

# 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](http://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.