Health care provider certification section: This form is used for individuals with permanent or temporary disabilities. This also includes individuals who may need an attendant to ride TriMet service.

Patient/applicant release:

I authorize: _____ to verify my disability if requested by TriMet.
(Name of certified and/or licensed health care provider)*

Patient/applicant signature: _____ Date: _____

To be completed by licensed health care provider*(See below)

Applicant's name: _____

Applicant's date of birth: _____

Health care provider's name: _____

Title: _____

State certification or license #: _____

Telephone number: _____

Email address: _____

Address: _____

_____

TriMet-issued agency stamp

HERE

_____
Agency representative's signature:

_____
Address:

_____
Date:

I, _____ hereby certify that I have examined the patient listed above and it is my opinion that
(Name of certified and/or licensed health care provider)*
they are disabled due to illness, congenital malfunction or other incapacity that substantially limits one or more major life functions.

Patient listed above:

☐ Is actively enrolled in a drug or alcohol treatment program. Duration is _____ months. (Maximum of 12)

☐ Has a permanent disability. (5-year Honored Citizen status)

☐ Has a temporary disability (defined as impairment lasting not more than 12 months). Duration is _____ months.

If permanent or temporary disability, provide a **specific** description of disability below or attach to application on official letterhead:
_____
_____
_____

Does the described disability necessitate that the applicant have an attendant to ride TriMet service? ☐ yes ☐ no

I certify that the above is correct and that I am legally certified and/or licensed in my state as a healthcare provider.

Signature:_____ Date:_____

TriMet personnel may contact you for verification.
Completed application and health care provider certification may be mailed to the TriMet Customer Support Center
701 SW 6th Avenue, Portland, OR 97204 503-962-2455 • **accessible@trimet.org** • **trimet.org/hc**

Physician, Physician Assistant, Licensed Clinical Social Worker, CADC (Certified Alcohol and Drug Counselor), QMHP, Registered Nurse Practitioner.

**For the purpose of simplifying administration of the Honored Citizen program, social service agencies or other organizations that are interested in processing TriMet Honored Citizen Card applications for their clients may be selected, at TriMet's discretion, to operate as a "Designated Administrative Agency."*