

# Clarksville Transit System (CTS) Half-Fare ID Card Program

## WHAT IS THE HALF-FARE PROGRAM?

The Clarksville Transit System Half-Fare Program provides discounted bus fares to eligible individuals.

## WHO IS ELIGIBLE?

1. An eligible person is one who meets the Americans with Disabilities Act 1990(ADA) definition of disability: "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment; as stated in 28 CFR Part 35 ADA Regulations.
2. Persons who present a Medicare card by the Social Security Administration; or persons who are 65 years or older.
3. Persons who present a Veterans Service Connected ID card.
4. Proof of eligibility and receiving social security disability benefits or supplemental security benefits due to disability.

## ARE THERE DIFFERENT LEVELS OF ELIGIBILITY?

Eligibility can either be permanent or temporary.

A. **Permanent** means any impairment that is expected to last a lifetime that impairs an individual's ability to ride the bus.

B. **Temporary** means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

## HOW DO I OBTAIN A CLARKSVILLE TRANSIT SYSTEM HALF-FARE ID CARD?

Return the completed Half-Fare Identification Card application for processing to The Clarksville Transit System 200 Legion Street between the hours of 9 AM and 5:00 PM, Monday through Friday

Upon review and approval of completed application a decision will be made within 5 business days. A picture of the applicant will be taken and a Clarksville Transit System Half-Fare photo identification card will be issued.

CTS Photo I.D Initial Card (\$2.00); replacements for lost or stolen cards will cost five dollars (\$5.00)

# Clarksville Transit System Half-Fare ID Card Application

## Part 1- Applicant Information

**Please complete in full:**

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

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

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

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

**I am applying for a Clarksville Transit System Half-Fare I.D. Card on the following basis:**

***(Please check only one; copy will be made. (Photo I.D. Required)***

I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability.

I am presenting a Veterans Service Connected ID card.

I am presenting a valid Medicare card issued by the Social Security Administration.

I am medically disabled as certified in the attached Part 2-Health Care Professional Verification form by a Physician, Psychiatrist, Psychologist (Ph.D.), Audiologist, or other qualified professional licensed in the State of Tennessee. The Clarksville Transit System reserves the right to contact your Health Care Provider for verification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# DEFINITIONS OF DISABILITIES

Indicate the disability that keeps this applicant from using Clarksville Transit System buses as effectively as someone without such limitations:

1. Wheelchair/Non-Ambulatory: requires use of wheelchair or three-wheeler for transportation that impedes independent mobility.
2. Restricted Mobility/Semi-Ambulatory: causes difficulty walking and requiring use of mobility aid (such as a cane or walker), and impedes independent mobility.
3. Arthritis: causes a functional motor defect in any two major limbs, and impedes independent mobility.
4. Loss of Extremities: with loss of major function that obstructs independent mobility.
5. Head injury: with functional motor defect that impedes independent mobility.
6. Respiratory Impairment (dyspnea): occurs during activities such as climbing one flight of stairs, walking 200 yards on the level, or less exertion, or even at rest.
7. Cardiac Disease: results in marked limitation of physical activity.
8. Disorders of the Spine: fractures with motor and sensory loss, osteoporosis with pain and limitation of movement that impedes independent mobility.
9. Nerve Root Compression Syndrome: with pain and motion limitation in back of neck that impedes independent mobility
10. Motor Impairment: due to faulty coordination or palsy from brain, spinal, or peripheral nerve injury that impedes independent mobility.
11. Visual Impairment: that impedes independent mobility.
12. Hearing Impairment: that impedes independent mobility.
13. Development Disabilities: that impedes independent mobility.
14. Autism: that impedes independent mobility.
15. Neurological Impairment: caused by cerebral palsy, muscular dystrophy, multiple sclerosis, seizure disorder, or other neurological impairments not controlled by medication, and impedes independent mobility.
16. Mental Impairment: to the degree that independent mobility is prevented.
17. Other

Part 2 Health Care Professional Verification

**Licensed Professional Certification**

We are aware that your patient may have a disability; however, their disability is not an automatic qualifying factor for approval of a Clarksville Transit System half-Fare ID Card (card entitles disabled passengers to receive reduced fare privileges). We are depending on you as a professional to review the Americans with Disabilities Act 1990 ADA eligibility criteria (as outlined on page 1) and determine if your patient is eligible for this program based on the criteria listed.

Please answer the following questions accordingly:

I certify that \_\_\_\_\_, can be defined as disabled  
*(Print Name of Applicant)*

According to the Americans with Disabilities (ADA) definition of disabled (as noted on page 1).

I have listed the appropriate Definitions of Disabilities Listed on Page 3 below and believe this applicant should be certified.

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***(Either \*Temporarily/Permanently please check one)***

    

\*Length of temporary disability is estimated to be \_\_\_\_\_  
*(Numbers of Months)*

*Certifying Physician Name:* \_\_\_\_\_

*Physician's Address:* \_\_\_\_\_

*Physician's Phone Number:* \_\_\_\_\_

*Are you a licensed Physician? YES \_\_\_\_\_ NO \_\_\_\_\_*

*License #* \_\_\_\_\_

*Signature of Physician* \_\_\_\_\_ *Date* \_\_\_\_\_

**DO NOT MAIL OR FAX APPLICATION THIS FORM MUST BE RETURNED TO THE CLARKSVILLE TRANSIT SYSTEM IN PERSON BY APPLICANT**