

The Belle Urban System Reduced Fare Program

1900 Kentucky Street, Racine, WI 53405

CERTIFICATION FORM

TO BE FILLED OUT BY APPLICANT

Name _____ Phone _____

Street _____ City _____ State _____ Zip Code _____

Birth Date _____ Emergency Contact Person _____ Doctor _____

I hereby authorize _____ to release information necessary to complete this application
(name of doctor or agency)

Signature of applicant _____ Date _____

TO BE FILLED OUT BY DOCTOR

Does the applicant's condition preclude them from using public transportation to conduct daily activities as effectively as persons who are not so effected? (circle one) **YES** or **NO**

Please circle the limitation code number(s):

1. Uses mobility device

6. Is mentally disabled

2. Uses cane

7. Is legally blind

3. Uses walker

8. Is deaf

4. Uses crutches

9. Other (specify) _____

Does the applicant require the assistance of an attendant due to the disability (circle one) **YES** **NO**

The limitation is (circle on) **PERMANENT** **TEMPORARY**

If temporary, please indicate expiration date _____

Briefly state nature of disability _____

Doctor _____

Signature of Doctor _____ Date _____

Instructions:

1. Applicant completes top portion of form
2. Doctor completes second portion of form. Circle limitation codes applicable and indicate whether permanent or temporary
3. Mail application form to The BUS, 1900 Kentucky St., Racine, WI 53405
4. A photo ID will be required for participation in this program. Call 619-2436 for an appointment. photos will be taken at 1900 Kentucky St.
5. Identification card must be presented to driver each time you board the bus and pay the reduced fare. If you do not show the ID, the driver will asses you the full fare