



TRIPS TRANSPORTATION SERVICES MEDICAL VERIFICATION

Dear Dr. _____ :
PHYSICIAN NAME

Your patient, _____ , is applying for the TRIPS program.
PARTICIPANT NAME

TRIPS provides transportation service for Irvine residents with disabilities 18 years of age and older. To be eligible for services applicants must possess a physical and/or cognitive disability that prevents them from driving.

If applicable, please sign and stamp below to verify the above-named patient is unable to drive due to a physical and/or cognitive impairment.

PHYSICIAN SIGNATURE

CA LICENSE #

DATE

PHYSICIAN ADDRESS

PHYSICIAN STAMP

If you have any questions regarding this request, please contact me at 949-724-7433.

Thank you,

Susie Blanco, TRIPS Supervisor
Community Services Department