



NORTHERN INDIANA
COMMUTER TRANSPORTATION DISTRICT

503 NORTH CARROLL AVENUE • MICHIGAN CITY, IN 46360-5026

PHONE: 219.874.4221 • FAX: 219.879.4522

Dear Reduced Fare Customer:

Please fill out the attached application as directed. In addition to the application, please submit a set of two passport photos.

Passport photos are available at most Walgreens, CVS, and Meijer stores. We suggest you call your local store to confirm availability at that location.

For questions, contact me at 219-874-4221 ext. 247.

Sincerely,

Station Accountant

NORTHERN INDIANA COMMUTER TRANSPORTATION DISTRICT
Reduced Fare Program for Persons with Disabilities

INSTRUCTIONS TO THE APPLICANT

The Northern Indiana Commuter Transportation District has implemented a reduced fare program for persons with disabilities. In order to qualify for this program, you must be certified as eligible by a duly qualified physician or psychologist. Therefore:

1. Complete SECTION A of the enclosed Certification Form. Take the form and the other enclosed materials to your doctor or psychologist.
2. Have your physician or psychologist read the Eligibility Criteria that have been established for this program. Please note that these criteria are related to your functional ability to use public mass transportation effectively.
3. Have your physician or psychologist complete and sign the Certification Form and have them return the completed form to the address below.
4. If you are a veteran receiving a 100% service-connected disability payment from the Veteran's Administration, complete SECTION A of the Certification Form, have a V.A. official issue a letter certifying your disability and have both returned by the V.A. to the address shown below. Thus, you need not visit a physician or psychologist to be certified.

INSTRUCTIONS TO VETERANS ADMINISTRATION OFFICIALS

1. If you are requested to certify a disabled veteran as eligible for this reduced fare program, simply issue a letter on V.A. stationery that the person receives a 100% service-connected disability payment from the V.A. Please note that only those veterans with a 100% service-connected rating may be certified under this approach.
2. Return the letter and Certification Form to the Deputy Treasurer.

You will receive your valid I.D. Card in the mail. Once you do, you will be entitled to travel on the South Shore rail passenger service in the reduced fare program at half-fare. In order to get your card to you as quickly as possible, please following these instructions carefully.

RETURN CERTIFICATION FORM TO THE FOLLOWING:

Deputy Treasurer
Northern Indiana Commuter Transportation District
503 N. Carroll Avenue
Michigan City, IN 46360-2669

NORTHERN INDIANA COMMUTER TRANSPORTATION DISTRICT

INSTRUCTIONS TO THE CERTIFYING PHYSICIAN OR PSYCHOLOGIST

The Northern Indiana Commuter Transportation District has implemented a reduced fare program for persons with disabilities. In order for persons to qualify for this program, they must be certified as eligible by a duly qualified physician or psychologist. Therefore:

1. Upon receiving a request for certification, please review the Eligibility Criteria that the person will provide. Note that these criteria are related to the person's functional ability to use mass transportation effectively without significant difficulty.
2. Complete SECTIONS B,C, and D of the Certification Form. Be sure to answer all questions and sign it before returning. Please note that a permanent disability is any disability expected to last more than three (3) years, and a temporary disability is a disability expected to last less than three (3) years.
3. In completing SECTION C, please indicate whether certification has been approved or disapproved by checking the appropriate box. Advise the applicant of the decision and return the completed form as described below. Please note that person with a disability that would constitute a danger to that person or to other regular users of mass transportation are excluded from the program.
4. Briefly describe the nature of the disability precluding the effective utilization of mass transportation on your own separate professional stationery. Attach this description to the completed Certification Form and return as described below.
5. Return the completed Certification Form and disability description to:

Deputy Treasurer
Northern Indiana Commuter Transportation District
503 N. Carroll Avenue
Michigan City, IN 46360-2669

6. If you have any questions, please feel free to contact the above office at (219) 874-4221 ext219.

ELIGIBILITY CRITERIA

NORTHERN INDIANA COMMUTER TRANSPORTATION DISTRICT REDUCED FARE PROGRAM DEFINITION OF THE TRANSPORTATION DISABILITY

A mass transportation disability is any incapacity or disability which results in the inability of a person to perform one or more of the following functions necessary for the effective use of mass transportation facilities without significant difficulty:

1. Walking more than one block;
2. Negotiating a flight of stairs or escalator;
3. Boarding or alighting from a standard bus or train;
4. Standing in a moving bus or train;
5. Sitting down and getting up;
6. Reading informational signs; or
7. Hearing announcements.

Incapacities or disabilities which might cause a person to have significant difficulty performing one of the aforementioned functions including (but are not necessarily limited to):

1. Any disability requiring the use of walkers, crutches, wheelchairs or other such devices;
2. One or more missing limbs (or partial limbs);
3. Special sensory disorders such as legal blindness or 50% bilateral hearing loss uncorrectable by use of a hearing aid;
4. Cardiovascular or respiratory impairment which significantly interferes with coordination, endurance or strength;
5. Neurological diseases which significantly interfere with coordination, strength or endurance such as polio, cerebral palsy, multiple sclerosis or paralysis;
6. Significant musculo-skeletal impairment such as muscular dystrophy or severe rheumatism or arthritis; or
7. Significant mental or psychological impairment.

Exclusions

A person is not considered as eligible for the reduced fare program if his or her sole incapacity or disability is:

1. Pregnancy;
2. Obesity;
3. Impairment due to drugs or alcohol;
4. Controlled epilepsy;
5. A contagious disease; or
6. Any other mental or physical condition which would constitute a danger to the cardholder or to other riders.

Note

Any incapacity or disability which causes a person to have significant difficulty in utilizing mass transportation facilities must be so certified by a duly qualified physician, psychologist or agency. Carrier, at its own expense, shall have the right and opportunity to examine a person seeking reduced fares when and so often it may be reasonably required in order to prevent abuse of the program.

Northern Indiana Commuter Transportation District

Section A - To be completed by Applicant

Last Name _____ First _____ Initial _____ City _____ State _____ Zip _____

Address _____ Telephone _____

I understand that the purpose of this certification form is to determine eligibility for the reduced fare program, and therefore agree to release the information below to the Northern Indiana Commuter Transportation District for this purpose. I understand that the completed form will remain on file with the NICTD, but will not be made available to any other person or agency except those necessary to administer the reduced fare program. Finally, I understand that in order to prevent abuse of this program, the Northern Indiana Commuter Transportation District reserves the right and opportunity, at its own expense, to examine any person seeking reduced fares when and so often as it may be reasonably require.

Applicant Signature _____ Social Security Number _____ Date _____

Section B - To be completed by Physician or Psychologist

This is to certify that _____ meets the eligibility criteria of _____
(Please Print or Type Applicant's Name)

transportation disabled and is _____ eligible for a reduced fare.
(Indicate Temporarily or Permanently)

If it is a temporary disability, how long is it expected to last? _____
(Month Year)

Is attendant care necessary for this person while traveling on public transportation? _____
(Yes or No)

How long have you know the applicant? _____
(Number of Years)

Section C - To be completed by the Physician or Psychologist

Certification has been approved (disability description on Doctor's Letterhead is attached) []

Certification has been disapproved []

Section D - To be completed by the Physician or Psychologist

I believe that to the best of my knowledge the information contained in this form is correct and the certification decision rendered on the basis of sound medical judgement.

Signature _____ Registration Number _____ Date _____

Print or Type Name _____ City _____ State _____ Zip _____

Office Address _____ Office Telephone _____

FOR NICTD USE ONLY: Card No.: _____ Date issued: _____ Approved: _____