

**BJCTA/MAX**  
Release of Information Form



**Return this application to:**

**BJCTA-MAX**  
Post Office Box 10212  
Birmingham, Alabama 35202-0212  
**Email:** ada@bjcta.org  
**Fax:** (205) 521-0182

PART 2						
APPLICANT INFORMATION						
First Name		Last		M.I.	Date	
Address			Apartment/Unit #			
City		State		ZIP		
Phone			E-mail Address			
Applicant's Signature						
PERSONS TO CONTACT FOR INFORMATION						
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			

I authorize my physician, case manager, doctor, professional, mobility trainer, neurologist, etc. (listed below) to discuss my diagnosis, treatment plan, prognosis for the purpose of determining my ability to use regular public transit buses, trolleys, trains, etc., that are accessible to and usable by individuals with disabilities. I understand that an in person interview may be necessary to complete the application process.

In order to fully understand the functional limitations of your disability, MAX or its agents may need to speak to your case manager, doctor, professional, mobility trainer, neurologist, etc. After reading this release, please sign it, and list the names, addresses, phone, and fax numbers of the professionals most familiar with your functional abilities. (Please note: This authorization is good for one year only. If your condition changes after that time a new "release" will have to be submitted.)

For office use only-Do not write in this box.			
Approval/Denial Date		Expiration Date	
Disability		Mobility Device	
Restrictions			
Personal Care Attendant Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Out of Service Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADA Service Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dialysis & Medical only			
Chemo/Radiation only			
Temporary with conditions			
Temporary with no conditions			
Comments:			
Certification#			

**Americans with Disabilities Act**

The Americans with Disabilities Act states that an eligible individual is an individual with a disability who is unable without the assistance of another individual to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

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