

SPORTRAN

Shreveport Transit Management, Inc.

1115 JACK WELLS BOULEVARD • SHREVEPORT, LOUISIANA 71107 • WWW.SPORTRAN.ORG

Reduced Fare Program for People with Disabilities

Under this program, people with disabilities may travel on SporTran for half the regular fare.

Who should apply

People with disabilities who can use the accessible bus public transportation. See Part C on page four for guidance. The minimum age to apply for this program is 5 years old.

Who is not eligible

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction or have a contagious disease. Financial need is NOT a consideration.

Senior Citizens

People 65 years or older automatically qualify for reduced fares. Senior citizens can purchase a Senior SporTran ID by showing a valid photo ID with proof of age at our Customer Service Window at our Intermodal Terminal. People 65 years or older can only be issued the Senior Reduced Fare card.

Medicare Recipients Under 65 years of age

Medicare recipients under the age of 65 and recipients providing a Social Security benefits letter automatically qualify for reduced fares and do not need to complete an application. To receive the Reduced Fare ID, Medicare recipients under 65 years of age must bring a valid photo ID and their original valid Medicare ID card to the Customer Service Window at our Intermodal Terminal.

Disabled Veterans

Disabled Veterans who have been granted a 70% or greater disability rating by the Department of Veterans Affairs do not need to complete Part B or C of the application. The applicant must appear in person at our Intermodal Terminal, 1237 Murphy Street, Shreveport, LA. with a valid photo ID and the original letter of disability notification issued by the Department of Veterans Affairs. Disabled Veterans rated at 100% can show their valid DD Form 2465 Department of Defense Uniformed Services ID card in lieu of an award letter.

Completing the application

1. Read the entire application and complete Part A on page three.
2. Take the application to your healthcare professional for certification of Part B & Part C on page three. One of the following health care professionals must certify you to qualify for a SporTran Disability ID Card: Physician, Physician's Assistant, Nurse Practitioner, Audiologist (hearing disabilities only), Optometrist (visual disabilities only), Podiatrist (foot and ankle disabilities only), Licensed Clinical Psychologist (psychiatric disabilities only) or Certified School Psychologist.
3. Healthcare professionals must complete Part B&C: sign and date at the bottom of page 4.

Submitting your application

Bring the original, completed application to our Intermodal Terminal, 1237 Murphy Street, Shreveport, LA. **Customer Service accept applications and issues ID's 8:00am to 5:00pm.** Applications must be received by SporTran within 60 days of the healthcare professional's signature. **Applications will not be accepted by mail or fax.**

Eligible applicants must bring

The original, completed application, \$2.00 processing fee, a valid photo ID (One of the following: Drivers' license, non- drivers' ID, passport, government or school-issued ID card). Disabled Veterans must bring their original letter of disability notification issued by the Department of Veterans Affairs or DD Form 2465 if rated at 100% and the original, completed part

A of the application. Medicare recipients under the age of 65 and recipients providing a Social Security benefits letter must bring a valid photo ID and a current Medicare card.

Ownership of a SporTran Disability ID Card

The valid SporTran Disability ID Card must be in the possession of the cardholder at all times while riding SporTran. The Reduced Fare ID Card must be presented when paying by cash on our buses, or on demand by SporTran Security (Shreveport Police Officers), SporTran operators, and

Customer Service Agents .SporTran Reduced Fare ID cards used in any unlawful manner will be confiscated.

Replacing a lost card

If you lose your valid SporTran Reduced Fare ID card, you may obtain a replacement. A fee of \$5 is charged for the first replacement and \$10 for each subsequent replacement. The fee may be waived upon receipt of a police report documenting theft of your SporTran Reduced Fare ID, or if the card is tattered or damaged.

Renewing your card

You must complete a new application yearly to renew your SporTran Reduced Fare ID Card. You may not reapply no more than 30 days prior to the current expiration date, which is one year to date on your Reduced Fare ID.

