

Municipality of Anchorage

People Mover Reduced Fare Application



Information & Eligibility:

The Federal Transit Administration requires transit agencies receiving federal funding to offer a fixed route Half Fare program to seniors, people with disabilities and individuals with Medicare cards. People with disabilities for this purpose are defined by FTA as;

"those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory 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."

Having a disability does not necessarily qualify an individual for a reduced fare. Income is not a determining factor. People Mover defines senior citizens as those individuals age 60 and over. Exclusions to the Reduced Fare eligibility include: pregnancy, obesity, acute or chronic alcoholism or drug addiction, contagious diseases and temporary disabilities with a duration of less than 90 days.

Reduced fare cards are valid for 90 days and up to 3 years. Any fees charged for the completion of Certification Forms are not the responsibility of the Municipality of Anchorage or the Public Transportation Department. The Public Transportation Department reserves the right to verify certification forms.

Applicant Instructions

1. Complete the Reduced Fare Application. (Answer all questions. Disability alone does not qualify a person for a reduced fare. Ability to pay a fare is not a determining factor.)
2. Submit to the Customer Service office at the Downtown Transit Center, 700 West 6th Avenue, #109, Anchorage, Alaska 99501
3. If you are a senior citizen age 60 or over, have a current Medicare card or are a veteran with a VA service related disability rating of 100%, complete the first page of this application. Bring identification with proof of age, Medicare card or VA documentation rating to the Customer Service office at the Downtown Transit Center (700 W. 6th Avenue, #109).

If applying as a person with a disability, complete all questions on the application. Your physician will need to complete the Physician Certification form. Fill out and sign the Applicant Release section and submit to a licensed physician for certification. The physician will return the certification to the Public Transportation Department.

4. Once a completed application has been received, we will notify you by mail. You may also check the status of your application by calling 343-6544. Incomplete applications will be kept on file for 60 days.

Physician Instructions

1. Complete all questions in section marked "Physician Certification." Please do not leave items blank. Disability alone does not qualify a person for a reduced fare. Ability to pay a fare is not a determining factor.
2. Submit Physician Certification form directly to People Mover or send with client in a sealed envelope from physician's office.

People Mover
Reduced Fare Program
700 W. 6th Avenue, #109
Anchorage, Alaska 99501

Fax: (907) 343-4042
Phone: (907) 343-6543
TTY: (907) 343-4775
E-mail: wwtd@muni.org

This form is available in alternate formats upon request.

REDUCED FARE PROGRAM - APPLICATION
MUNICIPALITY OF ANCHORAGE PUBLIC TRANSPORTATION DEPARTMENT

APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Last 4 digits of SS #	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	E-mail Address
Street Address		Apartment/Unit #
City	State	Zip Code

QUALIFYING INFORMATION

To be eligible for a People Mover Reduced fare you must meet one or more of the eligibility conditions below. Check all that apply.

- Senior** (Age 60 and over)
Bring photo ID and proof of age to the customer service office.
- Medicare Recipient:**
Bring photo ID and copy of Medicare card to customer service office.
- Veteran with Disability:** Bring documentation of Veterans Administration (VA) service-related disability rating of 100% to the customer service office.
- Certified by another transit agency:** (Temporary card only)
Agency Name: _____ Expiration Date: _____
City and State of issue: _____
- AnchorRIDES Eligible:** Expiration Date: _____
- Person with a Disability:** Eligible disabilities are defined as being unable, *without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as persons who are not so affected.*
 1. Specify disability: _____
 2. Explain how your condition affects your ability to use public transportation:

- 3. Have your doctor complete the Physician Certification and return to People Mover.

I understand that information provided is for the purpose of determining eligibility and all information will be kept confidential. I have read and understand all reduced fare program information and affirm that the information provided is true and complete. I understand that fraud or abuse will result in confiscation of the card and termination of my eligibility.

