



CARTA'S SPECIAL FARE PROGRAM

For People with Disabilities

CARTA has a special fare program for people with disabilities. Upon presentation of the CARTA Special Fare Identification Card, people with disabilities are entitled to ride CARTA buses for one-half of the regular adult cash fare. The special fare is offered during all hours of operation.

How Can You Participate in CARTA's Special Fare Program?

Check the eligibility criteria on the accompanying application to see if you qualify. Complete the Special Fare Program Application and take it to a licensed physician or one of the authorized agencies listed below to have it certified. Agencies currently authorized to certify the Special Fare Application include:

AIM Center
Chattanooga Association for the Blind
Chattanooga Psychiatric Clinic, Inc.
Comprehensive Community Care
Community Kitchen
Deaf Services
Epilepsy Foundation
Family and Children's Services
Fortwood Center
Goodwill Industries
Hamilton County Public Schools
Special Education Department

Joseph Johnson Mental Health Center
Multiple Sclerosis Society
Orange Grove Center

Signal Center
Siskin Hospital
Tennessee Department
of Vocational Rehabilitation
Tri-State Resource & Advocacy Corp.
VITAL Center

Send your completed application to:

CARTA
1617 Wilcox Boulevard
Chattanooga, TN 37406
Fax 423-698-2749

Phone 423-629-1473

TDD 423-624-4534

If you are eligible, your Special Fare Identification Card will be processed and mailed to you free of charge. The Special Fare pass is valid for 5 years from the date issued. Replacement passes cost \$5.00 each.

If you have any questions about the Special Fare Program, please call the CARTA Information Line at 629-1473, TDD 624-4534.

CARTA'S SPECIAL FARE PROGRAM APPLICATION

Please Print or Type

Name: _____ Date of Birth: _____

Address: _____ Apt. # _____

City, State, Zip Code: _____

Telephone: _____ Social Security Number: _____

Definition of Person with a Disability: A person with a disability is an individual who, by reason of illness, injury, congenital malfunction, or other permanent or temporary incapacity, is unable, without special facilities or planning or design, to use mass transportation facilities and services as effectively as persons who are not so affected. Physical and/or mental disabilities have no age requirements as long as all other criteria are met.

Criteria to Determine Eligibility for Special Fare Program: Complete the following information to assist CARTA in determining your eligibility for the Special Fare Program by marking the appropriate space(s):

Please Note: You must have this application signed by either a licensed physician or a certifying agency. All applications are subject to approval by CARTA. Please make sure all the appropriate sections are completed.

- 1 _____ Any disability requiring the use of a walker, crutches, or other device(s), which is expected to continue indefinitely.
- 2 _____ One or more missing limbs (arm or leg).
- 3 _____ Special sensory disorders including legal blindness or 50% bilateral hearing loss uncorrectable by use of a hearing aid.
- 4 _____ Cardiovascular, respiratory, or chronic renal impairment which significantly interferes with coordination, endurance or strength.
- 5 _____ Neurological disorders which significantly interfere with coordination, strength, or endurance (polio, cerebral palsy, multiple sclerosis, epilepsy, paralysis).
- 6 _____ Significant muscular-skeletal impairment (muscular dystrophy, severe rheumatism, arthritis).
- 7 _____ Significant mental or psychological impairment if this results in an impairment of coordination, strength, endurance or independent mobility.
- 8 _____ Other (please specify): _____

I certify that the above information is true and correct. I understand that if this application is approved, I will be issued an identification card, which is non-transferable. I agree to present my identification card to the CARTA bus operator each time I board the bus. I also understand that CARTA employees are authorized to confiscate my card if it is misused.

Applicant's Signature: _____ Date _____

Continued on Back

Certifying PHYSICIAN Only

I certify that the applicant, _____ has the disability specified, and recommend that this person be deemed eligible for CARTA's Special Fare Program.

Physician's Signature Date

Physician's Name (please type or print)

Address

Phone # Fax #

*** OR ***

Certifying AGENCY Only

I recommend that the applicant, _____, be deemed eligible for CARTA's Special Fare Program, and certify that the previous statements are true to the best of my knowledge.

Signature Date

Name (please type or print)

Title

Agency

Address

Phone # Fax #

CARTA Office Only

Approved/Issued By Expiration Date

Date Approved/Issued

CARTA

Chattanooga Area Regional Transportation Authority
1617 Wilcox Boulevard
Chattanooga, TN 37406
www.CARTA-Bus.org

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