Appeal process

If you are determined ineligible for the Reduced Fare Program for People with Disabilities, you may appeal the decision. Please submit a letter within 30 days of denial to SporTran General Manager, 1115 Jack Wells Blvd., Shreveport, LA 71107 requesting a review of your application.

Learn how to use SporTran

SporTran can help customers with disabilities learn how to use the SporTran system for travel around Shreveport and Bossier. For more information, or to schedule a free travel training session, please contact (318) 673-7433.

Eligibility determinations are governed by the SporTran Reduced Fare Program policies in effect on the date the application is received by our Customer Service Department.

Part A: Applicant Information and Release

Please provide all information in print or type.

Name (Last, First, MI): _____ Date of Birth: _____

Street Address: _____ Apartment: _____

City, State, Zip: _____

Phone /TTY: _____

E-mail: _____ Gender (circle): M F

Previous ID Cardholder? (circle) Yes No

70+% Disabled Veteran? (circle) Yes No

Local Emergency Contact _____ Relationship: _____

Address: _____ Phone: _____

I authorize the health care professional completing this application to release to Shreveport Transit Management, Inc. (SporTran) information about my disability.

Original Signature of Applicant (under 18, signature of parent or guardian)

Date

Part B: Health Care Professional Certification

Please provide all information in print or type.

Part B must be completed by a licensed or certified health care professional (see page one) and must be received by SporTran within 60 days of the health care professional's signature. Information on this application will remain on file with SporTran and is not subject to public review.

Name of Health Care Professional: _____

License Number/State Issued: _____ Phone: _____

Address: _____ City, State, Zip: _____

Check one: Physician: (Specialty) _____

Physician's Assistant _____ Nurse Practitioner _____ Audiologist _____ Podiatrist

Optometrist _____ Licensed Clinical Psychologist _____ Certified School Psychologist

Part C: Health Care Professionals Applicant's Review

On page four and provide all appropriate guideline and detailed information below regarding the applicant's disability. (MUST BE COMPLETED TO DETERMINE ELIGIBILITY)

I have examined the applicant (fully identified in the Applicant's Section of this application). It is my professional opinion that he/she is a "disabled person" within the meaning of the term set forth in this document, as follows:

Check all that apply:

Blindness – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

Hearing Impairment – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels:

- Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or
- Speech discrimination scores of 40% or less in each ear.

Diagnosis: _____

Ambulatory Disability/Disorder of Gait - From whatever cause, the applicant is unable to move about without a walker, wheelchair, wheelchair stroller, crutch(s), cane or other mobility/ambulation aid at all times. The word "unable" is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient.

The applicant is unable to move about without use of the following aid (**Check all that apply**):

- Wheelchair
- Wheelchair Stroller
- Cane
- Crutch(es)
- Walker
- Other ambulation aid (describe) _____

Loss of Both Hands – By reason of amputation or anatomical deformity, the person lacks both hands.

Mental Retardation and/or Other Organic Mental Capacity Impairment - [The opinion must be given by a physician, medical social worker, or mental retardation service agency.] The scores specified below refer to those obtained on the W.A.I.S., and are used only for reference purposes. Scores obtained on other standardized individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning (**Check all that apply**):

- The person is mentally incapacitated such that he or she is dependent upon others for personal needs (e.g., toileting, eating, dressing, or bathing) **AND** is unable to follow directions, such that the use of standardized measures of intellectual functioning is precluded; or
- Based on a valid verbal, performance, or full-scale IQ test, the person has an IQ of 59 or less; or
- Based on a valid verbal, performance, or full-scale IQ test, the person has an IQ of 60 to 70 **AND** either (a) is unable to perform routine repetitive tasks; or (b) has another mental capacity impairment that imposes additional and significant limitation of mobility or gait.

Other Organic Mental Capacity Impairment – The person experiences mental incapacity due to an organic cause(s) that imposes significant limitations of ambulation or gait.

Diagnosis: _____

I estimate that the duration of the applicant's disability(s) will be (**Please chose one**):

- Permanent (more than 24 months)
- Temporary (more than 3 months but fewer than 24) Time Frame: _____ months

Physician's/Certifier's Signature:

Date