



DDOT Reduced Fare Program

The Detroit Department of Transportation (DDOT) Reduced Fare program enables eligible riders with disabilities, senior citizens 65 years of age or older, and Medicare Recipients to ride DDOT fixed route bus services at a reduced rate of \$0.50 per-trip, which is one-third the regular fare rate. All of our vehicles are wheelchair accessible.

WHO QUALIFIES

Applicants who meet one or more of the following eligibility categories are approved for the pass card:

Senior Citizens – Individuals age 65 or older

Medicare Cardholders

Mobility Disabled – Individuals with any illness, injury or disability that physically or cognitively limits mobility independence.

HOW TO OBTAIN REDUCED FARE PASS CARD

Applications are accepted through mail only. All applicants must complete the attached Reduced Fare Application in its entirety. There is a processing fee of \$1.00 (**Cash or Money Orders only**) No personal checks accepted. Eligible applicants shall be mailed instructions for obtaining and using the Reduced Fares pass card. Applicants deemed ineligible shall be mailed notification of the reason for the ineligible decision.

- Individuals age 65 or older must provide a copy of your valid government/state issued I.D. or driver's license.
- Medicare Recipients must provide a copy of their Medicare card plus a copy of their valid government/state issued I.D. or driver's license.
- Those applying as Mobility Disabled must have their Health Care Professional complete the attached **Professional Certification**. Note: Legally blind persons with documented proof as "legally blind," as evidenced by a valid state identification card, are automatically approved without Professional Certification. Simply mail a copy of your valid state I.D. evidencing the "**legally blind**" designation with your application.

Enclose application and all required documents and MAIL TO: **DDOT- REDUCED FARES, 1301 E. Warren Ave – Room 106, Detroit, MI, 48207**. Only mailed and completed applications are accepted and processed. All processing fees are non-refundable.



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APPLICATION

Last Name:	First Name:	M.I.:
Address:	City:	State: Zip:
Apartment/Unit #:	County:	
Telephone #:	E-mail: (optional)	
Date of Birth:	Gender:	Male Female
I am applying for a Reduced Fare Card on the following basis: Please circle only one		

- **Age 65 or Older**
- **Mobility Disabled**
- **Medicare Recipient**

Eligibility Verification & Approval

All applicants who apply based on being 65 years of age or older or Medicare Recipients shall automatically qualify for the Reduced Fares pass card upon verification by DDOT. Applicants seeking certification under the Mobility Disabled Persons category must submit the Health Care Professional Certification form. All applications require a Copy of Valid State ID or Driver's License.

Support Documents to be sent with Application

Note: ALL Applications require a \$1.00 processing fee. Cash or Money Orders ONLY!

• Age 65 or Older	Copy of Valid State ID or Driver's License & \$1 processing fee
• Medicare Cardholder	Copy Medicare Card, copy of valid ID or Driver's License, & \$1 processing fee
• Mobility Disabled	Completed Health Professional Certification form (attached) detailing your specific diagnosis and the extent of your disability along with a copy of valid ID or Driver's License & \$1 processing fee. Note for Legally Blind Applicants: HP Certification is not required if your ID is endorsed evidencing you as "legally blind".

HOW TO SUBMIT THIS APPLICATION

Mail completed application, supporting documents, \$1.00 processing fee via Cash or Money Orders **ONLY!** To **DDOT- REDUCED FARES, 1301 E. Warren Ave. Room 106, Detroit, MI 48207**. Only mailed applications are accepted. All processing fees are non-refundable.

Applicant Acknowledgement and Release of Information

I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Reduced Fares program. I understand that this information is confidential and shall not be released without my approval or a court order. I further understand that DDOT has the right to contact the professional completing this form to obtain additional information about my disability if applying as Mobility Disabled

Applicant Signature:

<u>DDOT USE ONLY</u>
Date Received: _____
Received By: _____
Fee Collected: _____



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Health Care Professional Certification of Disability

Applicant's Release

I authorize the health care professional completing this application to release to the Detroit Department of Transportation (DDOT) information about my disability.

Name: _____ **Signature:** _____ **Date:** _____

This section MUST be completed by a licensed health care professional.

The applicant above requests certification as "Mobility Disabled" for issuance of a DDOT Reduced Fares pass card to access transit at a reduced rate. Eligibility is as follows per the Federal Transit Administration (FTA):
"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."

Please mark all conditions that affect the applicant's ability to use mass transit.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Neurological disorder that interferes with coordination, strength or endurance such as polio, cerebral palsy, multiple sclerosis, paralysis or frequent uncontrolled seizures and special sensory disorders such as Legal Blindness or 50% bilateral loss of hearing. | <ul style="list-style-type: none"> <input type="checkbox"/> Significant muscular-skeletal impairment such as muscular dystrophy or severe arthritis. |
| <ul style="list-style-type: none"> <input type="checkbox"/> Any disability of more than six months (180 days) which requires the use of walkers, crutches, wheelchairs or other mobility devices. | <ul style="list-style-type: none"> <input type="checkbox"/> Significant cognitive impairment. <input type="checkbox"/> One or more missing limbs. |
| <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular, respiratory impairment, dialysis or cancer treatments which significantly interfere with coordination, endurance or strength. | |

Certification of Application

I have examined the applicant (fully identified in the Applicant's Section of this application). It is my opinion that he/she has impairment(s) that prevents him/her from accessing regular bus services as effectively as persons without such a disability. **YES** **NO**

It is my opinion that this disability is: (Check One)

Temporary (Expected to last _____ Months) **Permanent**

Professional Certification*PLEASE PRINT*

Name of Health Care Professional: _____
 Professional Title/Specialty: _____ Agency/Office Name: _____
 Address: _____ Telephone : _____
 Michigan
 License#: _____

Professional Acknowledgement: If any of the statements on this document are false or inaccurate, DDOT shall preclude me from future applicants. I understand that such activities, may subject me to criminal prosecution in accordance with applicable laws of the State.

Professional Signature: _____ Date: _____