



Laredo Transit Management Inc.
El Metro
1301 Farragut
Laredo, Texas 78040
(956)795-2280

Current EI Lift ID Number

Recertification Application for Continued EI Lift Service

(Do not copy this application)

INSTRUCTIONS: On pages 1 and 2 of this questionnaire, EI Lift will be asking for information about the EI Lift patron's current medical condition and special travel needs. Some questions are general and some are specific, but all are important. Please take the time to answer **ALL** questions carefully and completely. A friend, family member, or caseworker may complete the questionnaire for the EI Lift patron. If someone other than the patron is completing this application, Part 3, Page 2 must also be completed.

PART I. GENERAL INFORMATION: EI Lift ID# _____

NAME _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **APT#** _____

CITY _____ **ZIP** _____

PHONE NUMBERS: HOME# _____ **CELL#** _____ **WORK#** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP?** _____

PHONE # _____ **ADDRESS** _____

WHAT IS YOUR DISABILITY? _____

PLEASE DESCRIBE ANY CHANGES IN YOUR CONDITION OR TRAVEL NEEDS SINCE YOUR INITIAL APPLICATION: _____

WHEN WAS YOUR MOST RECENT EI Lift TRIP? _____

PART II. INDIVIDUAL AND MOBILITY INFORMATION:

What assistive device(s) do you use when traveling? (Please check any that apply):

- Support Cane Manual wheelchair Trained service animal
 Crutches Electric wheelchair Communications device
 Leg brace(s) Electric "scooter" White cane
 Aluminum "walker" Portable oxygen(tank size and class)
 Other (describe): _____

If you travel by wheelchair or scooter, please provide the following information about your device:

- a. Type(wchr?,sctr?): _____ Brand Name: _____ Make and Model# _____
b. Measurements(in inches) width: _____" length: _____" height: _____"
c. Combined weight of occupied chair(chair weight + applicant's weight) _____ lbs.
d. Special or custom features, attachments,etc. _____

**Do you require a "personal care attendant(PCA)" to accompany you on EI Lift ?
If "yes", what duties does the PCA perform for you:**

INDICATE WHAT COMMUNICATIONS FORMAT DO YOU REQUIRE OR PREFER:

- ENGLISH STANDARD PRINT BRAILLE TDD
 SPANISH LARGE PRINT AUDIO CASSETTE OTHER?

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRIMARY PHYSICIAN:

NAME: _____ TELEPHONE#: _____
ADDRESS: _____
DATE LAST EXAM: _____ CONDITION TREATED: _____

EI Lift PATRON'S SIGNATURE: _____ DATE: _____

**PART III. If this application has been completed by someone other than the
EI Lift patron, that person must complete the following:**

NAME: _____

WHAT IS YOUR RELATIONSHIP TO APPLICANT? _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: HOME _____ WORK _____

SIGNATURE _____ DATE _____