Signature of Applicant _____ Date _____

Official Use Only: <input type="checkbox"/> Eligible <input type="checkbox"/> Temporary <input type="checkbox"/> Ineligible Expiration date: _____ Reason for ineligibility: _____	Approved by: _____ Date: _____	Issued by: _____ Date: _____ Card #: _____
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**REDUCED FARE PROGRAM - PHYSICIAN CERTIFICATION
MUNICIPALITY OF ANCHORAGE PUBLIC TRANSPORTATION DEPARTMENT**

Customer Service Division: Phone: (907) 343-6544 Fax: (907) 343-4042

PATIENT/APPLICANT RELEASE

I authorize Dr. _____ to complete this application and verify my disability, to the Municipality of Anchorage, Public Transportation Department.

Name: _____

Birthdate: _____ Date: _____

Signature: _____

PHYSICIAN CERTIFICATION

Physician Name: _____

Physician License #: _____

Telephone Number: _____

Address: _____

From criteria at right, indicate disabling condition. Check all that apply. Complete all questions below:

Is applicant able to perform Activities of Daily Living (ADL's)? If no, explain:

Does disability affect the person's ability to ride the bus? Explain. Include what special facilities, planning, or design are required:

Does condition involve a contagious disease or does individual pose a danger to others?

Is condition controlled by medication? Yes No

Is condition permanent? Yes No

If "No", give duration of condition: _____ Months

Is a Personal Care Attendant (PCA) required?

Always Sometimes Never

Explain why special assistance is needed: _____

I certify that I have examined the patient listed above; that I am legally licensed under the laws of the State of Alaska to practice medicine; and completed this form to the best of my ability.

Signature _____

Date _____

ELIGIBILITY CRITERIA

Non-Ambulatory Disabilities

Impairments which require the individual to use a wheelchair.

Semi-Ambulatory and Physical Disabilities

Restricted mobility. Requires the **permanent** use of a walker, cane, crutches, long leg brace or other orthopedic appliance.
List type of mobility aid: _____

Cardio-pulmonary disease. Serious loss of heart or lung reserves as shown by X-ray, EKG or other tests and in spite of medical treatment, there is breathlessness, pain or fatigue.

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

Acquired Immune Deficiency Syndrome (AIDS)

Loss of Extremities (both hands/one hand and one foot/both feet)
Please specify: _____

Other. Please specify: _____

Hearing or Visual Disabilities

Legally deaf. Hearing impairment that is bilateral and not correctable with hearing aid.

Legally blind. Visual impairment that is bilateral and not correctable with lenses.

Contraction of visual field. Persons whose widest diameter of visual field subtends angular distance of 20 degrees or less than 10 degrees from point of fixation; or visual field of efficiency is 20 degrees or less.

Cognitive or Mental Disabilities: * Complete All Sections *

1. From Diagnostic and Statistical Manual of Mental Disorders (DMS): List code number: _____
Specify name of disorder: _____

2. Check category:

Developmental Disabilities. Persons with a disability due to mental retardation, autism, or other related condition that originated before age 22.

Adult Cognitive Impairment. Persons whom by reason of traumatic brain injury or illness occurring after age of 18.

Epilepsy. Grand mal or Psychomotor. Persons who are seizure-free for a continuous period of six months are disqualified.
List date of last seizure: _____ (mandatory)

Neurological Disabilities. Neurological and physical impairments not controlled by medication (i.e., cerebral palsy or multiple sclerosis).

Chronic Mental Illness. Persons with long-term or severe mental health symptoms including schizophrenia, organic brain syndrome and bipolar disorder that affect activities of daily living (ADL's).

3. Applicant must also meet one of the following conditions:

Living in an assisted living home environment.
Name of facility: _____

Living at home or under supervision with agency support services, public guardianship or other appointed guardianship.
Guardian Name: _____

Actively participating in a training or rehabilitation program or therapy established under federal, state or local government agencies.
Name of Program: _____
Phone: _____

Receiving Social Security Disability Insurance (SSDI). Bring proof.

Return form to: People Mover Reduced Fare Program, 700 W. 6th Ave. #109, Anchorage, Alaska 99501 or fax to 907-343-4042 or scan/e-mail to wwtd@muni.org. **Must be in a sealed envelope if given to patient to hand-carry.**