



TEMPORARY SERVICE APPLICATION MEDICAL VERIFICATION FORM

Dear Dr. _____ :
DOCTOR'S NAME

Your patient, _____ , is applying for the TRIPS program.
APPLICANT'S NAME

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

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

TEMPORARY SERVICE REQUIRED THROUGH: _____
EXPIRATION DATE (Not to exceed three months from date signed)

PHYSICIAN'S SIGNATURE

CA LICENSE #

DATE

PHYSICIAN'S ADDRESS

PHYSICIAN'S 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