



**City of Anderson Transit System
Reduced Fare Application – Disability**

Downtown Terminal
1109 Main Street – Anderson,, Indiana 46013
Phone (765) 646-5747
Hours: Monday – Friday, 5:30am – 6:20pm
Saturday, 8:30am – 3:10pm

To qualify for the City of Anderson Transit System (Reduced Fare) VIP Card, bring this completed application along with any additional required paperwork to the Downtown Terminal for issuance of a (Reduced Fare)VIP Card. VIP Cards are valid for a period of no more than 3 years. If you have any questions, please contact the Terminal Attendant at (765) 646-5747.

Section 1
Applicant Information

Name: _____

Address: _____

Phone #: _____

Section 2
Certification of Eligibility

Certified Disability

Disabled Veteran

To Qualify under one of these types of disability you must have the “Physician’s Opinion and Certification” form completed and returned in a sealed envelope.

I agree to release the above information to the City of Anderson Transit System for the purpose of determining my eligibility for the (Reduced Fare) VIP Card. I certify that the information I provide concerning my application is true and correct.

I also understand that I will be required to show my (Reduced Fare) VIP Card along with a photo ID to the Bus Operator in order to receive the Reduced Fare.

Signature of Applicant _____ **Date** _____

OFFICE USE ONLY

Issued Card Number _____ **Date Issued** _____

Expiration Date _____ **Issued By** _____

City of Anderson Transit System

**Physician's Opinion and Certification
For People with Permanent or Temporary Disabilities**

Patient / Applicant Release:

I authorize Dr. _____ to verify my disability if requested to do so by the City of Anderson Transit System (CATS).

Patient / Applicant Signature _____ Date _____

To be completed by Physician:

Please retain a copy of this form in your file, as the City of Anderson Transit System staff may contact you for verification.

Completed application and "Physician's Opinion and Certification" form may be mailed or hand-carried by applicant in a sealed envelope to the Terminal Attendant at the downtown Terminal.
1109 Main Street, Anderson, Indiana 46013 - Phone: (765) 646-5747

Physician's Name: _____

Physician's License #: _____

Date License Issued: _____

Telephone Number: _____

Address: _____

For the following questions refer to the attached eligibility criteria.

1.) Disability Code _____. If section 17, list DMS III Disorder Classification _____.

2.) Does this person require an attendant? Yes _____ No _____

3.) In your professional judgment will this disability continue for the life of the applicant? Y ___ N ___

3a.) If "No" is applicant eligible with temporary disability? Yes _____ No _____

3b.) If "Yes" to question 3a, what is the duration of this disability? Month's _____ Years _____

I certify that the above is correct and that I am Legally licensed under the laws of the State of Indiana to practice medicine.

Signature: _____ Date: _____

City of Anderson Transit System
Temporary and Permanent Disability Criteria for (Reduced Fare) VIP Card

Individuals meeting any of the definitions below are eligible for certification in the C.A.T.S. Half Fare Program

TEMPORARY:

A person must have a temporary impairment due to illness, congenital malfunction or other incapacity or disability that substantially limits his/her independent mobility for a period of time not expected to exceed twelve months.

PERMANENT:

Section 1: Non-ambulatory disabilities. Impairments that regardless of cause require individuals to use a wheelchair for mobility.

Section 2: Mobility Aids. Impairments causing significant difficulty walking including use of leg braces, walker or crutches helping mobility.

Section 3: Arthritis. Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta or rheumatism restrictions; such as therapeutic Grade III, functional Class III or anatomical State III.

Section 4: Amputation. Persons who suffer amputation of, or anatomical deformity of (i.e. loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability); A. Both Hands; or B. One hand and one foot; or C. Amputation of lower extremity at or above the tarsal region.

Section 5: Cerebrovascular Accident/Stroke. With one of the following: A. Pseudobulbar palsy. B. Functional motor deficit in any two extremities. C. Ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss.

