



VoAccess Visitor Eligibility Verification Form

ADA Complementary Paratransit — Visitor Eligibility (49 CFR §37.127)

DATE: _____

TO: _____

This notice verifies that the individual listed below has been determined ADA Paratransit Eligible by their home transit agency and is therefore eligible for Visitor Status with VoAccess, the ADA complementary paratransit service operated by VoTran.

Under ADA regulations (49 CFR §37.127), all ADA-eligible visitors must be provided up to 21 days of complementary paratransit service within any 365-day period.

Visitor Information

Name: _____

Address: _____

Phone: _____ **Eligibility Expires:** _____

Date of Birth: _____ **Gender:** _____

Mobility Aids / Support Needs

(Please check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Lift Required | <input type="checkbox"/> Oxygen | <input type="checkbox"/> PCA Required | |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Visual Disability | <input type="checkbox"/> Cognitive Disability |

Special Conditions (If Applicable)

Please list any functional limitations, environmental restrictions, or ADA-related conditions that may affect travel:

Local Travel Destination (If Applicable)

Hotel / Company: _____

Local Address: _____

Verification & Contact

If additional information is needed to validate ADA eligibility or coordinate visitor transportation, please contact:

VoTran / VoAccess Eligibility Office

Phone: (386) 756-7496, ext. 4119

Email: _____

Authorized Signature: _____

Title / Agency: _____

Date: _____

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