

Reduced-Fare Program

APPLICATION



For use by persons who are requesting access to reduced fares on the MATS fixed-route bus program and who are age 65 or older, are Medicare card-holders, or are disabled

Information & Eligibility

The Muskegon Area Transit System (MATS) is pleased to offer a Reduced-Fare Card Program to seniors, persons with disabilities, and individuals with Medicare cards, as required by its Federal and State funding partners. MATS defines seniors as those age 65 or older, and uses the definition of persons with disabilities as found in federal transportation guidelines at 49 CFR Part 27.

Persons who wish to access MATS' services at a reduced fare must first apply for, and be approved by MATS for, a MATS Reduced-Fare Card. Once a Reduced-Fare Card has been issued, the authorized person to whom the card is issued must carry the card and present it to the Bus Operator each time that the reduced fare is paid or a multi-ride, reduced-fare bus pass is used. The card is not transferrable to other persons. Completion of this Application is the first step to accessing MATS reduced fares. Please note that financial need, income levels, or status as a student, veteran, or member of another group, is not a determining factor in obtaining a reduced fare at this time.

Applicant Instructions

1. Complete this MATS Reduced-Fare Card Application. Provide all information pertaining to your requested category of eligibility, along with all required supporting documentation. Submit the Application to MATS via one of the methods described on Page 6.
2. Please allow up to 21 calendar days after receipt for MATS to respond regarding your eligibility. The MATS Transit Systems Manager or his designee will make a decision as soon as possible. An appeals process is available for any applicant who is denied eligibility.

Thank you for using the MATS system and please contact us at 231-724-6420 with any questions you encounter as you complete this application process.

49 CFR Part 27 Definition (excerpt): Person with a disability 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 by a recipient as having such an impairment.

APPLICANT IDENTIFICATION:

Applicant Name _____
Last Name First Name Middle Name Mr./Ms./Mrs.

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Email Address: _____ Date of Birth _____

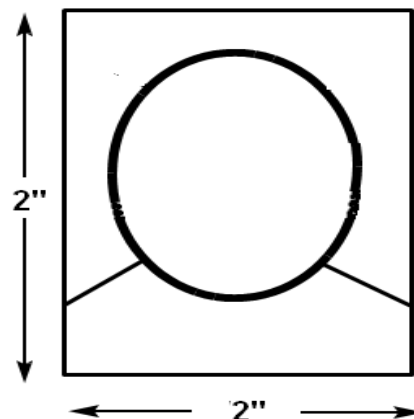
If you are being assisted in the completion of this application and wish for MATS to coordinate with a third party regarding your application, please provide the name and contact information for the person that is assisting:

Name: _____ Relationship: _____

Phone: _____ Email: _____

If you need assistance, but are unable to obtain it, contact the MATS Mobility Coordinator at 231-724-6420 to be referred to a person or agency that may be able to assist you.

PHOTO: You must provide a passport-style photo with this application. The photo should be recent (taken in the past six months) and approximately 2" tall and 2" wide, clearly depicting your face and shoulders, as outlined in the image to the right. Please do not wear hats, headgear, or glasses in the photo. Photos that are unclear or would not, in MATS' judgement, allow for Bus Operator recognition of your facial features will result in the application being considered incomplete. For more information on passport-style photos, visit <https://travel.state.gov/content/passports/en/passports/photos.html>



APPLICATION TYPE: This application is for a:

(Please Check One)

First-Time Card. I am providing requested information with this application to demonstrate my eligibility for the MATS Reduced-Fare Card.

Scheduled Renewal Card. My Current Card Expires on _____ and I am reapplying not more than 90 days before expiration. I am providing the requested information in this application.

Unscheduled Replacement Card. (Only completion of Pages 2 and 5 of application is required). I am providing the requested information in this application and I am enclosing the required **\$10.00** replacement card fee (Cashier Check, Money Order, or MATS-Authorized Third-Party Agency Payee Check only, payable to "Muskegon Area Transit System").

REDUCED FARE ELIGIBILITY: Read through each statement below and mark yes or no to determine what category of eligibility you may belong to and what additional supporting documentation you must submit to MATS with your application.

Are you Age 65+? _____ Yes _____ No
 If yes, proceed to Page 5 of this application packet.

Do you have a Medicare Card or document? _____ Yes _____ No
 If yes, proceed to Page 5 of this application packet. You will need to submit, with this application, a photocopy of your Medicare Card or other Medicare eligibility documentation.

Do you receive VA Benefits at a level of 50% disabled or greater, or do you receive Social Security Administration SSI or SSDI benefits for your own disability? _____ Yes _____ No
 If yes, proceed to Page 5 of this application packet. You will need to submit, with this application, a photocopy of your benefits approval letter or benefits card.

Are you legally blind with a State-issued ID indicating such? _____ Yes _____ No
 If yes, proceed to Page 5 of this application packet. You will need to submit, with this application, a photocopy of your State-issued ID, indicating your status as blind.

If the answer to the above questions is “No”, you may, with additional information, qualify for the MATS Reduced-Fare Card as a Person with a Disability. Proceed as follows:

If you are seeking to obtain a MATS Reduced-Fare Card on the basis of a disability, then you must present this application to an authorized licensed professional and have them complete the CERTIFICATION OF DISABILITY section on Page 4 for you. You will need to return that completed page as part of your application form. Any expense incurred in obtaining a professional’s certification is the responsibility of the applicant, not MATS. Professionals authorized by MATS to provide certification of a disability include persons licensed by the State of Michigan Bureau of Licensing and Regulatory Affairs in one of the following professions, only.

