

Huron Transit Corporation/Thumb Area Transit

“Mobility Disabled Person”- Means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable, without special facilities or special planning or design, to utilize mass transportation facilities and services as effectively as persons who are not so affected.

Eligibility Guidelines:

Incapacities or disabilities which might cause a person to be mobility disabled are, but not necessarily limited to:

1. any disability requiring the use of walkers, crutches, wheelchairs, or other such devices;
2. one or more missing limbs;
3. special sensory disorders such as 50% bilateral hearing loss uncorrectable by use of a hearing aid;
4. cardiovascular or respiratory impairment which significantly interferes with coordination, endurance, or strength;
5. neurological diseases which significantly interfere with coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis, or paralysis;
6. significant muscular-skeletal impairment such as muscular dystrophy or severe rheumatism or arthritis;
7. significant mental or psychological impairment that results in physical impairment of coordination, strength, or endurance

Exclusions

A person is not to be considered transportation disabled if his or her sole incapacity or disability is:

1. pregnancy;
2. obesity;
3. impairment due to drugs or alcohol;
4. controlled epilepsy

HURON TRANSIT CORPORATION SERVICE
APPLICATION FOR SPECIAL FARE IDENTIFICATION PASS

The information obtained in this application will only be used by H.T.C. for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas.

1. Name _____

2. Home Address _____

City _____ State _____ Zip Code _____

3. Phone Number(Home) _____ Work _____

4. Date of Birth _____ / _____ / _____

5. Senior Citizen or Youth _____

- Senior Citizen meaning an individual who has attained the age of 60
- Youth meaning and individual under 5 years old

6. Please attach a copy of your birth certificate, drivers license, or any other identification stating date of birth

7. Individuals with a disability:

What is your disability? _____

Is this condition temporary? Yes _____ No _____

If yes, expected duration until _____ / _____ / _____

8. Are there any effects of your disability of which we need to be aware? Please list below.

The following information will be used to insure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by H.T.C.

9. Do you use any of the following aids to mobility? (Check all that apply)

- Manual Wheelchair Electric Wheelchair
 Power Scooter Cane
 Crutches Personal Care Attendant
 Service Animal
 Other (please specify) _____

10. Do you require a personal care attendant when you travel using transit?

Yes ___ No ___ Sometimes (please explain) _____

11. Can you travel 200 feet without the assistance of another person?

Yes ___ No ___ Sometimes (please explain) _____

I hereby certify that the information given in this application is correct

Signature _____ Date ____ / ____ / ____

If this application has been completed by someone other than the person requesting special fare identification, that person must complete the following:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature _____ Date ____ / ____ / ____

In order to allow H.T.C. to evaluate your application, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form with the name, address, phone number, and signature of that physician or other professional below.

The following person(s): (check one)

_____Physician

_____Health Care Professional

_____Rehabilitation Professional

is familiar with my disability and is authorized to provide information to H.T.C. required to complete this application.

Name _____

Address _____

City _____ State _____ Zip Code _____

Print Name _____

Signature _____ Date ____ / ____ / ____

Please return this form to:

Huron Transit Corporation

1513 Bad Axe Road

Bad Axe, MI 48413