City of Racine Transit Reduced Fare Application

1900 Kentucky Street, Racine, WI 53405

CERTIFICATION FORM

SECTION A (TO BE COMPLETED BY THE APPLICANT)

Name _____ Phone _____

Street _____ City _____ Zip _____

Signature of applicant _____ Date _____

SECTION B (FOR DISABLED PERSONS ONLY)

If you have a current Medicare Card, Section B does not need to be filled out (your current Medicare Card must be presented at time Reduced Fare Card is issued).

I hereby authorize _____ to release information to complete this application.
(Doctor/Office Name)

TO BE FILLED OUT BY DOCTOR

Does the applicant's condition preclude them from using public transportation to conduct daily activities as effectively as persons who are not so effected? (circle one) **YES** or **NO**

Please circle the limitation code number(s):

1 Uses mobility device
2 Uses cane
3 Uses walker
4 Uses crutches
6 Is mentally disabled
7 Is legally blind
8 Is deaf
9 Other (specify) _____

Does the applicant require the assistance of an attendant due to the disability (circle one) **YES** **NO**

The limitation is (circle one) **PERMANENT** **TEMPORARY**

If temporary, please indicate expiration date _____

Briefly state nature of disability _____

Doctor _____

Signature of Doctor _____ Date _____

Instructions:

1. Applicant completes top portion of form.
2. Doctor completes second portion of form for disabled applicants only. Circle limitation codes applicable and indicate whether permanent or temporary.
3. Mail application form to RYDE Racine, 1900 Kentucky St., Racine, WI 53405
4. A photo ID will be required for participation in this program. Call 619-2436 for an appointment. photos will be taken at 1900 Kentucky St.
5. Identification card must be presented at time Reduced Fare Card is issued.