- | | |
|----------------------------|-----------------------------|
| Audiologist | LPN |
| Medical Doctor | Nurse Practitioner |
| Nursing Home Administrator | Occupational Therapist |
| Optometrist | Osteopathic Physician |
| Physical Therapist | Physician Assistant |
| Podiatrist | Psychologist |
| Respiratory Therapist | RN |
| Social Worker (BSW or MSW) | Speech-Language Pathologist |

If this application is not properly completed, a Reduced-Fare Card will not be issued.

CERTIFICATION OF DISABILITY: Applicant Name: _____ Date of Birth: _____

By signing this form, I request and authorize the release of disability or medical information by the certifying professional below, as may be required with this application.

Signature

Date

To the certifying professional:

The applicant named above is applying for access to reduced bus fares on the Muskegon Area Transit System (MATS), based on his/her standing as a person with a disability. You are being requested by the applicant to attest to the presence of a disability that substantially limits a major life activity. You are authorized by MATS to complete this page at the request of the applicant only if you can personally attest to the applicant's claim and you are currently licensed by the State of Michigan Bureau of Licensing and Regulatory Affairs in one of the following professions: Audiologist, LPN, Medical Doctor, Nurse Practitioner, Nursing Home Administrator, Occupational Therapist, Optometrist, Osteopathic Physician, Physical Therapist, Physician Assistant, Podiatrist, Psychologist, Respiratory Therapist, RN, Social Worker (BSW or MSW), or Speech-Language Pathologist. Please understand that the Certification of Disability is to be based only on the applicant's disability and not on financial condition, lack of access to transportation resources, or any other factor. A person is not considered by MATS to be eligible for the Reduced-Fare Program if his/her sole condition, absent a limiting impact on a major life activity, is pregnancy, obesity, or drug/alcohol dependency, or is of duration of less than 90 days.

Please provide the following information:

Nature of disability: Physical Psychological Developmental Other (describe below)

Provide a brief narrative description of the applicant's disability and how it limits a major life activity (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.)

Is this condition temporary? Yes No If Yes, anticipated end date: _____

I certify that I am a professional currently licensed with the State of Michigan Bureau of Licensing and Regulatory Affairs in one of the categories authorized by MATS above and that, based upon my skill, knowledge, and experience, and based upon a reasonable degree of certainty, the above-named applicant is a person with a disability, as indicated, and should be considered by MATS as such for the purposes of the MATS Reduced-Fare Card Program.

CERTIFIED BY: _____ (Signature)

Printed Name: _____

MI LARA License #: _____

Title: _____

Organization: _____

Address: _____

City, Zip: _____

Thank you for your assistance. Please return this form to the applicant for transmittal to MATS.

Applicant: After all information above has been compiled, including any required licensed professional certification, photocopies, applicant photo, and supporting documentation, you should read and sign the Certification statement below, then submit the application to MATS for consideration as indicated on Page 6.

APPLICANT STATEMENT: I affirm that all statements made by me on this application are true and complete. I understand that MATS will review the information provided to determine my eligibility for the Reduced-Fare Card Program and that any discovery of misstatement or fraud may disqualify me for reduced fare privileges. I understand MATS may discontinue or change its fare policies at any time. I understand that if this application is approved, I will be issued a photo identification card to use until the indicated expiration date on the card. I agree not to lend my card to anyone. I agree to present my card to the Bus Operator when paying my fare each time I board. I also understand that the card is the property of MATS and that MATS employees are authorized to confiscate my Reduced-Fare Card if it is used in an unauthorized manner.

Applicant Printed Name

Applicant Signature

Date

APPLICATION SUBMITTAL:

The final step in requesting access to reduced fares on the MATS fixed-route bus program is to ensure that all supporting documentation has been prepared and to submit your application for MATS review.

Supporting documentation may include:

A photocopy of your state-issued Photo ID (REQUIRED FOR ALL APPLICANTS)

A photocopy of your student Photo ID (REQUIRED FOR THOSE WITHOUT STATE-ISSUED PHOTO ID, DUE TO AGE)

A recent, color "Passport"-style photograph (REQUIRED FOR ALL APPLICANTS)

Copies of Medicare, VA, or SSI/SSDI cards or letters, if applicable

Check or Money Order, if applicable, for replacement cards

A self-addressed stamped envelope, only if you are unable to pick up your Card in person at the MATS Herman Ivory Terminal if approved

In addition to the supporting documentation above, please submit this entire application for MATS' review, including a properly completed Certification of Disability page, if applicable.

Completed Applications may be submitted in one of the following ways:

1. Electronically scan the completed application and all supporting documentation into your computer and email it to Reducedfares@matsbus.com. Do not use this method if your application requires payment of a replacement card fee.
2. Mail the completed application and all supporting documentation to:

MUSKEGON AREA TRANSIT SYSTEM
REDUCED-FARE CARD PROGRAM
2624 SIXTH STREET
MUSKEGON HEIGHTS, MI 49444
3. Drop off the completed application and all supporting documentation in person. Enclose your application in a sealed envelope marked MUSKEGON AREA TRANSIT SYSTEM REDUCED-FARE CARD PROGRAM. Deliver the envelope to the MATS Customer Care Center between the Scheduled Hours of 10:00am to 4:00pm, Monday-Friday at:

HERMAN IVORY TERMINAL
351 MORRIS AVENUE
MUSKEGON, MI 49440

Your application will be reviewed upon receipt and you will be contacted by MATS as soon as an eligibility determination has been made. Please allow up to 21 calendar days for processing. If you do not hear from MATS within 21 days, or for further information regarding this application, call 231-724-6420 to speak to a Customer Care Representative.