



## ADA Eligibility Re-Certification Application

Dear Applicant,

Thank you for contacting us to renew your ADA Certification.

Please complete the following two attached forms, including:

- 1) Applicant verification & disability update form
- 2) Medical release form\*\*

Please return to:

Ventura County Transportation Commission  
ATTN: ADA Certification Program  
4036 Adolfo Road  
Camarillo, CA 93012

\*\*It is important to list the Physician who knows your disability best on your medical release form. Our agency will be contacting the identified care provider for a written evaluation regarding your disability. This step in the certification process is mandatory for both new and recertification applicants, but can also cause delay in determining your eligibility if not received back in a timely manner.

We encourage you to contact the Physician you identify on the medical release form and make them aware of the time sensitive evaluation they will be receiving shortly.

This may help to expedite your ADA eligibility process.

**Please note: The ADA eligibility process may take up to 21 days, beginning the day we receive your completed Physician evaluation form from your Physician.**

If you have any questions regarding this re-certification form or ADA determination process, please call (888) 667-7001.

Sincerely,

Ventura County Transportation Commission  
C/O Mobility Management Partners (MMP)  
ADA Certification Services

Ventura County Transportation Commission  
4036 Adolfo Road, Camarillo CA 93012  
Fax: 888-667-7002 / Phone: 888-667-7001



# ADA Eligibility Re-Certification Application

## Applicant Verification

ADA ID# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Conservator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ADA Eligibility Updates

*Please check appropriate selection*

Renew no changes in disability

Renew with changes in disability

### Changes/Updates, please describe below:

Non-Medical (Includes address & contact information)

\_\_\_\_\_  
\_\_\_\_\_

Medical (Includes mobility device and/or change in disability)

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Office Use Only*

Date Received: \_\_\_\_\_  FAX  Mail  Walk-in

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

*ADA Evaluation Specialist*

Ventura County Transportation Commission

4036 Adolfo Road, Camarillo CA 93012

Fax: 888-667-7002 / Phone: 888-667-7001

I hereby certify that the information given here is complete and correct to the best of my knowledge. I understand that I may be required to attend an in-person interview and assessment before a determination of eligibility is made. I understand that if I am not found to be eligible for ADA paratransit service that I may appeal the determination within 60 days after receipt of written determination, and that I will be advised of the procedures of such an appeal.

In addition, I hereby authorize the person listed below to release to the Ventura County Transportation Commission information about my disability in order to verify my eligibility for ADA paratransit service. The information released will be used to assist in determining eligibility for ADA paratransit services, and given to agencies to provide appropriate transportation access and accommodation.

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Doctor's Telephone \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Conservator's/Guardian's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

(XXX) XXX-XXXX

\_\_\_\_\_  
Name of Conservator/Guardian\* \_\_\_\_\_ Contact Phone # \_\_\_\_\_

\*A conservator is a person who is legally authorized to sign medical documents for the applicant and to receive information about the ADA application. An applicant does not have to designate a conservator. If no conservator is noted, no one besides the applicant will be able to obtain information regarding the application.

An emergency contact is required for every ADA application. The emergency contact and conservator may be the same person(s), in which case please write that person's name and contact information on both sections (conservator and emergency contact).

Please return the completed application to:

**Ventura County Transportation Commission  
ATTN: ADA Certification Coordinator  
4036 Adolfo Road  
Camarillo, CA 93012**

**or you may fax it to 1-888-667-7002**

If you have any questions regarding this application, call 1-888-667-7001