HALF-FARE APPLICATION FORM – PART I

TO BE COMPLETED BY THE APPLICANT

1. Name: _____
2. Address: _____
3. Date of birth: _____
4. Telephone number: _____
5. Which kind of half-fare status are you applying for?

☐ **Temporary**
Your disability is expected to last between 3 months and one year. If you are found eligible, your half-fare card will expire on a particular date. If your disability lasts longer, you will need to re-apply for a new card.

☐ **Long-term**
Your disability is expected to last for at least one year, but there is a chance of improvement or long periods of remission. If you are found eligible, your card will expire on August 1st of this year. You will need to re-apply annually for a new card. All applications based on mental impairments, Medicare or Social Security disability are considered long-term applications.

☐ **Permanent**
This status is appropriate for those 65 and older, and those with a disability that will never significantly improve (for example, an amputation or a developmental disability). If you are found eligible, your card will expire next August 1st, but you will be automatically be issued a new card. You will not need to re-apply.

Please check any of the following that apply to you.

☐ **A. I am 65 or older.**
You may show a photo ID showing your date of birth when you board the bus. If you prefer to use a half-fare card instead, please provide proof of age to COAST.

You will be given permanent status. You do not need to have Part III completed.

☐ **B. I have been found at least 70% disabled by the Veterans' Administration.**
Please attach a letter signed by a Veteran's Service Officer that specifies your disability rating.

You will be given permanent status. You do not need to have Part III completed.

☐ **C. I have a Medicare card.**
You may show your Medicare card when you board the bus. If you prefer to use a half-fare card instead, please bring your Medicare card to COAST or mail a photocopy. (Please note that Medi**caid** cards cannot be used on the bus for half-fare and do not guarantee half-fare eligibility.)

If you are found eligible, you will be given long-term status. This means that you will have to re-apply annually so that COAST can confirm that you continue to have Medicare. If you want to apply for permanent status instead, you will need to have a health care professional fill out Part III.

☐ **D. I have been found disabled by the Social Security Administration.**
Please attach proof that you *currently* receive SSI or SSDI benefits to the COAST office. You may send an award letter, but it must be dated within 6 months of the application.

If you are found eligible, you will be given long-term status. This means that you will have to re-apply annually so that COAST can confirm that you continue to receive these benefits. If you want to apply for permanent status, you will need to have a health care professional fill out Part III.

☐ **E. None of the above applies to me, but I have a disability that affects my ability to ride the bus effectively.**

All applicants must complete Parts I and II. If you have checked E, or you are applying for temporary or permanent status, you will need to have a medical professional fill out Part III as well.

Please note that COAST will not find any person whose sole incapacity is pregnancy, obesity, or drug or alcohol addiction eligible for half-fare. Applicants' financial circumstances are not considered.

Please send or take the completed application to:

COAST
42 Sumner Drive
Dover, NH 03820

If your application is not complete, it will be returned to you. If you are determined to be eligible, a half-fare card of the appropriate type will be mailed to the address listed on this form. If you are found to be ineligible, a letter stating this decision will be mailed to you.

For assistance in filling out this application, please call COAST's Demand Response Assistant at (603) 743-5777 ext. 108 between the hours of 8:00 AM and 5:00 PM, Monday through Friday.

HALF-FARE APPLICATION FORM – PART II

TO BE COMPLETED BY THE APPLICANT

I agree to release this information to COAST for the purpose of determining eligibility for a half-fare card. If Part III has been completed, I authorize the medical professional who filled it out and members of his or her staff to answer any follow-up questions that COAST may ask of them regarding this application. I understand that any fees charged for the completion of Half-Fare Application Forms are not the responsibility of COAST.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

* * * * * *

Name of the person completing this form, if not the applicant:

_____

Phone number:

_____

Revised 12/2/2016

HALF-FARE APPLICATION FORM – PART III

TO BE COMPLETED BY A MEDICAL PROFESSIONAL

Your patient _____ has applied for half-fare status through COAST. If found qualified, this individual will be able to pay half the regular fare on COAST buses and trolleys.

