Salisbury Transit
Fixed-Route Bus Service
Reduced Fare Application for Disabled Riders

SECTION I (Applicant must complete and sign)

Name: _____ Phone No: _____
(Last) (First) (Middle)
Street Address: _____
City, State, Zip Code_____
Date of Birth: _____ Sex (Male/Female)_____
(Month) (Day) (Year)

Mailing Address (if different from above)
Address: _____
City, State, Zip Code_____

Section II of this application must be completed and signed by a licensed physician.

Authorization for Release of Information

I authorize the professional who has completed the Physician's Statement (Section II) of this application to release to Salisbury Transit information about my disability or health condition and its effect on my ability to travel on the Salisbury Transit *fixed-route bus service*. I understand that I may revoke this authorization at any time. I, the applicant, understand that the purpose of this application is to determine my eligibility for a *reduced fare and Disabled Riders Identification Card*. I agree to release the information requested to Salisbury Transit, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that Salisbury Transit reserves the right to request additional information at its discretion. I agree to notify Salisbury Transit of any changes in the status of my disability that affects my ability to use the fixed-route bus system. I also understand that this may affect my eligibility as a rider.

Statement of Applicant

I hereby certify that the above information is true and accurate. I agree to follow the rules and procedures of Salisbury Transit and not to abuse the privileges granted to me by the Disabled Rider Identification Card. This card allows me to ride Salisbury Transit for a reduced fare.

Signed: _____ Date: _____

THIS PRINTED MATERIAL WILL BE PROVIDED IN AN ALTERNATIVE FORM UPON REQUEST.

SECTION II-- PHYSICIAN'S STATEMENT (Completed & signed by a licensed physician.)

Following are examples of a disabled person which qualifies for a reduced fare.

1. A person that uses a mobility device, understands how to use the fixed-route bus service, and is able to get on and off the bus.
2. A vision impaired person with limited vision, understands how to use the fixed-route bus service, and is able to get on and off the bus.

All of our vehicles are ADA accessible and equipped with ramps / lifts and most vehicles are equipped with an Automated Voice Annunciation Systems.

Nature of Applicant Disability (i.e. physical, visual, developmental, understanding verbal directions, difficulty identifying/locating bus stop, difficulty reading information signs)

_____

_____

Physician's Certification:

The applicant qualifies as having a physical or mental disability and is entitled to the privileges offered to disabled citizens by Salisbury Transit. The expected duration of the disability is:

Permanent _____ **Temporary**_____

Expiration Date_____

Physician Name: _____

Address: _____

City/State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____

All information provided on this form is confidential.

Mail to: City of Salisbury
Transit Division
PO Box 479
Salisbury, NC 28145-0479

Physical Address: 300 West Franklin Street
Salisbury, NC 28145
Phone: 704-638-5252

OFFICE USE ONLY

I have viewed official documentation of eligibility as follows:

O N.C. Drivers License O Doctors Signature

O Other (explain) _____

Approval: Yes__ No__

Issued By: _____

Issue Date: _____

Expiration Date: _____

Revised 1/1/2020