

Dear Applicant,

Thank you for requesting an application to apply for Metro Transit's Limited Mobility Program. The program offers discounted transit fares to encourage customers who have a qualifying disability to use regional transit service. Metro Transit bus operators and/or Metro Transit Police accept the Limited Mobility ID Card, Metro Mobility ID Card, or an "A" or "L" endorsement on your Minnesota ID Card or Driver's License to pay reduced fares.

Please do not complete this application if you are currently certified to ride Metro Mobility (e.g. door to door service).

#### Program Types

If you are approved, you will receive a Go-To Card with your name and the card expiration date printed on it. The Go-To Card will be automatically registered to you and you will be able to add funds to it. The card automatically deducts a \$1.00 fare for rides taken on any regular route services, Rapid Bus service and light rail. This card will also be your Limited Mobility ID card and will qualify you for a reduced fare when using cash or, when purchasing a ticket from a Ticket Vending Machine or the mobile app.

The Limited Mobility Program categorizes applicants into two groups - permanent status and temporary (six months) status. Applicants who are approved for temporary status must complete a new application every six months.

This application must be completed in full. Completed applications must be mailed to:

Metro Transit – Limited Mobility Program 560 6th Avenue North, Minneapolis, MN 55411-4398

If you have further questions, please contact Metro Transit Customer Relations at 612-373-3333, voice menu option 3.

# Metro Transit

## **Tennessen Warning**

Please read this important notice before you provide information about yourself: Information you provide about yourself through Metro Transit's personalized web services or the regional fare collection system is classified as private data. The private data you provide through this website will permit you to use the electronic web services offered by Metro Transit, including electronic fare card purchases and rider alerts. You can refuse to provide some or all the requested information and you still will be able to obtain and add value to fare cards with the regional fare collection system. If you do not provide this information, you may not be able to register your card – which provides balance protection for lost/stolen cards – or to use some or all of Metro Transit's personalized web service features.

Metro Transit will use your information for internal transit business purposes, including reward programs, rider alerts, and programs to measure and promote transit and fare card use. Metro Transit will share your information with: individuals whose work assignments require access; other transit providers that use the regional fare collection system for their business purposes; 3rd party vendors working with Metro Transit to provide a customer service such as rider alerts; credit card companies, credit card processing entities and banking institutions that need your account information to complete electronic purchases; another government entity to prevent unlawful intrusion into government electronic systems; Metro Transit Police and other authorized law enforcement agencies for law enforcement purposes, including fare card enforcement; and persons authorized to have access by state or federal law, by court order or pursuant to your written consent.

The following data may be shared with government entities, organizations, school districts, educational institutions and employers that subsidize or provide you with a fare card: the date and time you used a fare card; your mode of travel; the type of fare product you used; and information about the date, time and type of a fare product you purchased. This customer transaction history and fare card use data may be used by these entities only to measure and promote fare card use and evaluate the cost effectiveness of their fare card programs. If you do not want Metro Transit to disclose your transaction history and fare card use for any purpose to any individual, you can submit a written request to limit disclosure of data. Once a written request form is received, Metro Transit will disclose only the card balance and the date a card was last used IF a fare card's 16-digit card number is provided, but no personally identifiable information will be released.

If you enroll for one of following programs: Reduced Fare, Mobility Fare or Transit Assistance Program your Go-To Card must be registered as part of enrollment and can be used only by you. Reduced and Mobility fares can be requested with proper ID and do not require Go-To Card use. You can only enroll in one of these three programs.

Learn more at <u>metrotransit.org/suppress</u>. If you have questions about this notice and want to contact a Metro Transit representative, please contact us at 612-373-3333 or online at <u>metrotransit.org/contact-us</u>.

By registering your fare card, you acknowledge that you received and read this notice.

**Revised August 2017** 

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Transit Information 612-373-3333

612-349-7400



## Limited Mobility Program Application

| First name                          | MI        | Last name |        |         |
|-------------------------------------|-----------|-----------|--------|---------|
| Address                             |           | Apt #     |        |         |
| City                                | State     | Zip       |        |         |
| Phone                               | Email     |           |        |         |
| Date of birth                       | Gender    | □ Male    | Female | □ Other |
| Do you have one of the following? I | Enter car | d number. |        |         |
| Minnesota ID card (optional)        |           |           |        |         |
| Minnesota Driver's License (optiona | al)       |           |        |         |
| Metro Mobility ID Card (optional)   |           | ·······   |        |         |

#### **Release of information**

I agree that the information provided may be verified with a medical doctor or other agency representative and do hereby state that the information contained in the application is true and complete to the best of my knowledge.

Applicant's signature

| Name of person preparing form if other than applicant |       |       |  |  |  |
|---|-------|-------|--|--|--|
| Address   |       | Apt # |  |  |  |
| City  | State | Zip   |  |  |  |
| Phone   | Email |       |  |  |  |

This application must be completed in full. Completed applications must be mailed to:

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#### Limited Mobility Program Medical Verification

The below must be completed by a Certified Professional Only (e.g. Licensed Physician, Nurse Practitioner, Psychologist, Social Worker, Physical Therapist or Special Education Teacher).

The applicant named on this application requests Limited Mobility certification under eligibility guidelines found below. This program is designed to offer discounted transit fares on regular route transit service to those whose permanent or temporary disability prevents them from using public transportation with the same ease as those without a disability. To determine eligibility, medical verification is required.

Eligibility guidelines are:

- A. Use of a walker, wheelchair, scooter, crutches, leg or foot braces or other mobility aids
- B. Missing limbs or critical parts
- C. Anatomical deformity of hand or foot
- D. Legally blind (central visual acuity of 20/200 in the better eye with the use of corrected lenses or a visual field of less than 20 degrees) or has a visual loss which prevents applicant from obtaining a driver's license
- E. Hearing loss of 90 dbs. or greater in the 500, 1000 and 2000 Hz. ranges
- F. Cardiovascular or respiratory condition which significantly interferes with coordination, endurance or strength
- G. Neurological condition which significantly interferes with coordination, strength or endurance (i.e. polio, cerebral palsy, multiple sclerosis, paralysis)
- H. Muscular-skeletal condition which significantly impairs motor skills (i.e. muscular dystrophy, severe rheumatism or arthritis)
- I. Learning disability, mental or psychological impairment, if this results in a reduced capacity to perform actions necessary for use of regular route service without receiving special training
- J. Symptoms related to dialysis treatments, epilepsy or HIV/AIDS, such that the symptoms prevent the use of public transportation with the same ease as those without these symptoms

| I certify that   | (applicant's name) meets at least one of the |
|--|--|
| eligibility guidelines listed above to qualify for the | Limited Mobility Program.                    |

| Disability or condition is: | Permanent | Temporary (6 months or less) |
|-----------------------------|-----------|------------------------------|
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| Certified professional's | s name             |                      |
|--------------------------|--------------------|----------------------|
| Profession               |                    | State License number |
| Clinic, Agency, Schoo    | l or Business name |                      |
| Address                  |                    | Apt #                |
| City                     | State              | Zip                  |
| Phone                    | Email              |                      |

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560 Sixth Avenue North

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Transit Information 612-373-3333