





4. Is your disability considered permanent?  Yes  No

If no, how long do you expect to have this disability?

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5. Does you require a personal care attendant?  Yes  No

6. Do you currently use any mobility aids or specialized equipment?  Yes  No

If yes, please select all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Oversize Wheelchair           | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Scooter           | <input type="checkbox"/> Service Animal                | <input type="checkbox"/> Cane             |
| <input type="checkbox"/> Crutches          | <input type="checkbox"/> Portable Oxygen               | <input type="checkbox"/> Walker           |
| <input type="checkbox"/> White Cane        | <input type="checkbox"/> Communication Board           | <input type="checkbox"/> Prosthesis       |
| <input type="checkbox"/> Brace(s)          | <input type="checkbox"/> Other (please specify): _____ |   |

### **SECTION III: Visitor Self-Certification**

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. Legal Guardians must provide documentation.

\_\_\_\_\_  
Applicant Signature or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

OR, if applicant is unable to sign:

\_\_\_\_\_  
Authorized Representative Printed Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Authorized Representative Signature  
***(Attach proof of guardianship if applicable)***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date