

STAR On-time Waiting Verification

To: Medical Office Staff

From: Capital District Coalition for Accessible Transportation

We are trying to help STAR customers prove they were at the pickup location on time, or if not, give a reason why. This patient uses STAR disability bus services. STAR is notorious for bus difficulties. STAR is placing very harsh policies for customers that are not ready for pickup on time. Customers that do this could be suspended from service for up to a month! We do not wish this to happen without just cause. The ADA has protections set up for customers who cancel trips or are late for trips if the reason is beyond their control.

The Coalition has created this form to help your patients. Please fill in the time that the patient completed their visit. If this was later than scheduled (we understand that these things occur), please state the reason why briefly. (An example would be: doctor was running late or simply –Dr. behind schedule -) We believe this will go far to assist your patient in not being marked a no-show or late cancellation, when they had no control over the situation. Thank you.



Date: _____

To Whom It May Concern:

This is verification that the patient _____, completed their visit at _____ am/pm.

Check below if you wish:

We can verify that the above customer was seen waiting for pickup by _____ am/pm.

If visit ran late:

The visit ran later than planned because of _____, and is not your customer's fault.

Staff signature

Name: Medical Office

Job title

phone number