

Mecosta Osceola Transit Authority

REDUCED FARE APPLICATION

Mecosta Osceola Transit Authority (MOTA) provides origin to destination service at a reduced rate for those persons with a disability as defined by the Americans with Disabilities Act (ADA). The ADA defines the term 'Disability' as (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such impairment; or (C) being regarded as having such an impairment. After filling out the form below, MOTA will evaluate the information. Approval or denial of the application will be provided in writing upon request.

To be completed by the applicant.

Applicant Name: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Emergency Contact Name: _____ Phone Number: _____

Nature of disability: _____

I require the use of the following (Check all that apply):

Mobility Device _____ Personal Assistant _____ Service Animal _____ Other _____

I hereby certify that the information given above is true and correct to the best of my knowledge and belief and I hereby authorize my medical provider to release any information needed to complete this application.

Applicant Signature

Date

To be completed by the applicant's Physician or Professional Health Care Provider.

Physician / Provider Name: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

Please describe any effects of this condition that MOTA should know about: _____

I hereby certify that the applicant has a qualifying disability according to the ADA and that the information provided by the applicant is accurate.

Physician / Provider Signature / Title

Date

To be completed by the Director upon approval.

Director Signature

Date

Information on this application will be kept confidential.