

APPLICATION FOR A REDUCED FIXED ROUTE BUS FARE FOR INDIVIDUALS WITH DISABILITIES

“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 _____

PART II: 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 _____

Part III: Metro Bus to complete

Signature of Metro Bus Representative _____

Date Issued _____

Mail completed form to: Metro Bus Mobility Training Center
700 W. St. Germain St., Suite 100, St. Cloud MN 56301