

# Municipality of Anchorage

## People Mover Reduced Fare Application

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### Information & Eligibility:

The Federal Transit Administration requires transit agencies receiving federal funding to offer a fixed route reduced 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."*

Senior citizens are defined 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.

### Procedure

Applicant:

1. Complete the Reduced Fare Application.
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 disability rating of 100%, you need to 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 Physician Certification form.

Fill out and sign 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 can also check the status of your application by calling 343-6544.

Physician:

1. Complete all items in section marked "Physician Certification."
2. Submit Physician Certification form directly to People Mover:

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

Fax: (907) 343-4042

E-mail: [wwtd@muni.org](mailto:wwtd@muni.org)

**REDUCED FARE PROGRAM - APPLICATION**  
**MUNICIPALITY OF ANCHORAGE PUBLIC TRANSPORTATION DEPARTMENT**

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**APPLICANT INFORMATION**

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

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**QUALIFYING INFORMATION**

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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 application, photo ID and proof of age to the customer service office.
- Medicare Recipient:  
Bring application, photo ID and copy of Medicaid card to customer service office.
- Disabled Veteran: Bring documentation of 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 Issuer: \_\_\_\_\_
- AnchorRIDES Eligible: Expiration Date: \_\_\_\_\_
- I have a disability and am 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.* Please state disability and explain how it affects your ability to utilize public transportation and have your physician complete certification, attached:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that information provided is for the purpose of determining eligibility and that 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.

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<hr/> Signature of Applicant	<hr/> Date
Official Use Only: <input type="checkbox"/> Eligible <input type="checkbox"/> Temporary <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> Ineligible <input type="checkbox"/> Permanent Date: _____	Aprv'd by: _____ Issued by: _____ Date: _____ Date: _____

**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: \_\_\_\_\_

People with disabilities 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."

Exclusions include: Pregnancy, obesity, acute or chronic alcoholism or drug addiction, contagious diseases, or temporary disabilities with duration of less than 90 days. To qualify for the Reduced Fare Program, individuals must have a physical or mental condition that falls within the eligibility criteria listed at right. Check all that apply.

	Yes	No
Does disability effect one or more major life activities? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

Does patient/applicant meet one or more of the criteria listed at right?	<input type="checkbox"/>	<input type="checkbox"/>
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Is condition permanent?	<input type="checkbox"/>	<input type="checkbox"/>
Is condition temporary?	<input type="checkbox"/>	<input type="checkbox"/>
if yes, how long? _____ Months		

Is an attendant required? (If sometimes choose 'yes')	<input type="checkbox"/>	<input type="checkbox"/>
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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 Physical Disabilities**

*Restricted mobility.* Disabilities requiring the **permanent** use of a walker, cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about.

*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)*

*Other.* Please specify: \_\_\_\_\_

**Hearing Disabilities**

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

**Visual Disabilities**

*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 whose visual field of efficiency is 20 degrees or less.

**Mental Disabilities** Complete Parts I & II

**Part I**

*Developmental disabilities.* Persons with a disability due to mental retardation, autism, or other related condition that originated before age 18.

*Adult cognitive impairment.* Persons whom by reason of traumatic brain injury or illness occurring after age of 18;

*Epilepsy.* Grand mal or Phychomotor. Persons who are seizure-free for a continuous period of six months are disqualified.

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

*Chronic Mental Illness.* Persons with serious mental health symptoms including schizophrenia, organic brain syndrome and bipolar disorder.

**Part II:** Applicant must meet one of the following conditions:

Has a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM) Specify: \_\_\_\_\_

Is living in an assisted living home environment.

Is living at home under supervision with agency support services, public guardianship or other appointed guardianship.

Is actively participating in a training or rehabilitation program or therapy established under federal, state or local government agencies.