



801 Leesburg Road * Fort Wayne, Indiana 46808 * Phone: 260-432-4977 * Fax: 260-436-7729 * www.fwcitilink.com

HALF FARE PROGRAM APPLICATION FORM FOR PEOPLE WITH DISABILITIES

For purposes of this half fare program application, the eligibility definition of handicapped (as stated in 49CFR.609.3) is as follows:

“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 mass transportation facilities and services as effectively as persons who are not so affected.”

TO BE COMPLETED BY THE APPLICANT

I believe, based on the half fare eligibility definition (49CFR.609.3), I am qualified to participate in Citilink’s reduced fare program. I understand that a physician’s statement describing my disability, and how it affects my mobility, must be part of this application. I also understand that, if accepted, I will be issued one reduced fare identification card. I hereby authorize my physician or their representative to release, as necessary, medical information to the Fort Wayne Public Transportation Corporation/Citilink regarding my condition.

Applicant Name (please print) _____

Applicant Signature _____

Date _____

**TO BE COMPLETED BY A QUALIFIED HEALTH CARE PROFESSIONAL
(Please print)**

Physician (or their representative) or health care/rehabilitation professional:

Name _____

Medical Practice Name _____

Address _____ Phone _____

The following classifications are not intended to be an exhaustive list, but those disabilities that will most likely result in limiting one’s ability to use public transportation:

- The individual has any condition, which is expected to continue indefinitely, requiring the use of crutches, wheelchair, walker, leg or foot braces, or other such devices in order to be mobile.
- The individual has a missing limb or critical part thereof.

- The individual is blind or deaf. Legal blindness is defined as 20/200 vision or visual field of 20% or less in best corrected eye. Deaf is defined as 50% bilateral hearing loss uncorrectable by the use of a hearing aid device.
- The individual has a neurological or musculoskeletal condition that impairs motor skills to a severe extent, such as muscular dystrophy, multiple sclerosis, cerebral palsy, etc.
- The individual has a temporary disability severely affecting mobility (lasting at least three months but no longer than 12 months) which can be expected to last until _____.

Please describe: _____

- Other transportation disability: Please describe _____

Conditions that generally do not qualify under the half fare program eligibility definition include; pregnancy, obesity, drug or alcohol addiction, some chronic heart or lung conditions, controlled epilepsy, etc. Applications may also be denied if the condition involves a contagious disease or poses a danger to other passengers.

I hereby certify in accordance with federal regulation 49CFR.609.3 that _____ (applicant's name), in my opinion, qualifies for a Citilink reduced fare ID card because his/her disability complies with the eligibility definition and he/she is unable without special facilities, planning or design to ride Citilink buses as effectively as persons who are not so affected.

I declare under penalty of perjury that the statements on this application are true and correct to the best of my knowledge and belief.

Qualified Health Care Professional Signature _____

Date _____

The statement on this application must be completed and signed by a qualified physician (or their representative) or health care/rehabilitation professional to be valid. Citilink reserves the right to require any applicant to provide additional information if needed to clarify or verify a disability. This additional research may take time, preventing same day photo ID issue.

All information provided for this certification process will be confidential and filed in a secure place. The information is for Citilink half fare program eligibility use only and will not provided to other agencies.

To receive your photo ID card: return this completed form, in person, to the Citilink office, 801 Leesburg Road. For more information call 432-4546.