

# **LUDINGTON MASS TRANSPORTATION AUTHORITY**

## **REDUCED FARE PROGRAM**

The Ludington Mass Transportation Authority (“LMTA”) Reduced Fare Program provides that the elderly and people with disabilities are eligible to receive half-fare rates during non-peak hours.

**Riders Must Show the Reduced Fare Card to Driver to Receive Half-Fare During Non-Peak Hours.**

### **What is the Americans with Disabilities Act of 1990?**

The American with Disabilities Act (“ADA”) provides comprehensive civil rights protection for individuals with disabilities. Signed into law in 1990 and amended effective 2009, the ADA guarantees equal opportunity in employment, public services, public transportation, public accommodations and telecommunications for individuals with disabilities.

### **Who is Eligible?**

1. Any person with a disability who is unable, as the result of a physical, mental or visual impairment, to board, ride or disembark from an accessible vehicle without the assistance of another individual.
2. Any person with a disability who needs the assistance of a lift or ramp to board, ride or disembark from an accessible vehicle and an accommodating vehicle is not available or key stations have not been made accessible.
3. Any person with a disability who has a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location.

### **How to Apply?**

It’s easy. Complete the LMTA Reduced Fare Application and submit it to LMTA at 5545 W. Carr St., Ludington, MI 49431. Please Note: a medical doctor or mental health professional must complete Section 4 of the application – ADA Verification.

We understand that your medical information is confidential in nature. We will not use this information for any purposes other than to determine your eligibility for a reduced fare and any information/records used for that purpose will remain confidential.

If the ADA verification is not received the passenger will be required to pay full fare until the Passenger Information Form is submitted.

Senior Citizens (60 years or older) automatically qualify for the reduced fare and do not need to complete the ADA verification section for the Passenger Information Form.

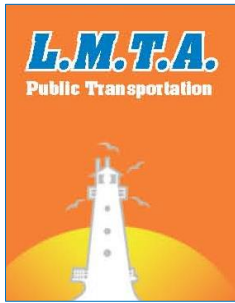
Please contact Ludington Mass Transportation Authority at (231) 845-1231.

# REDUCED FARE APPLICATION

## NOTE TO MEDICAL DOCTOR OR MENTAL HEALTH PROFESSIONAL

PLEASE NOTE THE FOLLOWING DEFINITIONS FOR PURPOSES OF COMPLETING THIS FORM:

1. *Definitions:*
  - a. Disability with regard to a person means (i) a physical or mental impairment that substantially limits one or more major life activities of such individual; (ii) a record of such an impairment; or (iii) being regarded as having such an impairment. The definition of disability does not include: Pregnancy, obesity, drug or alcohol addiction, and certain conditions which do not fall under the statutory definition (e.g. loss of a finger, some chronic heart or lung conditions, controlled epilepsy, etc.).
  - b. "Major Life Activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major Life Activities also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
  - c. Has "a record of such an impairment" means has a history or, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities.
  - d. An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to discrimination because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.



**LUDINGTON MASS TRANSPORTATION  
AUTHORITY  
5545 W. CARR STREET  
LUDINGTON, MI 49431  
231-845-1231**

**REDUCED FARE APPLICATION**

Please print all information clearly. Thank you.

**Section 1: Passenger Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Building or Complex (if applicable) \_\_\_\_\_

Apartment number: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Section 2: Please check all areas that apply to your travel needs:**

1. I use mobility aids

_____ Manual Wheelchair	_____ Electric Wheelchair
_____ Amigo/Power Scooter	_____ Cane
_____ Walker	_____ Crutches
_____ Guide Dog	_____ Grocery Cart

2. \_\_\_\_\_ I need to travel with staff while on the bus.

3. \_\_\_\_\_ I have a vision impairment

4. \_\_\_\_\_ I have a hearing impairment

5. \_\_\_\_\_ I travel with oxygen

6. Any other information that LMTA needs to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continued on next page

**Section 3: Emergency Contact Information**

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

Contact Name #1 \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Contact Name #2 \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Section 4: ADA Verification** – Any passenger (other than senior citizens) who is seeking to be qualified as disabled under the Americans with Disabilities Act (ADA) in order to receive a reduced fare pursuant to the Ludington Mass Transportation Authority Reduced Fare Policy needs to have a medical doctor or mental health professional complete this section.

I attest that \_\_\_\_\_ (name) is eligible for the reduced fare based on their ADA qualifications.

Signature: \_\_\_\_\_

Name of Professional: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Reminder: A separate form must be completed for each family member.**

**Return your completed application to:**

Ludington Mass Transportation Authority  
5545 W. Carr Street  
Ludington, MI 49431

**If you have questions please call 845-1231**