Half-fare privileges are extended to the elderly and handicapped in accordance with Federal Transit Administration (FTA) regulations. The FTA has established the following guideline:

> *"'Handicapped persons' are defined as 'those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory 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.'"*

This application will help us determine whether the applicant's impairments meet this definition. Please keep in mind that the following skills are necessary for the effective use of public transit:

- ☑ handling money
- ☑ getting on and off a standard bus
- ☑ standing on a moving bus
- ☑ reading information signs
- ☑ hearing announcements by bus operators
- ☑ pulling the cord to signal the operator to stop the bus

The conditions listed on the following pages would limit the ability to perform these tasks as effectively as other people and without "special planning or design" (for example, a wheelchair lift or ramp).

Please note that COAST will not consider any person whose sole incapacity is pregnancy, obesity, or drug or alcohol addiction eligible for half-fare.

1. I am familiar with _____'s physical/ mental condition.

☐ Yes

☐ No

2. This applicant's disability is ***(please choose one)*****:**

☐ **Temporary**

The disability is expected to last between 3 months and one year.

Expected period of disability: _____
(Please be specific, as this information will be used to determine the length of time for which the temporary half-fare card is valid.)

☐ **Long-term**

The disability is expected to last for at least one year, but there is hope of improvement or long periods of remission. All applications based on mental impairments are considered long-term applications.

☐ **Permanent**

The disability will never significantly improve (for example, an amputation or a developmental disability). If the applicant is found eligible, he or she will be automatically issued a new card every year without the need for re-application.

3. In my professional opinion, this applicant is ***(please choose one)*****:**

☐ **A. Non-Ambulatory Disabled**

The applicant cannot walk, even with the assistance of devices (e.g., walker, crutches, cane, brace, prosthesis, etc.), but has sufficient personal mobility and independence in a wheelchair that the use of fully accessible public transportation is a reasonable expectation.

☐ **B. Semi-Ambulatory Disabled**

The applicant cannot walk more than a very short distance without the assistance of a walker, crutches, cane, brace, prosthesis, or other such adaptive device, and the use of fully accessible public transportation is a reasonable expectation.

☐ **C. Otherwise Disabled From a Transit Perspective**

4. If you chose C for Question 3, please check any of the following that apply to this applicant.

- ☐ Hearing disability (total deafness or hearing loss 90db or greater in the 500, 1000, 2000 Hz ranges despite hearing aids)
- ☐ Vision disability (vision in the better eye is no better than 20/200 after correction, or visual field is contracted)
- ☐ Progressive, debilitating illness that significantly impairs mobility, with chronic symptoms such as pain, fatigue, weakness, or mental status changes (e.g., AIDS, cancer, lupus, etc.)
- ☐ Pulmonary or cardiac disability shown by X-ray, EKG or other tests, and resulting in breathlessness, pain or fatigue despite treatment
- ☐ Faulty coordination from a brain, spinal, or peripheral nerve injury or arthritis
- ☐ Loss or absence of both hands, or loss of major function of both hands
- ☐ Dependency on kidney dialysis to live
- ☐ Cerebrovascular accident (stroke) with persistent physical effects
- ☐ Neurological disability that is not controlled by medication (e.g., epilepsy, multiple sclerosis, etc.)
- ☐ Developmental disability originating before age 22 (e.g., cerebral palsy, autism, Down's syndrome, etc.)
- ☐ Psychiatric disability recognized by the DSM IV and severe enough to cause limitations of daily life functioning
- ☐ Other. *Please attach information about the applicant's diagnosis and its effects relating to the use of public transportation.*

I hereby certify that the above information is accurate and true to the best of my knowledge.

Signature of medical professional: _____

Printed name and title: _____

Phone number: _____

Address: _____

_____