

## HCTN Elderly or Disabled (E/D) Fare Application

Criteria for Elderly and Disabled Certification Policy Henry County Transportation Network (HCTN) participates in the Elderly and Disabled program (E/D) of the Ohio Department of Transportation and the Federal Transit Administration. This program permits transit systems to offer half-fares to those eligible. Each person who wishes to be considered for the half-fare E/D program must complete an application in order to be certified. HCTN Staff will accept the application, view the acceptable documentation, and sign and date the application form. Passengers will be notified only if they are not accepted in this program. This certification is valid for a period of three years and the passengers must be re-certified if they wish to continue in the program.

There are two categories of disabilities to be considered: mobility limitations and self-care limitations. The documentation required for disabled persons to be eligible will include SSI or Social Security Disability determination letters, proof of enrollment in a Sheltered Workshop program, written documentation from a physician or other health care professional indicating that the person meets the criteria established by the Americans with Disabilities Act. Documentation is required for persons 65 years of age or older. A driver's license, birth certificate, any document generally accepted as proof of the applicant's age is required.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Bring/Mail completed applications to HCTN Office, 1805 Oakwood Ave, Napoleon, OH 43545**  
**Applications accepted Monday thru Friday, between the hours of 8:15 a.m. and 3:45 p.m.**

Are you 65 or older **OR** do you receive V.A./Social Security Disability at a minimum of 80%?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

- ***Please bring/send copies with application of V.A./Social Security Disability award letter.***
  - ***Proof of age is required (i.e. copy of license, birth certificate, etc.) if you are 65 or older.***
- Certification from a physician is required ON THE BACK OF THIS FORM if you have checked NO.***

**If Yes, STOP.** This form ***does not*** have to be completed by a physician if you have provided a current V.A./Social Security Disability award letter, a picture id and your Social Security number.

**If No,** read the following, sign/date this form and have your physician complete the BACK of this form.

I certify that the above information is true. I understand that if this application is approved, I will be issued a photo identification card to use until the indicated expiration date on the card. I agree not to lend my card to anyone. I agree to present my card to the Bus Operator when paying my fare. I also understand that HCTN employees are authorized to confiscate my I.D. Card if it is used in an unauthorized manner. By signing this form, I further authorize the release of medical information by the certifying professional.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL.**

**PLEASE USE ELIGIBILITY CRITERIA ON BACK OF THIS APPLICATION.**

**(If this section is not properly completed, an Elderly/Disabled Card will not be issued.)**

Nature of disability: \_\_\_\_\_ Physical \_\_\_\_\_ Psychological \_\_\_\_\_ Developmental

Disability category: (see attached) \_\_\_\_\_

Brief explanation: \_\_\_\_\_

Is condition temporary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, anticipated duration: \_\_\_\_\_

Disability significantly affects applicant's ability to perform the following functions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that, based upon my skill, knowledge, and experience, and based upon a reasonable degree of certainty, the above name applicant is eligible to participate in HCTN's E/D Program.

Ohio law prohibits the making of a false statement when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out of a public treasure. Section 2921.13 O.R.C.

**CERTIFIED BY:**

Name: \_\_\_\_\_ Ohio Lic. No. \_\_\_\_\_

Title \_\_\_\_\_ Agency: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Category Eligibility Criteria

### The Functional Definition of a Disabled Person

Disability means, with respect to an individual – a permanent or temporary physical or mental impairment that substantially limits one or more of the **major life activities** of an individual. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

### Eligibility Based on Professional Certification

#### CATEGORY 1

##### Musculoskeletal Disorders

- 1-1 Amputation of one or more major extremities
- 1-2 Arthritis leading to joint deformity or chronic pain substantially limiting function
- 1-3 Back injury or disease permanently affecting strength, flexibility and endurance
- 1-4 Joint contractures

#### CATEGORY 2

##### Neuromuscular Disorders

- 2-1 Hemiplegia or hemiparesis
- 2-2 Para paresis or Quadra paresis
- 2-3 Ataxia and other coordination disorders
- 2-4 Cerebral Palsy
- 2-5 Seizure Disorders
- 2-6 Muscular Dystrophy
- 2-7 Multiple Sclerosis
- 2-8 Peripheral Neuropathies

#### CATEGORY 3

##### Neurosensory Disorders

- 3-1 Hearing Impairment
- 3-2 Visual Impairment
- 3-3 Aphasia-Receptive-Expressive

#### CATEGORY 4

##### Pulmonary Disorders

- 4-1 Chronic Obstructive Lung Disease
- 4-2 Emphysema
- 4-3 Chronic Bronchitis

#### CATEGORY 5

##### Cardiovascular Disorders

- 5-1 Myocardial Infarction
- 5-2 Valvular Disease
- 5-3 Angina Pectoris
- 5-4 Thrombophlebitis

#### CATEGORY 6

##### Treatment Induced Disabilities

- 6-1 Radiation Therapy
- 6-2 Chemotherapy
- 6-3 Kidney Dialysis

#### CATEGORY 7

##### Cognitive Disorders

- 7-1 Mental Retardation
- 7-2 Autism
- 7-3 Perceptual Disorders
- 7-4 Organic Brain Syndrome

#### CATEGORY 8

##### Psychiatric Disorders

- 8-1 Chronic Mental Disabilities
- 8-2 Behavioral Disorders
- 8-3 Personality Disorders

***A person is not considered transportation handicapped if his/her sole disability or incapacity is:***

1. Any physical, mental or psychological disability of less than 2 months duration.
2. Pregnancy
3. Obesity
4. Controlled Epilepsy
5. Drug/Alcohol Dependency

### Professional Certification

Any physical incapacity or disability which causes a person to have difficulty in utilizing public transportation must be so certified by a licensed professional. Mental and psychological incapacities or disabilities must be certified by a licensed professional. SEAT, at its own expense, shall have the right and opportunity to examine a person seeking reduced fares, when and so often as it may be reasonably required. The Transit Authority examination shall not be in lieu of certification by the applicant's physician.

Duration of temporary use of the card is to be established at the time of certification.