

Reduced Fare Application
Roscommon County Transportation Authority
2665 S. Townline Rd.
P.O. Box 284
Prudenville, MI
989-366-5309

Please print all information clearly. Thank you.

Section 1: Passenger Information

Name: _____		
Home Address: _____		
Name of Building or Complex (if applicable) _____		
Apartment number: _____	City _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Date of Birth: _____		

Section 2: Please check all areas that apply to your travel needs:

1. I use mobility aids
___ Manual Wheelchair ___ Electric Wheelchair
___ Amigo/Power Scooter ___ Cane
___ Walker ___ Crutches
___ Guide Dog ___ Grocery Cart
2. ___ I need to travel with staff while on the bus.
3. ___ I have a vision impairment
4. ___ I have a hearing impairment
5. ___ I travel with oxygen
6. Any other information that this transit system needs to be aware of:

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Section 3: Emergency Contact Information

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

Contact Name #1 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Contact Name #2 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Section 4: ADA Verification – Any passenger (other than senior citizens) who is eligible for a Roscommon County Transportation reduced fare card needs to have a medical doctor or mental health professional complete this section.

I attest that _____ (name) is eligible for the reduced fare based on their ADA qualifications.

Signature: _____

Name of Professional: _____

Agency (if applicable): _____

City _____ State _____ Zip _____

Phone Number: _____

Reminder: A separate form must be completed for each family member.

Please have the healthcare professional's office fax the completed form

to:

(989) 366-4122

If you have questions please call Dispatch 1-989-366-5309.