



# City of Marshall Dial-A-Ride



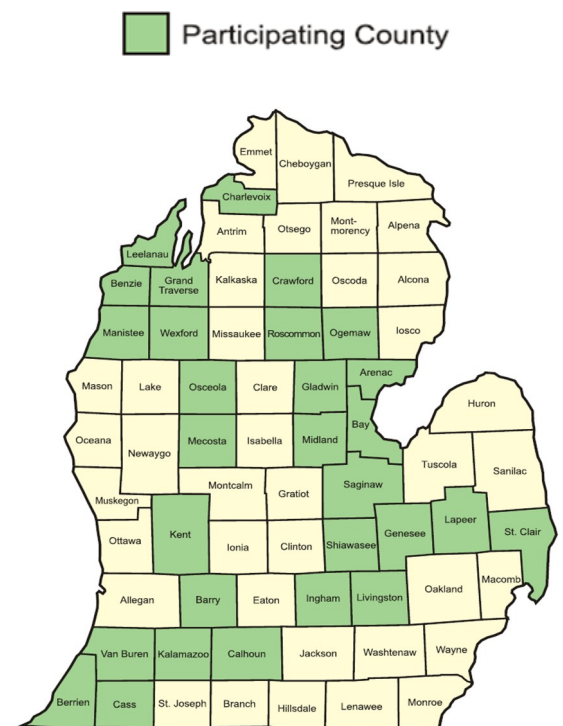
## Application for Universal Reduced Fare Card

The Universal Reduced Fare Card (URFC) is a special card offered free of charge that allows **seniors (60 years and older) and people with disabilities** to use participating transit providers throughout the state, and receive the provider's reduced fare without completing additional applications or paperwork.

URFC is a partner pilot project between the Michigan Developmental Disabilities Council, the Michigan Department of Transportation Office of Passenger Transportation, MASSTrans, and the Michigan Public Transportation Association. There are currently two participating agencies within Calhoun County that are involved in the pilot project, **Battle Creek Transit and City of Marshall Dial-A-Ride.**

Currently, seniors or disabled individuals that meet our reduced fare requirements often times are not required to complete any paperwork or applications. However, **if an individual is interested in using other participating providers in the area while retaining their reduced-fare status and without having to complete additional paperwork for that provider, individuals are encouraged to apply for this program.** If one does not plan on traveling and using other transportation providers across City or County lines, it is not recommended or necessary that they apply for this program.

For more information on the program, visit [www.michigan.gov/universalreducedfares](http://www.michigan.gov/universalreducedfares).





# City of Marshall **Dial-A-Ride**

## Application for Universal Reduced Fare Card

An application is necessary to determine eligibility for a rider to receive a Universal Reduced Fare Card (URFC) based on senior status or disability. Although this card is not necessary to receive a reduced fare for our City of Marshall Dial-A-Ride service, the URFC will allow individuals that receive reduced fare eligibility for our service based on senior status or disability to then be able to transfer that reduced-fare status with them to participating transportation providers across the state.

For more information on the program, please visit [www.michigan.gov/universalreducedfare](http://www.michigan.gov/universalreducedfare).



### **Application Instructions:**

1. Applicant will complete Step #1 of the application found on page 3 of the packet. If individual is applying based on senior status, they only need to fill out Step #1 and attach a copy of a driver's license or other form of identification that states date of birth.
2. If applicant is applying based on a disability, the individual must contact a physician, licensed social worker, or rehabilitation specialist to complete "Step #2" of the application found on page 4.
3. Once the application is complete, email it to **erenaud@cityofmarshall.com**  
OR mail to:

**City of Marshall**  
**ATTN: DART**  
**323 W. Michigan Ave.**  
**Marshall, MI 49068**



4. Applicant will be notified of their approval status within 5 business days after the completed application is received. **Once approved, applicant will receive a letter stating that they are reduced-fare eligible for participating transportation providers, along with a card that they are able to show the driver at the participating location in order to receive reduced fare.**

If applicant is disapproved, staff will contact within five business days after the completed application is received with instructions on how to attain approval if applicable.



# City of Marshall **Dial-A-Ride**

## Application for Universal Reduced Fare Card

### **STEP #1: This section is completed by applicant.**

Applicant Name: \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State.: \_\_\_\_ Zip.: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

♦ **If you have a disability, is this disability temporary?**  Yes  No  
If YES, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

♦ **Do you travel with a personal care attendant?**  Yes  No

### **Please check the mobility aid(s) that you use:**

Manual Wheelchair  Powered Chair/Scooter  Cane for the Blind

Other Cane  Service Animal  Walker  Crutches/Braces

I am applying for a Universal Reduced Fare Card through the City of Marshall Dial-A-Ride based on senior status or my disability. I authorize the release of the information described in the attached forms to the City of Marshall and certify that the information given above and in this application is correct.

Applicant Signature: \_\_\_\_\_ Date.: \_\_\_\_\_

\*If applying for the URFC based on senior status, please attach a form of identification that states date of birth in order to complete your application.



Professional Verification of Functional Disability

**STEP #2: This section MUST be completed by physician, licensed social worker, or rehabilitation specialist and only if you are applying based on disability.**

Note to the qualified professional: In assessing eligibility we look to an applicant's physician, licensed social worker, or rehabilitation specialist to provide medical verification as to the person's disabled status.

Applicant Name: \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1. **Are you currently treating this patient?**  Yes  No  
If no, date last time you saw this applicant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 2. **Does the applicant have a physical and/or cognitive disability?**  Yes  No
- 3. **Is this condition temporary?**  Yes  No  
If yes, expected duration until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 4. **Does the patient use any of the following mobility aides?**  
 Manual Wheelchair  Powered Chair/Scooter  Cane for the Blind  
 Other Cane  Service Animal  Walker  Crutches/Braces
- 5. **Please indicate the applicant's level of independence (check only one):**  
 Can independently get to the street for curb-to-curb service.  
 Can get to the street for curb-to-curb service only with the help of a personal care attendant.  
 Can independently get to the street for curb-to-curb service, but needs assistance at destination.

Printed name of professional: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office phone number; \_\_\_\_\_

Signature: \_\_\_\_\_



# City of Marshall **Dial-A-Ride**

Approval Status for URFC (Office Use Only)

Applicant Name: \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State.: \_\_\_\_ Zip.: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

♦ **If disabled, is the disability temporary?**  Yes  No  
If YES, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

♦ **Do they travel with a personal care attendant?**  Yes  No

**Please check the mobility aid(s) that they use:**

- Manual Wheelchair  Powered Chair/Scooter  Cane for the Blind
- Other Cane  Service Animal  Walker  Crutches/Braces

Application Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Application:  Approved  Disapproved Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Application letter and card or disapproval letter sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_