

Accepted Disabilities

Definition

Any disability that physically or cognitively limits mobility independence.

Eligibility

You automatically qualify if you possess a Medicare Card, Social Security Disability Determination, Veterans Health ID card indicating a **Service Connected Disability** or State of Michigan ID identifying applicant as **Legally Blind**. However, if you do not possess any of the above four items, you must provide a detailed description of your diagnosis on original letterhead from your licensed medical professional. You may qualify depending on the severity of any of the following disabilities:

- Neurological disorder that interferes with coordination, strength or endurance (polio, cerebral palsy, multiple sclerosis, paralysis, etc.)
- Frequent uncontrolled seizures
- Special sensory disorders such as legal blindness or 50% bilateral loss of hearing
- Any disability of more than six months (180 days) which requires the use of walkers, crutches, wheelchairs or other mobility devices
- Significant muscular-skeletal impairment such as muscular dystrophy or severe arthritis.
- One or more missing limbs.
- Cardiovascular, respiratory impairment, dialysis or cancer treatments which significantly interferes with coordination, endurance or strength
- Significant cognitive impairment. *Documentation of applicant's IQ score is required.*

Requirements

In order to process the Reduced Fare ID application, the following MUST be included on the licensed medical professional office letterhead:

- Name and professional title
- Detailed nature of the patient's disability; no medical codes please
- Indication if the applicant's disability is permanent or temporary and for what length of time
- Current contact information
- Professional's signature

Notes:

1. *An incomplete and/or fraudulent application will not be processed*
2. *Submission of all required documents does not guarantee approval for the Reduced Fare Program*
3. **Replacement Cards:**
*Reduced Fare ID cards may be replaced for a fee, money orders **ONLY**. A \$5.00 administrative fee will be applied for the first replacement card. For each replacement thereafter, an additional \$5.00 fee will be applied (i.e. \$10.00, \$15.00, \$20.00, etc.)*
4. *Michigan residents only*

Reduced Fare ID Application

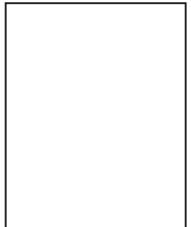
New Applicant Renewal Replacement

SMART and DDOT accept each agency's Disabled Reduced Fare ID Card on Fixed Route buses. Detroit residents must apply through the Detroit Department of Transportation for their Reduced Fare ID Pass Card.

Application Instructions

1. Complete the applicant information section.
2. If you have a Medicare Card, Social Security Disability Determination, Veterans Health ID card indicating a **Service Connected Disability** or State of Michigan ID identifying applicant as **Legally Blind**, include a copy with application.
3. If you do not have any of the items above in #2, you must provide a detailed description of your diagnosis on original letterhead from your licensed medical professional.
4. Include the following 6 items in your mailing:
 - Completed Reduced Fare ID Application
 - Copy of applicant's State of Michigan drivers license or ID or other picture ID verifying date of birth (*Do not send original, it will not be returned*)
 - Cash or \$1.00 money order payable to SMART. *Replacement fees listed on the bottom of other side.*

- Head and shoulder color photo of applicant. Photo must fit in the box to the right. **A color copy of applicant's State of Michigan drivers license or ID is acceptable.**
- Diagnosis from professional on their company letterhead or a copy of Medicare Card, Social Security Disability Determination, Veterans Health ID card indicating a **Service Connected Disability** or State of Michigan ID identifying applicant as **Legally Blind**.
- *Self-Addressed Stamped Business-Size Envelope*



5. **Mail to:**
Downtown Transit Center - Reduced Fare ID
Buhl Building, 535 Griswold Street, Suite 600
Detroit, MI 48226

Applicant Information

Please print clearly the following information using a pen.

Name _____ E-mail _____

Address _____

City or Township _____ State _____ Zip _____

Phone Number _____ Date of Birth: (Required) _____

Signature of Applicant _____

Please allow 5-10 days for application processing.

Questions about this application? Call (313) 223-2186.

Office Use Only		
<input type="checkbox"/> No picture ID	<input type="checkbox"/> No return envelope	<input type="checkbox"/> No color photo
<input type="checkbox"/> No money	<input type="checkbox"/> Professional letter missing	<input type="checkbox"/> _____

