHER SPECIAL ASSISTANCE IS NEEDED? _____

I CERTIFY THAT THE ABOVE INFORMATION, WHICH I HAVE PROVIDED, IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE DIAL-A-LIFT SERVICE.

SIGNATURE OF PERSON REQUESTING SERVICE OR PARENT/GUARDIAN IF LESS THAN 18 YEARS OF AGE
DATE _____

FOR DIAL-A-LIFT USE ONLY

ADA ELIGIBLE: YES _____ NO _____ NON-ADA ELIGIBLE: YES _____ NO _____

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____

2. DISABILITY CERTIFICATION—SPECIFIC DISABILITY MUST BE LISTED ON LINE BELOW

INDIVIDUAL HAS THE FOLLOWING DISABILITY (IES) LISTED BELOW AND IS UNABLE AS A RESULT OF A PHYSICAL AND/OR MENTAL IMPAIRMENT TO BOARD, RIDE OR DISEMBARK FROM A FIXED ROUTE, HIGH POINT TRANSIT BUS SYSTEM. PLEASE DO NOT USE MEDICAL ABBREVIATIONS, BUT INSTEAD FULLY DESCRIBE THE DISABILITY IN LAYPERSON TERMS. **THIS SECTION IS TO ONLY BE FILLED OUT BY DOCTOR, NURSE OR AGENCY. DON'T FILL OUT THIS SECTION IF YOU ARE 60+ GO TO SECTION 1.**

DISABILITY: _____

- A. IS THE ABOVE DISABILITY PERMANENT? YES _____ NO _____, IF NO HOW LONG _____
- B. HAS THERE BEEN AN EXPOSURE TO HEPATITIS "A"? YES _____ NO _____
HEPATITIS "B"? YES _____ NO _____ "HIV" YES _____ NO _____
- C. DOES HE/SHE REQUIRE A WHEELCHAIR? YES _____ NO _____ WHEELCHAIR SIZE _____ (L) X _____ (W)
WHEELCHAIR WEIGHT _____ LBS
WHEN NO RAMP IS AVAILABLE, A **PRIVATE ESCORT MUST ASSIST.**
- D. WHAT MOBILITY AIDES/EQUIPMENT ARE USED? (EX. CANE, WALKER, OXYGEN, ETC) _____
- E. WILL HE/SHE NEED TO TRAVEL WITH A PRIVATE ESCORT? YES _____ NO _____ SOMETIMES _____
IF YES, THE ESCORT MUST TRAVEL ON ALL TRIPS. ONE ESCORT MAY RIDE AT NO CHARGE.
- F. WHAT OTHER SPECIAL ASSISTANCE IS NEEDED? _____

I RECOMMEND THAT THIS PERSON BE DEEMED ELIGIBLE TO USE THE DIAL-A-LIFT SERVICE, AND CERTIFY TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE. **Do not sign if you have not put disability on line at top.**

STAMP/PRINT NAME OF DOCTOR/AGENCY SIGNATURE OF DOCTOR/AGENCY DATE _____

***** CHECK AND MAKE SURE DISABILITY IS LISTED ON LINE AT TOP**

I CERTIFY THAT THE ABOVE INFORMATION, WHICH MY DOCTOR, AGENCY OR THAT I HAVE PROVIDED, IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE DIAL-A-LIFT SERVICE.

SIGNATURE OF PERSON REQUESTING SERVICE OR PARENT/GUARDIAN IF LESS THAN 18 YEARS OF AGE
DATE _____

FOR DIAL-A-LIFT USE ONLY

ADA ELIGIBLE: YES _____ NO _____ NON-ADA ELIGIBLE: YES _____ NO _____
ISSUED BY _____ TITLE _____
DATE _____ FILE NUMBER _____

Dial-A-Lift is a transportation alternative for elderly and disabled persons residing within the city limits of High Point.

1. This certification form must be completed entirely and correctly and returned to the Dial-A-Lift office. **Any forms that are not filled out correctly and completely will be returned to the sender to be completed.**
2. People can be certified based on their age (see #2) or a disability (see#3). You don't have to fill out both sections Choose the one that fits your situation.
3. If a person is qualifying for Dial-A-Lift service because he/she is elderly (60 & older), the top portion of the form should be filled out. He/she should also sign and date the form. He/she needs to send a **copy** of some type of documentation (Birth Certificate, ID, Driver's License, etc.) that shows their birth date in with this form.
4. If a person is not elderly but is qualifying because of a disability (ies) a health professional, or agency needs to complete Section 2 including listing the specific disability in layman terms. The health care professional needs to sign the form as well as the person applying for service.

After Dial-A-Lift has received your application, you will be contacted by mail within 21 business days to let you know if you are approved. You will be notified by mail if you are approved or not.