

# Application for Reduced Fare Due to Disability

The information obtained in this certification process will only be used to determine eligibility for reduced fare transportation services provided by MAPS Transit & The Sunshine Lamp Trolley. The information contained herein will not be provided to any other person or agency. The MAPS Office will contact you once your application has been approved. Please allow 2-4 weeks

Please mail this completed form to:

**MAPS Transit**  
**602 S. Main**  
**Joplin, MO 64801**  
**Attn: Transit ID**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Address \_\_\_\_\_ Apt No. \_\_\_\_\_
3. City \_\_\_\_\_
4. Zip code \_\_\_\_\_
5. Telephone Home \_\_\_\_\_
6. Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
7. What is the disability that entitles you to be eligible for reduced fare on the Transit System?

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8. Is this condition temporary? \_\_\_\_\_
  - a. If yes the expected duration of the Condition is until \_\_\_\_/\_\_\_\_/\_\_\_\_
9. Are there any other effects of your disability which we need to be aware of?

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10. Do you use any of the following mobility aids?
  - a. *Please check all that apply*
    - i. Manual wheelchair\_\_\_\_
    - ii. Electric wheelchair\_\_\_\_
    - iii. Powered scooter \_\_\_\_
    - iv. Crutches\_\_\_\_
    - v. Cane\_\_\_\_
    - vi. Walker\_\_\_\_
    - vii. Guide dog\_\_\_\_
    - viii. Personal Care Attendant\_\_\_\_
11. Do you require a Personal Care Attendant when you travel using the Transit System?
  - a. Yes\_\_\_\_ No\_\_\_\_

12. Please answer the following questions:

- a. Can you travel 200 feet without the assistance of another person?
  - i. Yes\_\_\_ NO\_\_\_ Sometimes\_\_\_
- b. Can you travel  $\frac{1}{4}$  of a mile without the assistance of another person?
  - i. Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
- c. Can you travel  $\frac{3}{4}$  of a mile without the assistance of another person?
  - i. Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
- d. Can you climb 3 12-inch steps without assistance
  - i. Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
- e. Can you wait outside without support for 10 minutes?
  - i. Yes\_\_\_ No\_\_\_ Sometimes\_\_\_

I hereby certify that the information given above is correct.

Applicants Signature\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please have your physician or other health care professional confirm the information you have provided and complete the following authorization.

*Please check one of the following:*

Physician\_\_\_ Health Care Professional\_\_\_ Rehabilitation Professional\_\_\_

His or Her name and address:

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

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

Professional's Signature\_\_\_\_\_

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

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

Name\_\_\_\_\_

Address\_\_\_\_\_

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

Daytime Phone\_\_\_\_\_

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

**MAPS Transit  
The Sunshine Lamp Trolley  
123 S. Main  
Joplin, MO 64801  
417-626-8609**

Dear Valued Customer:

We at *MAPS Transit & The Sunshine Lamp Trolley* are working very hard to serve your transportation needs in the best possible way.

**Please show your Transit ID card to the driver each time you board the bus.** This is important. Even though you may ride the bus frequently and feel the drivers know you, the driver may challenge your right for reduced fare. **Please be aware that you may not be allowed to ride for a reduced fare if you fail to display this card when boarding the vehicle.**

**This card is issued to you for your personal use. No other person will be allowed to use it for a reduced fare on the transit system.**

If you have questions or a change of status concerning your ability to use the transit system, please contact the Dispatch Officer at 417-626-8609.

**Thank you for choosing MAPS Transit & The Sunshine Lamp Trolley for your transportation needs.**