

Expiration Date: _____

D - _____

Date of certification: _____



Verification of disability provided by:

101 N. Jackson St.
Danville, IL 61832
217-431-0653

- Medicare card
- Physician
- Rehabilitation Professional
- Healthcare Professional

Rider with Disability Request for Reduced-fare Certification

The information obtained in this certification process will be used by Danville Mass Transit for the provision of transportation services. Information will be considered confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of birth: _____

1. What is the disability that qualifies you for reduced-fare status?

2. Is this condition temporary? No ___ Yes ___

If yes, it is expected to last through: _____
(date)

3. Do you use any of these mobility aids or equipment? (Check all that apply)

- Cane
- Manual wheelchair
- Prosthesis
- Other _____
- Crutches
- Power wheelchair
- Portable oxygen
- Walker
- Power scooter
- Service animal

4. Do you ever need to bring someone with you to help you when you travel (a “personal care attendant”)?

Yes, always Yes, sometimes No

5. Please answer the following questions about your abilities. Without the help of someone else, can you....

4. Climb three 12-inch steps if there is a handrail?
 Always Sometimes Never
5. Wait outside for 10 minutes?
 Always Sometimes Never
6. Give addresses and telephone numbers upon request?
 Always Sometimes Never
7. Ask for, understand, and follow directions?
 Always Sometimes Never
8. Deal with unexpected situations or unexpected change in routine?
 Always Sometimes Never
9. Get from the bus to the door of my destination?
 Always Sometimes Never

6. What is the FARTHEST you can walk (or travel using your mobility aid) without the assistance of another person?

Less than 1 block 1 block 2 blocks (1/4 mile) More than 1/4 mile

7. Does your condition/disability change from day-to-day in ways that affect your ability to use the fixed route service? No _____ Yes _____

If yes, please explain:

8. What special services do you need to use the fixed route buses? Please check all that apply:

Service animal Stop announcements Priority seating Other _____

Special signage Lift or ramp usage Travel training

I understand that the purpose of this application is to determine if I am eligible for reduced-fare status on the DMT bus system. I certify that the information provided in this application is true and correct.

Applicant's name _____
Please print

Applicant's signature _____

Date _____

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

Name: _____

Address: _____

City

State

Zip

The following professional is familiar with my disability and is authorized to provide information required to complete this certification to Danville Mass Transit.

Name of professional to be contacted: _____

Professional's address: _____

City

State

Zip

Professional's phone number: _____

THE ABOVE NAMED HEALTH CARE PROFESSIONAL MUST COMPLETE AND SIGN THE BACK PAGE OF THIS APPLICATION IF NO MEDICARE CARD HAS BEEN PROVIDED AS VERIFICATION OF DISABILITY

This portion is to be completed by a Health Care Professional.

1. Capacity in which you know the applicant: _____

2. Condition caution disability: _____

3. Is the condition temporary? No ____ Yes ____

If yes, it is expected to last through: _____

4. Would the applicant ever need to take someone with them to help them when they travel (a “personal care attendant”)?

Yes, always Yes, sometimes No

5. What is the FARTHEST the applicant can walk (or travel using his/her mobility aid) without the assistance of another person?

Less than 1 block 1 block 2 blocks (1/4 mile) More than 1/4 mile

6. Please answer the following questions about the applicant’s abilities. Without the help of someone else, can he/she....

1) Climb three 12-inch steps if there is a handrail?

Always Sometimes Never

2) Wait outside for 10 minutes?

Always Sometimes Never

3) Give addresses and telephone numbers upon request?

Always Sometimes Never

4) Ask for, understand, and follow directions?

Always Sometimes Never

5) Deal with unexpected situations or unexpected change in routine?

Always Sometimes Never

Professional’s Name: _____

Affiliation: _____

Office Address: _____

Office Phone Number: _____

Professional’s Signature: _____