METRO BUS
the people picker-uppers.

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 of 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 Routes?
   _____ 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 undersand this information will be held confidential and will not be released.

_____

Applicant Signature Date

PART II: Case Worker, Educator, Medical or Mental Health Professional or Physician to complete

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

2. Please describe the 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

_____

Signature Date

_____

Printed name and Title

_____

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