

NEWAYGO COUNTY TRANSIT DEPARTMENT

Reduced Fare Application

Instructions

The Newaygo County Transit system offers reduced fares for persons age 60 and over and persons with a disability. Applicants requesting reduced transit fares must complete the application and return it to the Newaygo County Transit Department for approval. Approved community partners may also review, approve, and submit applications. A list of approved community partners is listed at the bottom of this form. Community partners should only submit the approved application and not provide any supporting documentation.

Eligibility may be determined by either age or disability. **Applicants should only complete the appropriate section of the application.** Professional certification of disability is only necessary when a person requesting reduced fares based on disability does not have any of the listed government documentation.

Completed applications should be submitted to:

Newaygo County Transit

PO Box 885

93 S. Gibbs St.

White Cloud, MI 49349

FAX: 231-689-0871

Email: transit@newaygocountymi.gov

The preferred method of submission for persons submitting applications without the support of a community partner is to bring the application and supporting documentation to the office front desk located at the address above.

Applicant Information

Full Name: _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

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Eligibility

☐ I am 60 years of age or older

OR

☐ I am applying as a Person with a Disability

Age Verification: must provide one of the documents listed below

☐ Driver's License

☐ State Identification Card

☐ Passport

☐ Birth Certificate

OR

Disability Verification:

For the purpose of this program, persons with disabilities means individuals who have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment, consistent with 49 CFR § 27.5. To document eligibility, applicants may provide one of the documents listed below:

☐ Medicare Card

☐ Social Security Disability Insurance (SSDI) Award Letter

☐ Supplemental Security Income (SSI) Disability Award Letter

☐ Michigan Disability Parking Placard or License Plate Documentation

☐ U.S. Department of Veterans Affairs Disability Determination

Provide Professional Certification (To be completed only if government documentation is not provided.) I certify that, to the best of my professional knowledge, the applicant meets the disability definition referenced in 49 CFR Part 27. The applicant has a physical or mental impairment that substantially limits one or more major life activities.

Professional Name: _____

Title/Credentials: _____

Organization: _____

License Number (if applicable): _____

Phone Number: _____

Signature: _____

Date: _____

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Applicant Certification

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that submitting false information may result in denial or revocation of reduced fare eligibility. I authorize the Newaygo County Transit Department to verify my eligibility as necessary for administration of the Reduced Fare Program.

Applicant Signature: _____ Date: _____

Review and Approval

Name: _____

Organization/Community Partner: _____

Approved:	Yes:	☐	No:	☐	Reason for disapproval:
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Documentation used to verify eligibility: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____

PRIVACY NOTICE

Information collected through this application is used solely for administration of the Newaygo County Transit Department Reduced Fare Program. The Department will maintain applicant information confidentially and will use eligibility documentation only for determining and administering reduced-fare eligibility.

Approved Community Partners

Newaygo County Mental Health

Empowerment Network

Disability Network West Michigan

Family Health Care