Section 6: Pulmonary Ills. Respiratory impairments of Class 3 or greater.

Class 3: Dyspnea does not occur at rest but does occur during the usual activities of daily living; however, the patient can walk a mile at his own pace without dyspnea although he cannot keep pace on the level with others of the same age and body build. Percentage of disability 40-50.

Class 4: Dyspnea occurs during such activities as climbing one flight stairs or walking 100 yards on the level, or less exertion or even at rest.

Class 5: Dyspnea present on slightest exertion, such as dressing, talking or at rest.

Section 7: Cardiac Ills. Cardiovascular impairments of functional Class 3, 4 or therapeutic Class C, D or E.

Class 3: Individuals with cardiac disease resulting in marked limitation of ordinary physical activity causes fatigue, palpitation, dyspnea, or original pain. For instance, inability to walk one or more level blocks or climbing flight of ordinary stairs.

Class 4: Individuals with cardiac disease resulting in inability to carry out any physical activity without discomfort. Symptoms or cardiac insufficiency or of the original syndrome may be present even at rest. If any physical activity is undertaken discomfort is increased.

Class C: Individuals with cardiac disease whose ordinary physical activity should be moderately restricted and whose more strenuous efforts must be discontinued.

Class D: Individuals with cardiac disease whose ordinary physical activity is moderately restricted.

Class E: Individuals with cardiac disease who should be at complete rest, confined to bed or chair.

Section 8: Dialysis. Individuals who require the use of kidney dialysis machine.

Section 9: Sight Disabilities. Individuals who are unable to read information signs or symbols for other than language reasons. Those individuals whose vision in the better eye after best correction is 20/20 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): A. to 10 degrees or less from point of fixation, or B. So the widest diameter subtends an angle no greater than 20 degrees.

Section 10: Hearing disabilities. Deafness or hearing incapacity that makes a person unable to communicate or hear warning signals including only those persons whose hearing loss is 70dba or greater in 500, 1000, 2000Hz. Ranges.

Section 11: Disabilities of Incoordination. Individuals suffering faulty coordination or palsy from brain, spinal or peripheral nerve injury and any person with a functional nerve injury and any person with a functional motor deficit in any two limbs or who suffers manifestations which significantly reduces mobility coordination and perceptiveness not accounted for in previous categories.

Section 12: Mental Retardation: Refers to sub average intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (general guidelines is IQ's which are more than two standard deviations below norm)

Section 13: Cerebral Palsy. A disorder dating from birth or early infancy, non-progressive, although if not treated, there is marked regression in functioning characterized by examples of aberrations or motor functions (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Section 14: Epilepsy (Convulsive disorder). Clinical disorder involving impairment of consciousness, characterized by major motor seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once a month despite treatment with: A. Diurnal episodes (loss of consciousness and convulsive seizure); or B. Nocturnal episodes which show residual interfering with activity during the day.

Section 15: Infantile Autism. A syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior.

Section 16: Neurological Handicap. A syndrome characterized by learning, perpetual and/or behavior disorders of an individual whose IQ is not less than two standard deviations below norm. These characteristics exist as a result of brain dysfunctions (any disorder in learning or using senses), neurological disorder, or any damage to the central nervous system due to genetic, hereditary, accident or illness factors. This section includes persons with severe gait problems that restrict mobility.

Section 17: Mental Disorders. Individuals whose mental impairment substantially limits one or more of their major life activities. This includes inability to learn, work or care for oneself. A principal diagnosis from the DSM III classification in one of the following areas is required for eligibility: * Organic mental disorders. * Schizophrenic disorders. * Paranoid disorders. * Psychotic disorders not elsewhere classified. * Affective disorders.

Section 18: Veterans. Any veteran who holds a disability rating for aid and attendance, rated at 100% must include his or her VA file number on the certification form and bring in a copy of the VA certification when submitting the form. All other veterans with less than 100% rating must have a disability in one of the above categories.