



Permit Number _____
Date of Issue _____
Expiration Date _____

REDUCED FARE APPLICATION FOR A PERSON WITH A DISABILITY

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

I authorize the agency or physician listed on the backside of this form to release my medical information to complete this application. I understand that information provided in this application is not confidential and is open to Department of Transportation and Federal Transit Administration authorized officials for compliance reviews.

Applicant's Signature _____ Date _____

PLEASE NOTE: Persons who are on Medicare (through the Social Security Administration) or who are 65 years of age or older do NOT need to complete the rest of this application form. Medicare applicants must submit a photocopy of their Medicare card or bring it to our offices so we may make a photocopy. If you are on Medicare or are 65 years or older, you are not required to show a Reduced Fare Card. You may simply show your Medicare card or proof of age to the bus operators to receive a reduced fare.

VERIFICATION BY AGENCY OR PHYSICIAN

"A person with a disability" means any individual who, by reason of illness, age, congenital disability, or other permanent or temporary incapacity or disability, including a person who is wheelchair bound or has semi-ambulatory capabilities, is unable, without special facilities or special planning or design, to use public transportation facilities and services effectively.

The following functions are necessary for effective use of mass transit: Negotiating stairs, boarding or alighting from a bus, standing on a moving bus, reading information signs, hearing announcements by bus operators, and pulling the cord to signal an operator to stop the bus.

In detail, describe the condition(s) that limits the applicant's ability to effectively use the bus based upon the function(s) described above:

This limitation is **PERMANENT** or **TEMPORARY** (CIRCLE ONE)
If temporary, please indicate effective time period_____

By signing below, the agency representative or physician verify that the medical information provided on this application is true and correct.

Name of Agency_____ Phone_____

Only representatives from the following agencies may verify a Reduced Fare Application:

Aging & Disability Resource Center of Eau Claire County
Division of Vocational Rehabilitation Services
Eau Claire City/County Public Health Department
Eau Claire County Human Services
Care Wisconsin
Inclusa

Title of Agency Representative_____

Signature_____ Date_____

-OR-

Physician's Signature_____ Date_____

Address_____ Phone_____

Eau Claire Transit may determine that an applicant is ineligible for the reduced fare program, including those individuals who have permanent or temporary conditions that may not affect their ability to make effective use of mass transit facilities and equipment. Persons who are denied eligibility for the reduced fare card will receive instructions on how to appeal the decision through the Eau Claire Transit Appeals Board.

Upon approval of this application, Eau Claire Transit will issue, by mail, an identification card qualifying the applicant for a reduced fare. The permit must be shown to the Bus Operator each time the cash fare is deposited in the farebox, or each time the applicant purchases tickets or a reduced fare pass.

Warning: Fraudulently obtaining, copying or using a reduced fare card to ride the bus is a crime and will be prosecuted according to appropriate federal and state law.

Please return completed application to:

Eau Claire Transit
910 Forest Street
Eau Claire, WI 54703
(715) 839-5111
(715) 839-1693 FAX