

**LIVINGSTON ESSENTIAL TRANSPORTATION SERVICE
APPLICATION FOR SPECIAL FARE IDENTIFICATION PASS**

The information obtained in this application will only be used by L.E.T.S. for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas.

1. Name:
2. Home Address: Apt #:
City: State: Zip:
3. Telephone (Home):
Work:
4. Date of Birth:
5. Senior Citizen or Youth:

Senior Citizen means an individual who has attained the age of 60.

Youth means an individual 5 years of age or under.

6. Please attach a copy of birth certificate, driver's license, or other identification stating date of birth.

Disabled Individuals

7. What is your disability?
Is this condition temporary? Yes No
If yes, expected duration until

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

The following information will be used to insure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Livingston Essential Transportation Service.

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

Manual Wheelchair	Electric Wheelchair	
Powered Scooter	Cane	Crutches
Personal Care Attendant	Service Dog	

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

Yes No Sometimes (please explain)

11. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

Yes No Sometimes (please explain)

12. I hereby certify that the information given in this application is correct.

Signed: _____ Date _____

13. If this application has been completed by someone other than the person requesting special fare identification, that person must complete the following:

Name:

Address:

Apt #:

City:

State:

Zip:

Daytime Telephone:

Signed:

Date

In order to allow L.E.T.S. to evaluate your application, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form with the name, address, telephone number and signature of that physician or other professional below.

Type of provider: (check one)

Physician

Health Care Professional

Rehabilitation Professional

is familiar with my disability and is authorized to provide information to the Livingston Essential Transportation Service required to complete this application.

Provider Name :

Provider Address:

Provider City:

State:

Zip:

Print Provider Name:

Provider Signature:

Date:

PLEASE RETURN THIS FORM TO:

**LIVINGSTON ESSENTIAL TRANSPORTATION SERVICE
3950 W. GRAND RIVER AVE.
HOWELL, MI 48855
C/O Katrina Maxwell**

YOU WILL BE INFORMED OF A DETERMINATION.

THIS DOCUMENT WAS ADOPTED ON MARCH 6, 1995, BY THE LIVINGSTON COUNTY BOARD OF COMMISSIONERS.

INSTRUCTIONS

Definition Disabled

"Mobility Disabled Person" - Means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory 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.

Eligibility Guidelines

Incapacities or disabilities which might cause a person to be mobility disabled are, but not necessarily limited to:

1. any disability requiring the use of walkers, crutches, wheelchairs, or other such devices;
2. one or more missing limbs;
3. special sensory disorders such as 50% bilateral hearing loss uncorrectable
4. cardiovascular or respiratory impairment which significantly interferes with coordination, endurance or strength;
5. neurological diseases which significantly interfere with coordination, strength or endurance such as polio, cerebral palsy, multiple sclerosis or paralysis;
6. significant muscular-skeletal impairment such as muscular dystrophy or severe rheumatism or arthritis;
7. significant mental or psychological impairment that results in physical impairment of coordination strength or endurance.

Exclusions

A person is not to be considered transportation disabled if his or her sole incapacity or disability is:

1. pregnancy;
2. obesity;
3. impairment due to drugs or alcohol;
4. controlled epilepsy.