JACKSONVILLE TRANSIT SYSTEM
APPLICATION FOR
HALF-FARE IDENTIFICATION CARD

Updated June 2021

The City of Jacksonville and Jacksonville Transit will only use the information obtained in this certification process for the provision of transportation services. **The information will not be provided to any other person or agency.**

---

1. NAME:____

2. ADDRESS:____

   CITY: ________________________ STATE: ___________ ZIP CODE: ________________________

3. TELEPHONE #: (HOME)______________________ (WORK) ________________________________

4. DATE OF BIRTH: ________/_______/________Signature:__________________________________

A passenger may be eligible for a Half-Fare Identification Card from Jacksonville Transit, if they meet <u>one</u> of the following qualifying conditions: (Please select one)

☐ **<u>SENIOR CITIZENS (Age 65 & over) and/or MEDICARE CARD HOLDERS</u>** Senior citizens and/or Medicare card holders need to attach a copy of their Medicare Card and a copy of a photo ID- Complete the above section and sign. Make sure you attach the requested documentation. Half Fare ID will be valid for 5 years from date of issue.

☐ **<u>PERSONS WITH DISABILITIES</u>** Please complete the attached questionnaire (Pgs. 1 – 4) and have your Licensed or Certified Health Care Provider complete and sign the Professional Certification of Information (Pgs. 5 – 7) enclosed with this application. Both are required in order to determine eligibility for a Half-Fare Identification Card for Jacksonville Transit. Half Fare ID will be valid between 1-5 years dependent upon the disability.

☐ **<u>YOUTH AGE 6-18</u>** Please complete this application (Pgs. 1 – 2) and provide a copy of the child's birth certificate for our files. Half Fare ID will need to be renewed every 3-5 years and will expire on 19th birthday.

Applications can be hand delivered to Jacksonville Transit located at 815 New Bridge Street, Jacksonville, NC 28540, mailed to City of Jacksonville, PO Box 128, Jacksonville, NC 28540. It can also be faxed to (910)938-5031.

Applications can take up to 5 business days to process. Once an individual is approved, it is necessary that the individual make an appointment to have a Jacksonville Transit Reduced Fare card issued. This card will include a photograph of the qualified individual.

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

Name: ____

Relationship to Applicant:____

Address: ____

City: _________________________________ State: __________________ Zip: __________________

Daytime phone: ____

Signed: ____ Date _____/_____/_____

APPLICANT QUESTIONNAIRE

A passenger may be eligible for a reduced-fare identification card from Jacksonville Transit, if through illness, age, injury, or congenital malfunction, the passenger is unable to utilize mass transportation facilities and services as effectively as persons who are not so affected. Passengers who qualify for the reduced-fare identification card are those who require special facilities (such as ramps, lifts, or a wheelchair securement system), services (such as audible bus stop announcements), or planning (such as needing an aide to accompany or needing audible crosswalk signals or curb cuts to get to a stop).

1. As a person with disabilities, please state your disability:

   ____

   ____

   Is this condition temporary?________ If Yes, expected duration until ____/____/____

2. Are there any other effects of your disability of which we need to be aware?

   ____

   ____

   ____

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

   Manual or Powered wheelchair____ Walker____ Powered scooter____ Cane____ Crutches____ Personal care attendant____ Guide Dog____

4. Do you require a Personal Care Attendant when you travel using transit?

   _____ Yes _____ No _____ Sometimes (Please explain)___________________________________

5. I hereby certify that the above information given is correct.

   Print Name: ____

   SIGNATURE:____ DATE: _____/_____/_____.

TO THE APPLICANT:

In order for the Jacksonville Transit System to evaluate your request, you will need to have your physician or other professional to confirm or elaborate on the information you have provided.

I authorize the ADA Coordinator to contact my accredited Health Professional if there is any conflicting information or if further verification is required.

____ ______________________________

Signature Date

THE FOLLOWING **PHYSICIAN** ____, **CREDITED HEALTH CARE PROFESSIONAL** _____ OR **REHABILITATION PROFESSIONAL** _____ (**CHECK ONE**) IS FAMILIAR WITH MY DISABILITY AND IS AUTHORIZED TO PROVIDE INFORMATION NECESSARY FOR JACKSONVILLE TRANSIT TO COMPLETE ITS EVALUATION OF MY APPLICATION.

The person identified below will need to complete the next section.

Physician/Professional's Name ____

Address ____

City ____ State ________________ Zip _____________

Phone Number ____

Applicant's Name (Print or type) ____

Applicant's Date of Birth_______/_______/________

Applicant's Signature____ Date_____________________

The next section of the application is in reference to the applicant's assessment. This is a critical part of the application and must be completed by a physician or a credentialed health care professional named in the above. Please have the person listed above complete the next section of the application.

Jacksonville Transit System
PROFESSIONAL CERTIFICATION OF INFORMATION

_

Applicant's Name: ____

Capacity in which you know the applicant:
____

Medical Diagnosis of condition causing disability:
____

Is the condition temporary? No_____ Yes_____   Expected duration until ____/____/____

****
****

A. If the person has a disability affecting mobility, is the person:

1. Able to walk 200 feet without assistance?

   Yes_____ No_____ Sometimes_______________________________________

2. Able to walk ¼ mile without assistance?

   Yes_____ No_____ Sometimes_______________________________________

3. Able to walk ¾ mile without assistance?

   Yes_____ No_____ Sometimes_______________________________________

4. Able to climb three 12-inch steps without assistance except hand-railing?

   Yes_____ No_____ Sometimes_______________________________________

5. Able to wait outside without support for 10 minutes?

   Yes_____ No_____ Sometimes_______________________________________

6. Does this person use any mobility aids? If so, What? ***(Check all that apply)***

Manual or electric wheelchair___ Walker___ Powered scooter___

Cane___ Crutches___ Personal care attendant___ Guide Dog___

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" is such a device which does not exceed 30 inches in width and 48 inches in length measured two inches above the ground, and does not weigh more than 600 pounds when occupied.

Service for ADA Complementary Para-Transit under the ADA regulations is only required to transport a "common wheelchair"; however the service will try to accommodate as many mobility aids as possible.

The vehicle lift used may be unable to accommodate passengers with a combined weight (the person seated in the wheelchair and mobility aid) of more than 600 lbs.

Total Weight of person and mobility aid under 600 lbs: Yes ___ No ___

B. If the person has a visual impairment:

1. Visual Acuity with Best Correction:

   Right Eye_____ Left Eye_____ Both Eyes_____

2. Visual Fields:

   Right Eye_____ Left Eye_____ Both Eyes_____

C. If the person has a cognitive disability; is the person able to:

1. Give addresses and telephone number upon request? Yes_____ No_____
2. Recognize a destination or landmark? Yes_____ No_____
3. Deal with unexpected situations or unexpected change in routine? Yes_____ No_____
4. Ask for, understand and follow directions? Yes_____ No_____
5. Safely and effectively travel through crowded areas? Yes_____ No_____

Is there any other effect of the disability of which Jacksonville Transit System should be aware? Please describe below:

____

____

____

____

CERTIFICATION BY DOCTOR OR MEDICAL AGENCY: I recommend that this person be deemed eligible for a Reduced-Fare Identification Card, and certify to the best of my knowledge, the above responses are true.

Physician/Professional's Name (please print):______________________________

Specialty:______________________________

Office Address: ______________________________

Office Phone Number: ______________________________

Signature: ______________________________

Please ensure the application has been fully completed. Incomplete applications will not be processed.