

Cadillac/Wexford Transit Authority (CWTA)

Reduced Public Bus Fare Application Public Transit Customer with a Disability

(To be certified by a licensed physician only)

951 Casa Road, Cadillac, Michigan 49601

Administration Office 1-231-775-9411

Instructions

Applicant

Fill out the information “To Be Completed By the Applicant” section and submit it to a licensed physician for review and certification approval.

Eligible applicants should receive a permanent or temporary Reduced Fare I.D. Card after the **physician** returns the completed application back to the Cadillac/Wexford Transit Authority and **you** provide a 1” X 1” color passport quality facial picture of yourself to CWTA for I.D. card processing. The I.D. card must be displayed to the driver when boarding the bus.

Reduced Fare I.D. Cards are valid until the date shown on the card. Replacement cards will cost \$5.00.

The Cadillac/Wexford Transit Authority reserves the right to verify certification forms and will contact the proper authorities and report any fraud detected.

The Cadillac/Wexford Transit Authority reserves the right to work directly with local agencies and entities to certify recipients which meet eligibility requirements for the Reduced Fare I.D. Card.

Any applicant requesting a Reduced Fare I.D. card after March 1, 2013 must complete the entire process before the bus operator can offer you the reduced fare rate.

Physician

Please complete areas in the section marked “Physician Certification” and return to:

Cadillac/Wexford Transit Authority, 951 Casa Road, Cadillac, Michigan 49601

The purpose of this document is to “certify” the eligible candidate for a discounted public bus fare.

Exclusions (examples; not a complete list)

1. Pregnancy (excluding abnormal complications)
2. Short term ailments or illnesses
3. Environmental, economic, cultural disadvantages, age, homosexuality, bisexual life styles, compulsive gamblers or having a prison record
4. Acute or Chronic alcoholism or drug addiction (except those in recovery programs)

Please contact the Cadillac/Wexford Transit Authority at either 1-231-779-0123 or Toll Free 1-866-647-5465, Monday – Friday from 9:00 a.m. – 3:00 p.m. for assistance.

CADILLAC/WEXFORD TRANSIT AUTHORITY
REDUCED PUBLIC BUS FARE APPLICATION
FOR
PASSENGERS WITH DISABILITIES

TO BE COMPLETED BY THE APPLICANT

Name _____
Last First Middle

Address _____
Street Box # Apt #

City County State Zip Code

Sex: Male _____ Female _____

Telephone: Day _____ Evening _____

Cell _____ Other _____

Signature of Applicant

Date

**THE CADILLAC/WEXFORD TRANSIT AUTHORITY MAINTAINS THIS APPLICATION AND PHYSICIAN
CERTIFICATION FOR THE SOLE PURPOSE OF PROVIDING REDUCED FARES FOR ELIGIBLE PASSENGERS.**

PHYSICIAN CERTIFICATION

The Americans with Disabilities Act (ADA) has a three (3) part definition of disability. Under ADA, an individual with a disability is a person who:

- 1) Has a physical or mental impairment that substantially limits one or more major life activities;
or
- 2) Has a record of such impairment;
or
- 3) Is regarded as having such an impairment.

A physical impairment is defined by ADA as “any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems; neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine”.

Neither ADA nor the regulations that implement it list all the diseases or conditions that are covered because it would be impossible to provide a comprehensive list, given the variety of possible impairments.

This applicant’s impairment(s) or disability is considered:

Permanent: _____ Temporary: _____ None: _____

If temporary, estimated time of disability (from _____ to _____)

Does this person’s disability require that they use a personal care aid in order to use public transit?

Yes _____ No _____

Physician Name: _____ License # _____

Office Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Physician Signature: _____

(Thank you for taking the time to complete and return this application)