

CCT: Charlevoix County Transit

REDUCED FARE PROGRAM

1050 Brockway St., Boyne City, MI 49712 231-582-6900

Who is eligible for Reduced Fare?

All applicants meeting one or more of the following eligibility criterions (income is not a determining factor):

Senior Citizens: those individuals who are 60 years or older

Medicare Cardholders: those individuals who have been issued a Medicare Card under Titles II or XVIII of the Social Security Act (49 USC 401 et seq., 1395 et seq.)

Mobility Disabled Person: Those individuals who, by reasons of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities, are unable to, without special facilities or special planning or design to utilize transportation services as effectively as persons who are not so affected.

What are the Reduced Fare's eligibility guidelines?

Eligible Applicants - Disabilities which might cause a person to be mobility disabled are, but not necessarily limited to:

- Any disability requiring the use of a walker, crutches, wheelchair, or other such devices
- One or more missing limbs
- Special sensory disorders such as 50% bilateral hearing loss uncontrollable by use of a hearing aid
- Cardiovascular or respiratory impairment which significantly interferes with coordination, endurance or strength
- Neurological diseases which significantly interfere with coordination, endurance or strength such as polio, cerebral palsy, multiple sclerosis, or paralysis
- Significant muscular-skeletal impairment such as muscular dystrophy or severe rheumatism or arthritis
- Significant mental or psychological impairment that results in physical impairment of coordination, strength, or endurance
- Visual impairment uncorrected by the use of glasses or contacts and classified as legally blind
- Severe mental health

Exclusions – All those whose sole incapacity or disability is one of the following:

- Pregnancy
- Obesity
- Impairment due to drugs and/or alcohol
- Controlled epilepsy
- Controlled bipolar disorder
- Learning disability, such as, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)
- Depression

How to apply for a Reduced Fare

Applicant must complete the "Application for Reduced Fare" form, in its entirety, and submit all required documentation to:

CCT * 1050 Brockway St. * Boyne City, MI 49712

What is the certification process for the Reduced Fare approval?

CCT will review the completed application and, when applicable, will take into consideration the medical professional's written diagnosis before determining if the applicant meets the eligibility guidelines listed above. Once it is determined if the eligibility guidelines have been met, the applicant will receive notification via mail.

Charlevoix County Transit

REDUCED FARE PROGRAM - APPLICATION FORM

1050 Brockway St., Boyne City, MI 49712 231-582-6900

Charlevoix County Transit (CCT) provides curb to curb transportation service at a lesser rate for senior citizens 60 and over, and those persons with disabilities*. After filling out the form below, CCT will evaluate the information in the form. You will be notified of CCT's determination of your application via writing.

*Guidelines for reduced fares are as follows:

() I am a Medicare Cardholder – complete this page **AND** attach a copy of your Medicare Card

() I am a Mobility Disabled Person – complete this page, before having a licensed medical professional complete both the "Professional Certification of Disability" section of this form AND provide a letter, on the licensed professional's letterhead, detailing your specific diagnosis and the extent of your disability.

APPLICANT INFORMATION (please print clearly):

Name: _____
first middle last

Address: _____
street city state zip

Telephone: (____) _____ - _____ Date of Birth: ____/____/____

Applicant's Acknowledgement and Release of Information:

I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Reduced Fares Program and may be subject to appropriate legal prosecution.

I hereby authorize the medical professional completing this application to release to CCT any information necessary to complete this application. I understand that this information is confidential and shall not be released without my approval or a court order. I further understand that CCT shall have the right and opportunity to contact the professional completing this form to obtain any additional information about my disability and eligibility for the Reduced Fares Program.

Applicant's signature: _____ Date: ____/____/____

Charlevoix County Transit
REDUCED FARE PROGRAM

PROFESSIONAL CERTIFICATION OF DISABILITY

This applicant is requesting that Charlevoix County Transit (CCT) consider their application as a "Mobility Disabled Person" and provide them with reduced fares.

"Mobility Disabled Person" is defined as those individuals who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities who are unable without special facilities or special planning or design, to utilize transportation services as effectively as persons who are not so affected.

The applicant is requesting that you provide documentation that supports their specific disability. Please note that while your recommendation will be taken into consideration during our approval process, it will not be the sole determination in CCT's determination to certify the applicant.

TWO-STEP INSTRUCTIONS:

Step 1: Applicant's Certification – Identify and list the applicant's specific disability in the area provided below, and then complete, sign, and date this form

Step 2: Prepare on your letterhead – The applicant's diagnosis, along with the extent of their disability. Please provide as much detail as you feel necessary to clearly communicate the applicant's disability and how it effects their ability to utilize transportation. Sign and date the application, providing your professional title and valid State of Michigan's professional license number beneath your signature.

APPLICANT'S CERTIFICATION

Please assist in properly assessing the applicant's eligibility under the eligibility guidelines listed on Page 1, before detailing in your Letter of Diagnosis, how the specific disability results in the physical impairment of coordination, strength, or endurance and how it effect the applicant's ability to utilize public transportation.

I certify that _____meets the eligibility requirements defined under the Mobility Disability Eligibility Guidelines. The applicant's specific disability is _____, which prevents him/her from performing one or more of the listed functions without major difficulty (see attached Letter of Diagnosis). It is my opinion that this disability is (check one):

() Temporary OR () Permanent AND () requires aide on bus () does NOT require aide on bus

If temporary, expected to last ___ months (permanent – not likely to improve)

Professional's Name: _____
(Legibly Printed/Typed) First Last Title

Agency or Office Name: _____

Street: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____

Professional's Certification: I understand that if any of the statements made on this application, or in the attached document, are false or inaccurate, CCT shall preclude me from certifying future applicants. I further understand that if involved in such activities, I will be subject to criminal prosecution in accordance with laws of the State of Michigan.

Signature _____ Date _____

COMPLETE LICENSE #: _____ TELEPHONE: (____) _____