

TRANSIT REGIONAL REDUCED FARE CARD APPLICATION

Berrien, Cass, & Van Buren Counties



Certification for Reduced Fare

To qualify for reduced transit fare an individual must either have a disability OR be 60 years or older. **All applicants must complete Part A. Part B Senior Certification** must be completed by a participating agency. **Part C Disability Passenger Certification** must be completed by your **physician or caseworker** if you are **not** a Medicare or Social Security Disability (SSD) recipient. **See reverse side for definition of disability.**

Part A: GENERAL INFORMATION *All applicants must complete this portion.*

*Name: _____ *Today's Date: / /

*Address: _____ Email: _____

*City, State, Zip Code: _____

Phone: _____ Cell Phone: _____ Work Phone: _____ *Birth Date: / /

Select the transportation services you currently use or might use in the future? *Check all that apply.*

- Berrien Bus Cass County Transit Twin Cities Area Transportation Authority All
 Buchanan DART Dowagiac DART Van Buren Transit
 Niles DART

Do you use a mobility device? ____ Yes ____ No If yes, what kind? _____

*Do you receive Medicare or SSD? ____ Yes ____ No

(Medicare forms with ID is sufficient proof for Senior Certification. SSD (Social Security Disability) forms with ID is sufficient proof of Disability certification. **STOP HERE** if you have either of these forms of verification. Do Not Complete Part B or C)

Applicant Please Do Not Write Below This Line

A Participating Agency or Physician must complete the following section.

Part B: SENIOR CERTIFICATION - Must be 60 Years or Older

*Proof of age verified by: (Check one)

- Birth Certificate Passport
 Driver's License State ID

*Certifying Agency Information:

Agency Name: _____

Phone: _____

Date Completed: __/__/__

Part C: DISABILITY CERTIFICATION - Must be completed and signed by agency or physician

*Name of Agency or Physician: _____

*Please describe in general terms the applicant's characteristics which would qualify the individual for reduced rates. *(Please attach letter if you need more space)*

*Is Disability: Permanent Temporary

If temporary please indicate length of disability: ____ Months ____ Years

Does the individual require a personal care attendant to travel with him or her? Yes No

*Authorized Signature: _____

* Phone: _____

TRANSIT REDUCED FARE CARD

The document below is provided by the American Disabilities Act (ADA) of 2008.

Updates can be found at www.access-board.gov/about/laws/ADA-admendments

Definitions

"Individuals with Disabilities" means any person who **(1)** has a **physical or mental impairment** that substantially **limits one or more major life activities (a)**; **(2)** has a **record of such impairment** or **(3)** is **regarded as having such an impairment**. *See below for further explanation of this definition:*

"Physical or mental impairment" means (I) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems; neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic & lymphatic; skin; and endocrine; or (II) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

- 1** The term "**physical or mental impairment**" includes, **but is not limited to**, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; intellectual disability; emotional illness; drug addiction; and alcoholism.
 - a** A physical or mental impairment that **substantially limits one or more "major life activities"** means functions **including but is not limited to**, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- 2** Has a "**record of such an impairment**" means has a history of, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities.
- 3** "**Is regarded as having an impairment**" means:
 - (I) Has a physical or mental illness impairment that does not substantially limit major life activities, but that is treated by a recipient as constituting such a limitation.
 - (II) Has a physical or mental impairment that substantially limits major life activity only as a result of the attitudes of others toward such an impairment; or
 - (III) Has none of the impairments set forth in paragraph (1) of this definition, but is treated by others as having such an impairment.