

THUNDER BAY TRANSPORTATION AUTHORITY
3859 US 23 NORTH
ALPENA, MI 49707
(989) 354-2487 (TBTA) ~ (989) 356-4596 (DIAL-A-RIDE)
FAX (989) 419-5901

Dear Medical Physician,

_____ has made an application to the Thunder Bay Transportation Authority for a reduced fare pursuant to Federal and State law. Specifically, 1951 PA 51, as amended, provides a reduced fare to eligible persons that are considered disabled in accordance with the attached policy.

Please complete the enclosed form and return it to:

Attn: Disabled Fare Reduction
Thunder Bay Transportation Authority
3859 US 23 North
Alpena, MI 49707
Fax (989) 419-5901

Thank you for your cooperation.

Sincerely,

Thunder Bay Transportation Authority

Definition of Disabled:

Disabled person means (1) any person who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such an impairment, or (c) is regarded as having such an impairment. (2) As used in this definition, the phrase:

- (a) *Physical or mental impairment* means (i) 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; genito-urinary; hemic and lymphatic; skin; and endocrine; or (ii) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; mental retardation; emotional illness; drug addiction; and alcoholism.
- (b) *Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- (c) *Has a record of such an impairment* means has a history of, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities.
- (d) *Is regarded as having an impairment* means:
 - (1) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation;
 - (2) Has a physical or mental impairment that substantially limits major life activity only as a result of the attitudes of others toward such an impairment; or
 - (3) Has none of the impairments set forth in paragraph (1) of this definition but is treated as having such impairment.

Thunder Bay Transportation Authority
 3859 US 23 North
 Alpena, MI 49707

Senior/Disabled Fare Reduction Application

Directions: Applicants please complete and sign Part 1. If applying for the fare reduction due to disability, your physician, optometrist, nurse practitioner, physician's assistant or a person qualified under the laws of Michigan to issue an opinion as to your eligibility in accordance with the attached definition must complete Part 2. Completed applications should be mailed or faxed to the address found at bottom of page. **(If applying for a reduced fare due to disability, the application cannot be processed without signed release of information and physician's certification.)**

Part 1: Release of Information and Signature

I am applying for a reduced fare as a senior and/or for a disability as defined in the attached definition. I authorize the release of the medical information described below to Thunder Bay Transportation Authority. I certify the information is true and realize by making a false statement on this application, I am subject to the penalties as allowed by law.

(Please Print)

Name (First, Middle, Last)	Date of Birth
Street Address	
City, State, Zip	Daytime Phone Number ()
Signature of Disabled Person X	Date
Signature of Representative (if presented by representative) X	
Do you use a mobility aid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please select all of the following mobility aids you may use:	
<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Power Scooter <input type="checkbox"/> Walker <input type="checkbox"/> White Cane	
<input type="checkbox"/> Oxygen Tank <input type="checkbox"/> Crutches <input type="checkbox"/> Guide/Assistance Animal <input type="checkbox"/> _____	
<input type="checkbox"/> Ambulatory, but must use lift to board vehicle _____	
If you use a wheelchair or scooter, what are its physical dimensions two inches above the floor, including foot or head extensions (in inches)? Note: a common wheelchair does not exceed 30 inches in width or 48 inches in length when measured two inches above the ground and does not weigh more than 600 pounds occupied.	
Width _____ Height _____ Length _____ Occupied Weight _____	
Do you require a Personal Care Attendant (PCA) when you travel? Note: A PCA is someone who is designated or employed by a person to provide personal assistance; it is not a companion.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES	
I hereby certify, to the best of my knowledge, that the information I have provided in this application is correct and true. I agree to notify Thunder Bay Transportation Authority of any changes in my status, which may affect my eligibility for a reduced fare. In addition, I hereby authorize my health care professional to provide any additional information to Thunder Bay Transportation Authority personnel as needed or requested to make their eligibility determination.	
Signature of Applicant X _____ Date _____	

Thunder Bay Transportation Authority
3859 US 23 North
Alpena, MI 49707

Part 2: Physician's Certification (Please Print)

Physician's Certification

I certify the person listed above is eligible for a reduced fare as a "disabled individual" in accordance with the attached definition.

Patient's condition is: Permanent Temporary, estimated duration: _____ months (maximum 6 months)

Physician's Name

Physician/Optomtrist/Nurse Practitioner/or a Person Qualified under the Laws of Michigan

***Medical License Number**

Physician's Medical Office/Facility Name

Street Address

Medical Specialty

City, State, Zip

() _____ () _____
Office Telephone Office Fax

X

Physician's Signature

Physician/Optomtrist/Nurse Practitioner/or a Person Qualified under the Laws of Michigan

Date

* If medical license was issued in a state other than Michigan, the physician must submit a copy of their medical license.

Return completed application to:
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Alpena, MI 49707
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