Joplin Transit

123 S Main St

Joplin, MO 64801

Phone: 417-626-8607 Fax: 417-625-4747 Email: MAPS-Dispatch-Center@joplinmo.org

Transit ID Card Application

Part 1: General Information

Name: _____ **DOB:** _____

Address: _____ **APT #:** _____

City, State, and Zip Code: _____

Phone Number: _____ **Email:** _____

Part 2: Senior Certification (Proof of Age– please provide copy of one of the below items.)

Drivers License: ____ **Expiration Date:** _____ **State Issued ID:** ____ **Expiration Date:** _____

Transit Agent's Initials: _____

Part 3: Veteran Status (Proof Required– please provide copy of one of the below items.)

DD214: ____ **Military ID:** ____ **VA Healthcare Card:** ____ **Veteran ID:** ____

Transit Agent Initials: _____

Part 4: Disability Certification (Proof Required-please provide copy of one of the below items.)

Medicare Card: ____ **Reward Letter:** ____ **VA Disability Letter:** _____

Verifying Agent's Initials: _____

Do you use a mobility device? _____ **If yes what kind?** _____

Do you require a Personal Care Attendant? ____ **Do you have a service Animal?** ____ **What service does the animal perform?** _____

If you do not have above Information please take form to your health care provider for certification.

Health Care Provider Certification

Physician: ____ **Health Care Professional:** ____ **Rehabilitation Professional:** ____

His or Her name and address

Name: _____ **Phone #:** _____

Address: _____

To Qualify for the Transit ID Card your client/patient must have a physical or mental condition that falls within the medical eligibility criteria listed below. Check all the apply.

Is this disability permanent? _____

Has condition existed for at least 90 days? _____

Non-Ambulatory Disabilities

___ Impairments which require the individual to use wheel-chair or walker.

Semi-Ambulatory Physical Disabilities

___ Restricted Mobility

___ Arthritis

___ Loss of Extremities

___ Cerebrovascular Accident

___ Cardio-Pulmonary Disease

___ Dialysis

___ Acquired Immune Deficiency Syndrome

___ Other _____

_____

Visual Disabilities

___ Legally Blind

Hearing Disabilities

___ Legally Deaf

Mental Disabilities

___ Developmentally Disable

___ Adult Mental Retardation

___ Epilepsy

___ Autism

___ Neurological Disabilities

___ Bi-Polar

___ Schizophrenia

Please Answer the following questions

Can the rider travel 200 feet without the assistance of another person? ____

Can the rider travel 1/4 of a mile without the assistance of another person? ____

Can the rider travel 3/4 of a mile without the assistance of another Person? ____

Can the rider climb 3, 12-inch steps without assistance of another Person? ____

Can the rider wait outside with out support for 10 minutes? ____

Health Care Professionals Signature: _____ Date: _____

Please show your Transit ID Card to the driver each time that you board the bus, failure to show your card may result in you paying full fare.

This card is issued to you for your personal use. No other person will be allowed to use it for reduce fare on the transit system.

Your first card will be issued at no cost, if the card is lost of stolen it will need to be replaced for a fee of $5.

Applicants Signature: _____ Date: _____

Office use Only

Date Received: _____ **Agent's Initials:** _____

Date Mailed Out: _____ **Agent's Initials:** _____