

## Huron Transit Corporation/Thumb Area Transit

“Mobility Disabled Person”- Means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory 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.

### Eligibility Guidelines:

Incapacities or disabilities which might cause a person to be mobility disabled are, but not necessarily limited to:

1. any disability requiring the use of walkers, crutches, wheelchairs, or other such devices;
2. one or more missing limbs;
3. special sensory disorders such as 50% bilateral hearing loss uncorrectable by use of a hearing aid;
4. cardiovascular or respiratory impairment which significantly interferes with coordination, endurance, or strength;
5. neurological diseases which significantly interfere with coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis, or paralysis;
6. significant muscular-skeletal impairment such as muscular dystrophy or severe rheumatism or arthritis;
7. significant mental or psychological impairment that results in physical impairment of coordination, strength, or endurance

### Exclusions

A person is not to be considered transportation disabled if his or her sole incapacity or disability is:

1. pregnancy;
2. obesity;
3. impairment due to drugs or alcohol;
4. controlled epilepsy

HURON TRANSIT CORPORATION SERVICE  
APPLICATION FOR SPECIAL FARE IDENTIFICATION PASS

The information obtained in this application will only be used by H.T.C. for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas.

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Phone Number(Home) \_\_\_\_\_ Work \_\_\_\_\_

4. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Senior Citizen or Youth \_\_\_\_\_

- Senior Citizen meaning an individual who has attained the age of 60
- Youth meaning an individual under 5 years old

6. Please attach a copy of your birth certificate, drivers license, or any other identification stating date of birth

7. Individuals with a disability:

What is your disability? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this condition temporary? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. Are there any effects of your disability of which we need to be aware? Please list below.

\_\_\_\_\_  
\_\_\_\_\_

The following information will be used to insure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by H.T.C.

9. Do you use any of the following aids to mobility? (Check all that apply)

- Manual Wheelchair                       Electric Wheelchair  
 Power Scooter                               Cane  
 Crutches                                       Personal Care Attendant  
 Service Animal  
 Other (please specify) \_\_\_\_\_

10. Do you require a personal care attendant when you travel using transit?

Yes \_\_\_ No \_\_\_ Sometimes (please explain) \_\_\_\_\_  
\_\_\_\_\_

11. Can you travel 200 feet without the assistance of another person?

Yes \_\_\_ No \_\_\_ Sometimes (please explain) \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given in this application is correct

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In order to allow H.T.C. to evaluate your application, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form with the name, address, phone number, and signature of that physician or other professional below.

The following person(s): (check one)

\_\_\_\_\_Physician

\_\_\_\_\_Health Care Professional

\_\_\_\_\_Rehabilitation Professional

is familiar with my disability and is authorized to provide information to H.T.C. required to complete this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return this form to:

Huron Transit Corporation

1513 Bad Axe Road

Bad Axe, MI 48413