

KALKASKA AREA TRANSIT (KAT)

Reduced Public Bus Fare Application Public Transit Customer with a Disability

(To be certified by a licensed physician only)

**Kalkaska Public Transit Authority
1251 Island Lake Rd, Kalkaska, MI 49646
231-258-6808**

Applicant Instructions

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 after the **physician** returns the completed application back to the Kalkaska Public Transit Authority.

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

The Kalkaska Public Transit Authority reserves the right to work directly with local agencies and entities to certify recipients which meet eligibility requirements for a reduced fare.

Physician

Please complete areas in the section marked “Physician Certification” and return to:
Kalkaska Public Transit Authority, 1251 Island Lake Rd, P.O. Box 1046, Kalkaska, Michigan 49646

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 Kalkaska Public Transit Authority at either 231-258-6808
Monday – Friday from 9:00 a.m. – 3:00 p.m. for assistance.

**KALKASKA PUBLIC TRANSIT AUTHORITY
REDUCED FARE APPLICATION FOR
PASSENGERS WITH DISABILITIES
TO BE COMPLETED BY THE APPLICANT**

Name: _____
Last First Middle

Address: _____
Street Box # Apt #

City State Zip Code

Sex: Male _____ Female _____

Phone: Day: _____ Evening: _____

Cell: _____ Other: _____

Signature of Applicant

Date

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

Please remit with 1" X 1" color passport quality facial photo of passenger.

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
- 3) Or 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: _____
Street Box#

City State Zip Code Phone: _____

Physician Signature

Date

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

Please remit to: *Kalkaska Public Transit Authority, 1251 Island Lake Rd, P.O. Box 1046, Kalkaska Michigan 49646*