



Reduced Fare Card Application

The attached application must be completed by individuals who would like to participate in Laketrans's reduced/disabled fare program for Dial-a-Ride or local fixed route service.

Eligibility requirements: To qualify for the Reduced Fare Card you must:

- Have a physical or cognitive disability that significantly affects your ability to board, exit and ride on a lift equipped fixed route bus and is verified by a medical professional, educator, social worker, or agency.
- Be a student between ages 13 to 22 with a disability.
- Not be eligible to apply for a Golden Buckeye or Medicare card.

*Similar to the ADA, eligibility is not granted due to economic circumstances.

To apply for eligibility for Laketrans's Reduced Fare Card:

1. You must complete the entire application.
 - If applicant is under the age of 18, the application must be filled out by a parent or guardian.
 - If you have or are eligible for a Medicare or Golden Buckeye card you may use that card to receive a reduced fare.
2. A medical professional, educator, social worker, or agency must verify eligibility for reduced fare program.
3. Bring the completed application to 555 Lakeshore Blvd. Painesville, OH 44077 along with a valid photo id and/or birth certificate (for students under 18).
4. **All applications not completed correctly will not be processed.**

To re-new your Reduced Fare Card:

1. Reduced Fare Card holders must re-verify their eligibility and update their photo ID annually. Call Laketrans at 440-350-1012 to set-up an appointment to re-new your card.

To replace a lost or stolen Reduced Fare Card:

1. You must come to Laketrans's Headquarters at 555 Lakeshore Blvd. Painesville, OH 44077.
2. There is a \$5.00 replacement fee for lost or stolen cards.
3. **A photo ID and/or birth certificate (students under 18) is required for replacement of your card.**
4. You will pay full fare until your ID is replaced.

*Beginning January 2009, students without a Reduced Fare Card must pay a full fare. Questions can be answered by calling Laketrans at 440-350-1012.

Application for Reduced Fare Card for students with disabilities

Part 1: Background Information of Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Sex: _____ Male _____ Female

School: _____

Emergency Contact: _____ Phone: _____

Part 2: Qualifying Agency

Agency: _____

Staff Member: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please indicate the specific disability of applicant and any necessary qualifying information:

- | | |
|---|--|
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Mental Health disability |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Neuromuscular disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Orthopedic disability |
| <input type="checkbox"/> Spinal cord Injury | <input type="checkbox"/> Cognitive disability |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Other (such as autism, traumatic, brain injury, etc.) |

Other information: _____

Medicaid billing number (if valid): _____

Part 3: Travel Training: For classroom training or one-on-one training on how to use Laketran's fixed route transportation

_____ Yes, I am interest in learning more about Travel Training.

I grant permission to _____ (minor) to participate in Laketran's Travel Training program to improve their independent living and mobility skills by learning to navigate public transportation.

Parent/Guardian Signature: _____ Date: _____

Official Use Only:

Date Entered System: _____

rev.12/08

Approved by: _____

ID #: _____