

Reduced Fare Program

Effective 05/14/2012

Medical Professional:

PLEASE READ ENTIRE DOCUMENT

This letter is not intended to fill your day with more forms to fill out, but the Transit is experiencing reduction in revenues due to unscrupulous people claiming to be disabled and perhaps tricking you into approving their application for reduced fare. I am asking for your help.

Sometimes this happens when your patient is leaving your office and they ask you to sign this application so they can receive a free bus ride home for that day. But what is happening is that application is good forever.

If people are truly disabled, Clare County Transit will be the first one to offer reduced fare to help them economically. However, many people do not qualify and that creates problems for the ones that actually do.

I am asking your assistance and indulgence that you take the time to ensure those patients that truly qualify for reduced fare, will receive it. In this fast day of doing things quickly, we all 'rubber stamp' requests so we can move on to the next situation.

The Transit is no different from other companies facing less money and more expense. When people do not pay the regular fare and instead find ways to scam the system, the community pays with less bus service.

Please note that in addition to this application, you will need to provide, on **your own letterhead**, a full explanation of their disability.

Thank you for your cooperation. If you would like to have further discussions, I would be happy to meet with you to answer your questions.

Tom Pirnstill
Executive Director

Reduced Fare Program Effective 05/14/2012

Today, Clare County Transit is announcing a new reduced fare program to help lower the cost of transportation in Clare County for the elderly and the mobility disabled person. We are concerned about the cost of transportation and continuing to make it affordable for those persons that truly qualify for this program.

However, there are some people that are abusing the current system. This new program is intended to correct that problem.

If you qualify as a disabled person, you will need to fill out this application then take it your doctor and have them complete their portion. Please fill out the application as it applies to you. You will then be given a new card that will be required to be shown as you board the bus. Card replacement cost is \$10.00.

I know this may be an inconvenience to you and I appreciate your help and cooperation in helping us to keep our prices affordable to you. If you have a Medicare Card with no disability, you do not need a doctor's signature.

If you have any questions about this program, please feel free to call me, Tom Pirnstill (539-1474) or Bill McDaniel (539-1474). We would be happy to explain the program to you if you need further clarification.

Thank you for being a valued Customer and we look forward to being a continued partner for your transportation needs.

Tom Pirnstill

Bill McDaniel

CCTC

CLARE COUNTY TRANSIT 'S REDUCED FARE PROGRAM

Who is eligible for reduced fare?

All applicants meeting one or more of the following eligibility criteria:

Senior Citizen – those individuals who are age 60 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 Persons – 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 fares 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 uncorrectable 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?

Applicants must select the eligibility criterion that best describes their disability, from page 3, the "Application for Reduced Fares" form. Once selected, follow the instructions provided for that category. Please ensure the application is completed in its entirety before detaching the CCTC page. Mail all required documentation: a copy of your valid Michigan State I.D. or Driver's License and Medicare Card to:

CCTC – Reduced Fare App. • 1473 Transportation Dr. • Harrison, MI 48625

What is the certification process for the reduced fare approval?

CCTC 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. Eligible applicants will receive a telephone call on their applications approval. Ineligible applicants will receive their application, through the mail, with a letter stating the reason for the decision.

A new card will be issued that will be required to be shown to the bus driver every time you board the bus.

Replacement cards will be issued at a cost of \$10.00

Applicant Retain Pages 1 & 2

Send CCTC Pages 3 & 4

ReducedFareProgram1

CCTC
APPLICATION FOR REDUCED FARES

APPLICANT'S FORM

CCTC 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, CCTC will evaluate the information in the form. You will be notified of CCTC's determination of your application via telephone or in writing upon request.

*Guidelines for reduced fares are as follows:

- I am 60 years of age or older – Complete this page AND attach a copy of your State I.D. or Driver's License. Sign, date and return this form to CCTC.
- I am a Medicare Cardholder – Complete this page AND attach a copy of your Medicare Card AND a copy of your State I.D. or Driver's License. Sign, date and return this form to CCTC.
- 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. Attach the letter AND a copy of your State I.D. or Driver's License. Sign, date and return form to CCTC.

CCTC – Reduced Fare App. • 1473 Transportation Dr. • Harrison, MI 48625

Applicant's Information (Please print)				
Name:				
First	Middle	Last		
Address:				
Street	City	State	Zip	
Telephone: ()		Date of Birth:		
		(mm/dd/yyyy)		
Applicant's Acknowledgement and Release of Information				
<i>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>				
<i>I hereby authorize the medical professional completing this application to release to CCTC 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 CCTC shall have the right and opportunity to contact the professional completing this form to obtain additional information about my disability and eligibility for the Reduced Fares Program.</i>				
Applicant's Signature:				Date:

CCTC
APPLICATION FOR REDUCED FARES

PROFESSIONAL CERTIFICATION OF DISABILITY

The applicant is requesting that CCTC consider their application as a "Mobility Disabled Person" and provide them with reduced fare.

"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 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 CCTC's decision to certify the applicant.

TWO-STEP INSTRUCTIONS: (Must Complete Both Steps for Consideration)

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. 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.

I certify that _____ meets the eligibility requirements defined under the Mobility Disabled 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 (Expected to last ___ months) **OR** Permanent (Not likely to improve) Requires an aide on bus? YES NO

PROFESSIONAL'S INFORMATION

Professional's Name:			
First	Last	Title	
Agency / Office Name:			
Address:			
Street	City	State	Zip
Complete License #:		Telephone: ()	
<p>Professional's Certification: <i>I understand that if any of the statements made on this application, or in the attached document, are false or inaccurate, CCTC 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 applicable laws of the State of Michigan.</i></p>			
Professional's Signature:			Date: