PEOPLE MOVER Half Fare Program

for People with a Qualifying Disability

This packet contains forms that must be completed in order to enroll in the program.

PROGRAM & ELIGIBILITY INFORMATION

What is it?

The Federal Transit Administration requires transit agencies receiving federal funding for fixed route service to offer a Half Fare Program to Seniors, Medicare Card Holders and people with a qualifying disability. People with qualifying disabilities for this purpose are defined by FTA as persons:

"who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility."

Who is eligible?

Having a disability does not necessarily qualify an individual for the Half Fare Program. Income level or employment status are not determining factors. PEOPLE MOVER defines senior citizens as age 60 and over. Excluded conditions to the Half Fare eligibility include: pregnancy, obesity, alcoholism or drug addiction, contagious diseases and disabilities lasting less than 90 days.

How to show proof of eligibility?

Seniors and Youth may show a government issued photo ID to verify age when boarding the bus. Individuals with Medicare cards may show Medicare Card with photo ID to driver as proof of eligibility. All others need to complete the Half Fare Program application process to obtain a PEOPLE MOVER Half Fare ID card. The Half Fare ID Cards are valid for 3 months up to 10 years, length of eligibility depends on information provided by the certifying physician of these forms.

What is the Half Fare ID Card?

The Half Fare ID card is used as proof of eligibility to pay a reduced fare. The card has no cash value and must be shown to the bus operator each time the bus is boarded and the reduced fare is paid.

Is there a cost?

There is a fee for printing/reprinting a Half Fare ID card, please go to our website or call the Rideline to speak with a customer service agent, for the current fares and fees.

Renewals

All half fare cards must be renewed periodically. Individuals certified by completing this application process with approved healthcare providers will be required to obtain a new application packet and have their approved healthcare provider complete the certification forms with their updated eligibility criteria. Renewals should be completed prior to the expiration date on your current Half Fare ID Card, keep in mind processing times when planning for renewals.

THE APPLICATION PROCESS

How do I apply?

To qualify for the Half Fare, it will be necessary for you to complete a half fare application and obtain documentation that proves your eligibility.

The completed application and supporting documentation must be submitted to PEOPLE MOVER directly from the doctor's office.

Fill in your information on page 2, sign for acceptance of policies and authorization for release of information by your treating physician.

Have your physician who is treating you for a qualifying disability complete and sign pages 3 and 5 of this application. The treating physician must be licensed to practice medicine in the State of Alaska.

Leave these forms with your doctor. You should not take these forms with you as your doctor will need to fax or mail this application to our office for review.

Incomplete, Illegible or applications that appear to have been altered will be denied and must restart the application process. You will receive an application status notice mailed to the address on the the application.

Please allow a minimum of 14 business days for processing.

PHYSICIAN INSTRUCTIONS

Complete all questions in all sections on pages 3 and 5 of this application. If a line is provided asking for explanation, it must be completed as well. Please do not leave questions unanswered.

Disability alone does not qualify a person for the Half Fare Program, the disability MUST INHIBIT the applicant's ability to EFFECTIVELY use mass transportation services WITHOUT special facilities, planning, or design.

Income or ability to pay are not factors in determining eligibility.

Use the definitions on page 4 to identify qualifying disabilities and minimum standards to meet that criteria.

RETURN APPLICATION BY FAX, MAIL, or EMAIL ONLY

FAX TO: (907) 343-4042
EMAIL TO: peoplemover@muni.org
MAIL TO: PEOPLE MOVER HALF FARE PROGRAM
700 W. 6TH AVENUE #109 ANCHORAGE, AK 99501

PEOPLE MOVER Half Fare Program Application

Last Name | First Name | MI

Street # | Street Name | Apartment

City | State | Zip Code

Date of Birth (Month / Day / Year) | SSN last 4 digits | Phone # ( ) -

Email Address

Half Fare Program Eligible Disability

Specify Disability: _____

How does your condition affect your ability to effectively use public transportation?

_____

_____

Do you need special facilities, planning or design to ride fixed-route transit? ☐ *Yes* ☐ *No*
If yes please explain

_____

Do you need the assistance of an attendant to travel? ☐ *Yes* ☐ *No*
If yes please explain

_____

I agree to the following conditions regarding use of a PEOPLE MOVER Smartcard ID:

1.) NOT TRANSFERABLE: This card is not transferable and if presented by any person other than to whom it is issued, PEOPLE MOVER will confiscate and destroy the card. If a card has been confiscated due to usage by any unauthorized party, with the card holder's knowledge, PEOPLE MOVER has the right not to issue a replacement card.
2.) PROPERTY OF PEOPLE MOVER: All Smartcard ID cards are the property of PEOPLE MOVER, and must be presented upon use each time you board a PEOPLE MOVER bus. This card must be surrendered upon request by a PEOPLE MOVER official.
3.) LOST OR STOLEN CARDS: A replacement fee will be charged for each lost or stolen card. PEOPLE MOVER reserves the right to limit the number of replacement ID cards.
4.) DEFACED/DAMAGED CARDS: Cards that are cracked, have photos or other information that is faded, missing or scratched off will be considered invalid and subject to confiscation, replacement fee and limits could apply. It is your responsibility to maintain the Smartcard ID in a good and useable condition.
5.) CODE OF CONDUCT: The PEOPLE MOVER Code of Conduct must be followed at all times.
6.) BUS FARE: The Smartcard ID is not a bus pass on its own. It is a reloadable storage media for a digital bus pass, but does not by default come loaded with a pass. You still must purchase rides or day passes at your eligible rate to use the Smartcard as a pass.

I understand that the information collected on this form is for the purpose of determining eligibility for the PEOPLE MOVER Half Fare Program and all information provided will be kept confidential. PEOPLE MOVER maintains the right to verify my eligibility at any time. I affirm that all information given is true and complete. If at anytime my condition of eligibility changes I will notify PEOPLE MOVER and I understand my eligibility can cease until I requalify. I understand that fraud or abuse will result in confiscation of the Smartcard ID and termination of my eligibility of use.
I have read and understand the instruction sheet. I realize that until my PEOPLE MOVER Half Fare Application is approved, I will need to purchase the regular adult fare to use PEOPLE MOVER transit services.

I hereby authorize my HealthCare Provider to release any information necessary to PEOPLE MOVER in determining my eligibility for the PEOPLE MOVER Half Fare Program.

X _____ Date _____

Official Use Only

Reviewed By: _____ Date: _____

☐ Eligible
Exp. Date _____
Duration: ____ Months ____ Years
ID number: _____

☐ Incomplete
Comments: _____

☐ Ineligible

PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

ONLY TREATING PHYSICIANS/QUALIFIED HEALTH CARE PROFESSIONALS are authorized to fill out **ANY** portion of this application. This form must be fully **completed** to be accepted. Please read "Important" information below.

PHYSICIANS/HEALTH CARE PROFESSIONAL QUALIFIED TO CERTIFY AS FOLLOWS:

☐ Licensed Physician (MD,DO) ☐ Physician's Assistant (PA) ☐ Optometrist

☐ Licensed Psychiatrist/Psychologist ☐ Advanced Registered Nurse Practitioner (ARNP)

☐ Audiologist certified by the American Speech, Language and Hearing ASSOC.

I CERTIFY I am legally licensed by the State of Alaska as the above marked qualified professional.

PATIENT'S NAME (Please Print Clearly) _____

Eligible Disability Criteria

IMPORTANT - PLEASE READ THOROUGHLY

Not all disabilities qualify an individual to be eligible for the PEOPLE MOVER Half Fare Program. Income or ability to pay are not factors in determining eligibility. A qualifying disability MUST inhibit the applicant's ability to EFFECTIVELY use mass transportation services WITHOUT special facilities, planning, or design. Excluded conditions include: pregnancy, obesity, alcoholism/drug addiction, contagious diseases and temporary disabilities lasting less than 90 days. PEOPLE MOVER reserves the right not to process any application that is incomplete or if the information provided by the applicant and/or physician is not legible or appears to have been altered.

What criteria does the applicant's disability fall under? Please check all that apply (see reverse side for definitions).

Ambulatory Disability / Disorder of Gait

☐ From whatever cause, the applicant is UNABLE to move without a mobility/ambulation aid at ALL TIMES.
The word "UNABLE" is used in its literal sense. The fact that one of these aids facilitates movement is not sufficient.

The applicant is unable to move about without the following: ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches

Other ambulation aid ---> (Describe) _____

Cognitive Disabilities

☐ Developmental Disabilities. Persons with a condition that originated before age 22.

☐ Adult Cognitive Impairment. Persons with traumatic brain injury or illness occurring after age 18.

☐ Epilepsy. Grand mal or Psychomotor.

(Date of Last Seizure) _____

☐ Neurological Disabilities. Which are not controlled by medication.

(Please Specify) _____

Physical Disabilities

☐ Cardiopulmonary disease/COPD. Serious loss of heart or lung reserves as shown by tests that there is breathlessness, pain, or fatigue.

☐ Dialysis. Individual who must use a kidney dialysis machine in order to live.

☐ Loss of extremities. (see reverse side for definitions)

(Please Specify) _____

☐ Other.

(Please Specify) _____

Hearing or Visual Disabilities

☐ Legally Deaf ☐ Legally Blind

Chronic / Serious Mental Illness

Alcoholism, drug addiction and substance abuse are not eligible.

☐ Mental Disabilities. Individuals with a mental illness recognized in the *Diagnostic and Statistical Manual IV of the American Psychiatric Association* , and listed below. The symptoms of which must be chronic in nature, and meet one of the following criteria:

(DSM) List Code # : _____ (Specify Disorder) _____

☐ Living in an assisted living facility or under guardianship. (Proof required - see definitions for more information)

(Name of facility/guardian) _____ (Phone#) _____

☐ Receiving Social Security Disability "SSDI" (Proof required - see definitions for more information)

☐ Actively participating in a training or therapy program. (Proof required - see definitions for more information)

(Name of agency/program) _____ (Phone#) _____

☐ Applicant's impairment does not meet any of the limitations defined. Therefore, I cannot certify they meet the criteria for the PEOPLE MOVER Half Fare Program.

CRITERIA DEFINITIONS FOR PHYSICIAN'S USE & RETURN INSTRUCTIONS

Ambulatory Disability / Disorder of Gait

Impairment which cause, the applicant to be UNABLE to move without a mobility/ambulation aid at ALL TIMES. The word "UNABLE" is used in its literal sense. The fact that a mobility aid facilitates movement is not sufficient. The type of mobility device will need to be listed on the application, and if at any time applicant is able to move without the devise they will no longer qualify with that diagnosis and will need to be re-diagnosed to enter the program again.

Hearing or Visual Disabilities

Legally deaf - a hearing impairment that even with hearing aids, hearing in each ear is NOT restored to one of the following minimum levels:

Average hearing - threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1000, and 2000 HZ.

Speech discrimination - scores of 40% or less in each ear.

Legally blind - there is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

Cognitive Disabilities

Developmental Disabilities - Persons disabled due to intellectual disability, autism or other conditions found to be closely associated with intellectual disability or to require treatment similar to that required by intellectually disabled individuals and:

a.) The disability originates before such individual attains age 18; b.) The condition has continued, or can be expected to continue, indefinitely; c.) The condition substantially limits one or more major life activities on an ongoing basis.

Adult Cognition - Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairment(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.

Epilepsy - Persons who have suffered any seizure with loss of awareness within the last 6 months. However, persons exhibiting seizure-free control for a continuous period of more than six months duration are not included in the statement of epilepsy defined in this section.

Neurological Disabilities - A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Physical Disabilities

Cardiopulmonary Disease/COPD - Serious loss of heart or lung reserves as shown by X-ray, EKG or other tests and in spite of medical treatment, there is possible breathless, pain or fatigue.

Dialysis - Individual who must use a kidney dialysis machine to sustain life.

Loss of extremities - Anatomical deformity or amputation of hand(s) and/or feet, with loss of major function.

Chronic / Serious Mental Illness

Alcoholism, drug addiction and substance abuse are not eligible.

Mental Disabilities - For this application to qualify, an individual must have a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities, who have a mental disorder diagnosis based on criteria in the *Diagnostic and Statistical Manual IV* of the American Psychiatric Association, and who meet one of the following:

Assisted Living Facility/Guardian - Be living in a licensed assisted living facility which must be listed and will be sent a verification form for proof. Or, provide documentation of a legally appointed guardian.

Social Security Disability - Be receiving Social Security Disability (SSDI) and bring in proof that it is being received.

Actively participating in a program - Applicant must be addressing mental health needs by actively participating in a training, rehabilitation or therapy program established under federal, state, or local government agency. Under this section applicants can only be approved for 6 months at a time and must have a new application completed each time to ensure active participation is being met.

* Applicants with impairments that do not meet the minimum standards outlined in these definitions do not qualify for the PEOPLE MOVER Half Fare Program. Therefore, please mark the box on the front side of this form indicating you can not certify them as meeting the criteria for the Half Fare Program.

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PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY

ONLY TREATING PHYSICIANS/QUALIFIED HEALTH CARE PROFESSIONALS are authorized to fill out **ANY** portion of this application. This form must be fully **completed** to be accepted. Please read "Important" information below.

Eligible Disability Criteria Questions

IMPORTANT - PLEASE READ THOROUGHLY

Not all disabilities qualify an individual to be eligible for the PEOPLE MOVER Half Fare Program. Income or ability to pay are not factors in determining eligibility. The qualifying disability MUST INHIBIT the applicant's ability to EFFECTIVELY use mass transportation services WITHOUT special facilities, planning, or design. PEOPLE MOVER reserves the right not to process any application that is incomplete or if the information provided by the applicant and/or physician is not legible or appears to have been altered.

Disability and Date of Diagnoses: _____

Date of last In-Person appointment: _____

I believe this disability will continue for: _____ *months* _____ *years* ☐ This condition is permanent in nature, without major medical breakthrough.

Does condition affect the individuals ability to perform activities of daily living (ADL's)?

☐ *Yes* ☐ *No*

Due to condition, the applicant cannot use public transit without a PCA or person assisting them?

☐ *Yes* ☐ *No*

(If Yes, please explain)

_____

Does condition affect their ability to ride the bus?

☐ *Yes* ☐ *No*

(If Yes, please explain) Address need for accessible features, special facilities or planning.

_____

_____

_____

_____

_____

Is the applicant able to:

if you answer "No" to any of these questions, please explain

* Read information signs?	☐ *Yes*	☐ *No*	_____
* Recognize a destination or landmark?	☐ *Yes*	☐ *No*	_____
* Communicate addresses or destinations?	☐ *Yes*	☐ *No*	_____
* Ask for, understand and follow directions?	☐ *Yes*	☐ *No*	_____
* Use a fixed-route bus independently?	☐ *Yes*	☐ *No*	_____
* Know where to get on/off a fixed-route bus?	☐ *Yes*	☐ *No*	_____
* Stand without major support in a vehicle moving normally?	☐ *Yes*	☐ *No*	_____
* Get on/off a bus with ease, reasonable speed, or without aid?	☐ *Yes*	☐ *No*	_____

I AM CURRENTLY TREATING _____ *(patient name)* for a qualifying disability. I Understand that failure to certify applicant disabilities in accordance with the guidelines provided can result in cancellation of my certification privileges. Under the penalty of perjury, I hereby declare that the information provided is true and correct.

Physician's Name _____

Name of Clinic or Practice _____

Physician's License Type _____

Physician's License Number _____

Office Street Address _____

City, State, ZIP Code _____

Phone Number w/Area Code Extension _____

Fax Number w/ Area Code _____

X _____

Authorized Signature (MUST BE AN ORIGINAL)

Copies/Stamped SIGNATURES NOT ACCEPTED

Date of Signature _____

Certification is valid for up to 60 days from date of signature

PLEASE MAKE A COPY OF THIS CERTIFICATION FOR YOUR FILE; PEOPLE MOVER MAY CALL OR FAX FOR VERIFICATION