



## APPLICATION FOR A REDUCED BUS FARE FOR DISABLED INDIVIDUALS

“DISABLED INDIVIDUAL” means any individual who, by reason of illness, injury, process of aging, congenital malfunction or other permanent or temporary incapacity or disability, is unable without special facilities or special planning or design to utilize regular route mass transportation facilities and services as effectively as persons who are not affected. Also those individuals who, due to disability, are unable to obtain or retain a valid Minnesota driver’s license.

### PART I: Applicant to complete

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

1. Please describe your disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the disability described above:

Permanent  Temporary

3. How often do you ride Metro Bus Fixed Route?

\_\_\_ times per week

4. Have you been unable to secure a driver’s license due to your disability?

Yes  No When? \_\_\_\_\_

I hereby give my permission for the release of medical information concerning my disability to Metro Bus and its reviewing committee for the purpose of determining eligibility for the reduced fare. I understand this information will be held confidential and will not be released.

\_\_\_\_\_  
Applicant Signature Date

### PARTII: Licensed Physician, Medical or Mental Health Professional to complete

1. Based on your knowledge of the applicant’s condition, is the information they provided accurate?  Yes  No  Somewhat

2. Please describe applicant’s disability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List and describe any mobility aids or equipment used by the applicant

\_\_\_\_\_  
\_\_\_\_\_

4. In your opinion, is the applicant disabled within the meaning of the definition above?

Yes  No

\_\_\_\_\_  
Physician’s Signature Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Office Phone Number

**Mail completed form to:** Metro Bus  
665 Franklin Ave.NE  
St. Cloud MN 56304

### Part III: Metro Bus to complete

\_\_\_\_\_  
Signature of Metro Bus Representative

\_\_\_\_\_  
Date Issued