



TARGHEE REGIONAL PUBLIC TRANSPORTATION AUTHORITY

Half Fare Application for Fixed Routes

Please read and fill out all pages of application as necessary

According to 49 U.S.C. 5307(c)(1)(D), TRPTA must certify that the fares charged to seniors, individuals with disabilities, or individuals presenting a Medicare card during nonpeak hours, for transportation using or involving a facility or equipment of a project financed under this section, are not more than 50 percent of the peak hour fare, regardless of whether the service is provided by TRPTA or by another entity under contract, lease, or other arrangement.

This application will be used for Riders who may be eligible for Half Fare rates on the Fixed Routes, but do not have a Half Fare Identification Card.

If you currently possess one of the eligible forms for proof of identity, it is reasonable for TRPTA to request confirmation of that identification at the time of boarding the fixed routes.

Eligible forms of identification include, but not limited to:

- Medicare Identification Card, an Idaho DMV Disability Placard with current "valid through" date. TRPTA may still require a photo ID to accompany the Medicare ID.
- Birth Certificate
- Government Issued ID (such as driver's license, state ID card or passport)

If you do not possess an eligible form of identification, please complete the application questions below. If you have questions or need assistance, please contact TRPTA's Paratransit Eligibility Specialist (PES) at 208-535-0356 ext 118 or 119.

Once you have completed the application questions within this form, please sign it and either mail or return in person to the Paratransit Eligibility Specialist with required documentation.

After application and all qualifying information is received, the Paratransit Eligibility Specialist will review your eligibility status and make a determination of eligibility. If you are eligible, the PES will issue you a Half Fare ID Card.



HALF FARE APPLICATION

Please Print:

Name: _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth _____ E-mail _____ Phone No. _____
Area Code

I am applying for the Half Fare Fixed Route ID Card on the following basis and I am providing accompanying proof and Photo ID. **Please check all that apply:**

- I have a Medicare Identification Card.
- I have an Idaho DMV Disability Placard with current "valid through" date.
- I receive Supplemental Security Income [SSI] or Social Security Disability Insurance [SSDI] benefits (copy of award letter, benefit adjustment letter, benefit check)
- I am providing proof of current eligibility by the Veteran's Administration as having a disability of 40% or greater.
- I have a qualifying medical disability diagnosed by a qualified medical individual and am providing a release to contact them for further information. **See instructions on below.**

APPLICATION NOT COMPLETE UNLESS SIGNED BELOW

Applicant's Signature _____ Date _____

Instruction for Medical Release

To certify that you have a diagnosed disability, please provide contact information for a qualified medical individual. A qualified medical individual is a licensed:

- Physician (M.D. or D.O.)
- Optometrist
- Psychiatrist
- Advanced-Practice Professional Nurse
- Audiologist
- Physician's Assistant
- Psychologist (Ph.D.)

Medical Professional Information:

Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax Number: _____

Type of Qualified Medical Individual _____

TRPTA may use this information to contact the qualifying medical individual for further clarification using the attached form. Please sign the medical information release form on the next page.

APPLICATION NOT COMPLETE UNLESS SIGNED BELOW

Applicant's Signature _____ Date _____

Please Return with Proof of Eligibility Documents by mail or in person to:

**Targhee Regional Public
Transportation Authority (TRPTA)
1810 W. Broadway #7
Idaho Falls, ID 83402**



MEDICAL INFORMATION RELEASE

I hereby authorize Targhee Regional Public Transportation Authority (TRPTA) to contact the qualified medical individual to complete this application as necessary. I understand that any information is confidential and shall not be released without my approval or a court binding document. I understand that TRPTA shall have the right and opportunity to verify my eligibility for Half Fare. I understand that if any statements on this application form are false or inaccurate, I will lose the privileges granted by the Half Fare ID program. I further understand that I can revoke this consent at any time by providing written notification of revocation to TRPTA.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY IDENTIFIED HEALTHCARE PROVIDER:

1. This applicant must meet at least one of the criteria and conditions listed on the back of this form.
2. This specific Medical Eligibility Criteria Letter must be noted in space provided.

I hereby certify that _____ meets the Medical Eligibility Criteria _____.
 Date of Onset _____ Date of Last Visitation _____

Please Check the Appropriate Box.

Yes No This disability is temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but no longer than one (1) year.

This disability is permanent.

This disability requires a : Personal Care Attendant Service Animal Mobility Aid

Verification of Approved Health Care Provider

 Doctor's Full Name License No.

 Address City State Zip

 Telephone Number Fax Number

 Signature Date

For more information, call 208-529-1489:

Medical Eligibility Criteria

fixation or subtends to angle no greater than 20 degrees.

Mobility Impairments

- A. Non-ambulatory: Requires use of a wheelchair.
- B. Mobility-Aided: Requires use of an AFO or larger leg brace, walker, or crutches to achieve mobility.
- C. Arthritis: Therapeutic Grade III or worse, Functional Class III or worse, Anatomical Grade III or worse.
- D. Amputation/Deformity: Traumatic loss of muscle mass or tendons or x-ray evidence of bony or fibrous ankylosis, joint subluxation or instability of both hands, one hand and foot, or amputation at or above tarsal region.
- E. Stroke: Causing Pseudobulbar Palsy, sustained functional motor deficit of gross/dexterous movement or gait, ataxia affecting two extremities.

Physical Impairments

- F. Respiratory: Class III or greater.
- G. Cardiac: Vascular impairments of Functional Class III or IV and Therapeutic Class C, D or E.
- H. Dialysis: Individuals who require kidney dialysis to live.
- I. Neurological Impairments: As contained in Disability Evaluation Under Social Security Publication.
- J. Chronic Progressive Debilitating Disorders: Diseases that are characterized by chronic symptoms such as fatigue, weakness, weight loss, pain and changes in mental status which interfere in daily living activities and significantly impair mobility.
 - Progressive and uncontrollable malignancies
 - Advanced connective tissue disease such as Lupus Erythematosus, Sclerodema, or Polyarteritis Nodosa
 - Symptomatic HIV: (AIDS or ARC) in CDC defined clinical group IV, Subgroups A-E
- K. Legally Blind.
- L. Visual Acuity: No better than 20/200 after correction in best eye, or visual field is contracted to 10 degrees or less from point of

Mental impairments

- M. Mental/Emotional: Individual with a mental or emotional impairment listed in Diagnostic and Statistical Manual IV of the American Psychiatric Association, the severity of which meets or exceeds standards outlined in the Disability Evaluation Under Social Security Publication. Disability must have been present for at least 3 months and be expected to continue for at least 3 months past the application date.
- N. Autism: Syndrome consisting of withdrawal, inadequate social relationships, language disturbance and monotonously repetitive motor behavior.

Hearing Impairments

- O. Total deafness.
- P. Persons whose hearing loss is 70 dba or greater in the 1000 and 2000 Hz ranges.