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Jul 30 2021

SC Court of Appeals



City of Asheville

Discounted Bus Pass Program

828.253.5691 - iride@ashevillenc.gov - 360 West Haywood Street, Asheville, NC 28801

Note: This form is to be completed by the following medical or social service providers, so that the professional can certify the applicant/patient disability is covered under the Americans with Disability Act of 1990, as amended. If the applicant requests that you return this form to them, please return it to them in an official, sealed envelope. Otherwise, you can submit it directly to ART at the physical or email address found above. The following professionals can complete either this standard letter or a letter on office letterhead, signed by the professional, verifying applicant's eligibility.

- Physician, Psychiatrist, Osteopath, Podiatrist, Optometrist, Audiologist, Otolaryngologist, Certified Physical Therapist, Mental health or behavioral service/counseling provider, Community health center, HIV/AIDS services, rehabilitation clinic or Department of Veterans Affairs.

Applicant Name: Scott Riddell Applicant DOB:

Description of applicant's most limiting condition(s) as it relates to their mobility:

Due to recent surgery with immobilization /restrictions following, he is unable to use left hand for gripping.

Is the applicant's condition permanent or short-term (6 months)? If short-term, give the expected duration.
approximately 6-8 weeks

Certifying Professional's Information	
Print Name: <u>Jennifer Buie</u>	Job Title: <u>Occupational Therapist</u>
Signature: <u>Jennifer Buie OT, CHT</u>	
Name of Organization/Office: <u>Emerge Ortho</u>	
Office Address: <u>75A Livingston St, Asheville, NC</u>	
Phone: <u>828 281-7171</u>	Email: _____

Office Use Only: Employee last name: _____ Discount Card # _____

Circle one: APPROVED (PERMANENT) APPROVED (6-months) 30-DAY (TEMP) DENIED

Documentation used: SSI SSI Standard Letter Doctor Letter on Letterhead