



City of Burbank
BurbankBus
Senior and Disabled Transportation Services
Phone: (818) 238-5360
Fax: (818) 238-5351

DISABLED CERTIFICATION DOCTOR'S CERTIFICATE OF NEED FOR TRANSPORTATION SERVICES

DATE _____

NAME _____

ADDRESS _____

CITY _____

TELEPHONE _____

THE PERSON LISTED ABOVE HAS BEEN A PATIENT SINCE: _____
HE/SHE HAS THE FOLLOWING DISABILITY(IES): _____

REQUIRES USE OF WHEELCHAIR? YES _____ NO _____

IS THIS PERSON ABLE TO USE ANY OTHER FORM OF TRANSPORTATION?
YES _____ NO _____

THIS PERSON QUALIFIES, BY NATURE OF HIS/HER DISABILITY, TO UTILIZE THE
TRANSPORTATION SERVICES AVAILABLE TO DISABLED BURBANK RESIDENTS

PHYSICIAN SIGNATURE

NAME _____

ADDRESS _____

(print or type)

TELEPHONE _____

THIS FORM MUST BE COMPLETED BY THE CLIENT'S PHYSICIAN AND RETURNED TO:

**BURBANKBUS
SENIOR AND DISABLED TRANSPORTATION SERVICES
P. O. BOX 6459
BURBANK, CA 91510-6459**