

MECOSTA OSCEOLA TRANSIT AUTHORITY

INSTRUCTIONS AND ELIGIBLY GUIDE LINES

INSTRUCTIONS: Applicants need to fill out the Reduced Fare Application and present the Professional Certification of Disability to their physician for them to complete. Both of these need to be returned to MOTA along with any supporting documentation.

WHO IS ELIGIBLE FOR REDUCED FARE?

All applicants meeting one or more of the following eligibility criterions:

Senior Citizens – those individuals who are 62 years old and over

Medicare Cardholders – Those who have been issued a Medicare Card (NOT Medicaid) Under Titles II or XVIII of the Social Security Act (49USC 401 et seq., 1395 et seq.)

Mobility Disabled Persons – Those individuals who by illness, injury, age, congenital malfunction, other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities are unable to without special facilities or special planning or design to utilize transportation services as effectively as persons who are not so affected.

Disabled – See attached ADA definition, Sec. 12102

ELIGIBLE APPLICANTS

- Any disability requiring the use of a walker, cane, crutches, wheel chair or similar device
- One or more missing limbs
- Special sensory disorders such as 50% bilateral hearing loss uncorrectable with aids.
- Cardiovascular or respiratory impairment which significantly interferes
- Neurological diseases which significantly interferes such as, but not limited to Polio, cerebral palsy, multiple sclerosis, or paralysis
- Visual impairment uncorrectable with glasses
- Sever mental health or mental retardation

EXCLUSIONS

- Pregnancy
- Obesity
- Controlled epilepsy
- Controlled bipolar disorder
- Learning disability, Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Impairment from drugs or alcohol

Mecosta Osceola Transit Authority

REDUCED FARE APPLICATION

Mecosta Osceola Transit Authority (MOTA) provides origin to destination service at a reduced rate for those persons with a disability as defined by the Americans with Disabilities Act (ADA). In addition to the ADA, MOTA also recognizes short term *Mobility Impairment Disabilities*. These are short term Mobility impairments usually occurring from accidents, surgery, other occurrences that are for a limited time that include, but are not limited to broken bones (legs, hips, back) that requires an assistive device, surgery that prohibits a person to drive, and other short term disabling events. Short term impairments will be decided on a case by case basis and must include a physician's statement.

To be completed by the applicant

Applicant Name: _____

Address: _____

Phone: Home _____ Cell _____

Emergency Contact: _____ Phone: _____

Nature of disability _____

Short Term: Yes ___ No: ___ Mobility Device Required: Yes ___ No ___

Type _____ Personal Assistant Yes: ___ No: ___

Service Animal: Yes: ___ No: ___

APPLICANTS ACKNOWLEDGEMENT AND RELEASE OF INFORMATION

I understand that if any of the statements made on this application are false or inaccurate I may lose the privileges granted under the Reduced Fare Program. I may also be subject to compensate MOTA for the correct rate amount and may also be subject to criminal prosecution.

I hereby authorize the medical professional completing this application to release to MOTA any and all information necessary to complete this application. I understand that this information is confidential and shall not be release without my approval or a court order. I further understand that MOTA shall have the right and opportunity to contact the professional completing this form to obtain additional information about my disability and eligibility for the Reduced Fares Program.

Applicants Signature _____ Date ____ / ____ / ____

Mecosta Osceola Transit Authority

PROFESSIONAL CERTIFICATION OF DISABILITY

The applicant is requesting that MOTA consider their application as a "Mobility Disabled Person" and provide them with a reduced fare.

"Mobility Disabled Person" is defined as those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities are unable without special facilities or special planning or design to utilize transportation services as effectively as those persons who are not so affected.

The applicant is requesting that you provide documentation that supports their specific disability. Please note that while your recommendation will be taken into consideration during our approval process, it will not be the only determining factor considered in the final determination.

I certify that _____ meets the eligibility requirements defined under the Mobility Disabled Eligibility Guidelines. The applicants specific disability is _____, (Attach document if necessary) which prevents him/her from performing one or more of the listed functions without major difficulty. It is my opinion that this disability is (check one):

Temporary **OR** **Permanent** **Requires an aid on the bus?**
(Expected to last ____ months) (not likely to improve) Yes No

Professionals Information

Professional's Name: _____ Title: _____

Company/Office Name: _____

Address: _____ Phone: _____

Professionals Complete License Number _____

Professional's Certification: *I understand that if any of the statements on this application or an attached document are false or inaccurate, MOTA shall preclude me from certifying future applicants. I further understand that if involved in such activities, I will be subject to criminal prosecution in accordance with applicable laws of the state of Michigan.*

Professional's Signature: _____ Date _____

Americans with Disabilities defined:

U. S. Code Title 42, Chapter 126, Sec. 12102 - As used in this chapter:

(1) Disability The term “[disability](#)” means, with respect to an individual—

(A) a [physical or mental impairment](#) that [substantially limits](#) one or more major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major life activities

(A) In general: For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

(B) Major bodily functions : For purposes of paragraph (1), a major life activity also includes the [operation](#) of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment for purposes of paragraph (1)(C): (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived [physical or mental impairment](#) whether or not the impairment limits or is perceived to limit a major life activity.

(B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

(4) Rules of construction regarding the definition of disability the definition of “[disability](#)” in paragraph (1) shall be construed in accordance with the following:

(A) The definition of [disability](#) in this chapter shall be construed in favor of broad coverage of individuals under this chapter, to the maximum extent permitted by the terms of this chapter.

(B) The term “[substantially limits](#)” shall be interpreted consistently with the findings and purposes of the ADA Amendments Act of 2008.

(C) An impairment that [substantially limits](#) one major life activity need not limit other major life activities in order to be considered a disability.

(D) An impairment that is episodic or in remission is a [disability](#) if it would substantially limit a major life activity when active.

(E) (i) The determination of whether an impairment [substantially limits](#) a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as—

(I) [medication](#), medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;

(II) use of assistive technology;

(III) [reasonable accommodations](#) or auxiliary aids or services; or

(IV) learned behavioral or adaptive neurological modifications.

(ii) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment [substantially limits](#) a major life activity.

(iii) As used in this subparagraph—

(I) the term “ordinary eyeglasses or contact lenses” [means](#) lenses that are intended to fully correct visual acuity or eliminate refractive error; and

(II) the term “low-vision [devices](#)” means [devices](#) that magnify, enhance, or otherwise augment a visual image.

([Pub. L. 101-336](#), § 3, July 26, 1990, [104 Stat. 329](#); [Pub. L. 110-325](#), § 4(a), Sept. 25, 2008, [122 Stat. 3555](#).)