

**TEXAS**  **STATE**®  
**DISABILITY SERVICES**  
**Office of Disability Services: Cats on the Go**  
**Healthcare Provider Referral**

Patient's Name:

Description of the Disability:

Does the patient require transportation in a golf cart?    Yes    No    If yes, how long will the cart transportation be needed?  
(Please answer in months and weeks)

Do you approve of transportation of the patient in a golf cart?    Yes    No

Healthcare Provider's Signature

Date

Printed Name

Office Phone Number