

## Application for Reduced Fare

To qualify for a reduced fare permit you must be certified as disabled by a physician or a registered nurse or a certifying agency or be a Medicare recipient. (Medicare recipients fill out part one only.)

**PART I** (To be filled out by the Applicant) Please print.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Last                      First                      Middle Initial

ADDRESS: \_\_\_\_\_  
Street                      City                      State                      Zip Code

I hereby submit a copy of my Medicare Card # \_\_\_\_\_ as proof of my eligibility OR  
 I hereby authorize (Physician or Registered Nurse) \_\_\_\_\_  
 to release information to MTU concerning my disability.  
 Persons 65 and over may also submit a state issued ID or drivers license # \_\_\_\_\_

Applicant's signature \_\_\_\_\_ DATE: \_\_\_\_\_

**PART II** (To be filled out by Physician or Registered Nurse or Agency Representative)

Applicant's Name \_\_\_\_\_ is unable to perform the following function(s) necessary for the effective use of mass transportation facilities without significant difficulty.

**(Check all that apply)**

<input type="checkbox"/> Board or alight from a standard bus <input type="checkbox"/> Stand in a moving bus <input type="checkbox"/> Remember to get on/off at the correct stop <input type="checkbox"/> Hear and/or understand announcements by driver <input type="checkbox"/> Communicate to MTU employees	<input type="checkbox"/> Count/manipulate change <input type="checkbox"/> Identify stops <input type="checkbox"/> Read information signs <input type="checkbox"/> Signal stop
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This limitation is: (check one)                       Temporary until \_\_\_\_\_                       Permanent  
*If limitation is of indeterminate length, permit issued will be valid for six months only.*

PRINT NAME & TITLE OF PHYSICIAN OR REGISTERED NURSE OR CERTIFYING AGENCY	PHONE
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE OR CERTIFYING AGENT	DATE

**PART III** (To be filled out by MTU staff)

SIGNATURE OF MTU REPRESENTATIVE \_\_\_\_\_ DATE PERMIT ISSUED \_\_\_\_\_

**MAIL COMPLETED FORM TO : La Crosse MTU, 2000 Marco Drive, La Crosse, WI 54601 or Fax: 789-7374**

For more information or help with this application - Call La Crosse MTU -Phone:789-7350 TTY: 1-800-947-6644