



## **CARTA'S SPECIAL FARE PROGRAM for Persons with Disabilities**

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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	Metropolitan Ministries
Blind and Deaf Services	Multiple Sclerosis Society
Cherokee Health Systems	Orange Grove Center
Chattanooga CARES	Partnership for Families, Children and Adults
Chattanooga Community Kitchen-c/o Homeless Health Care	Signal Center
Epilepsy Foundation	Siskin Hospital for Physical Rehabilitation
Fortwood Center	Tennessee Department of Vocational Rehabilitation
Goodwill Industries	Tri-State Resource & Advocacy Corp., Inc.
Hamilton County Department of Education-Special Education Department	Veterans Vocational Rehabilitation
Joseph Johnson Mental Health Center	

The Special Fare Identification card is a picture identification card that is issued in person at the CARTA office located at 1617 Wilcox Boulevard, or at the Chattanooga Parking Authority located at 1362 Market Street next to the Chattanooga Choo Choo, Monday through Friday between 8:00 a.m. and 5:00 p.m.

Your completed **application must be received at CARTA by one of the following methods:**

1. Faxed to CARTA at (423) 698-2749 by the agency or physician who certified that you are eligible for the special fare program.
2. You may bring the form to CARTA yourself **if** you are accompanied by a staff member from the agency who completed the application and can certify that you are eligible.

The initial cost for the Special Fare Identification card is \$2.00 and it will be valid for four (4) years from the date issued. Replacement cards within the 4 year period will cost \$5.00 each. Upon expiration, a new application must be submitted and a new card issued for \$2.00.

If you have any questions about the Special Fare Program, please call the CARTA Information Line at (423) 629-1473, TDD (423) 624-4534.

**CARTA'S SPECIAL FARE PROGRAM APPLICATION**

**Please Print or Type**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 \_\_\_\_\_

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**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 # \_\_\_\_\_

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**CARTA Office Only**

\_\_\_\_\_  
Approved/Issued By Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_

**CARTA**  
Chattanooga Area Regional Transportation Authority  
1617 Wilcox Boulevard  
Chattanooga, TN 37406  
[www.goCARTA.org](http://www.goCARTA.org)

Phone 423-629-1473  
Fax 423-698-2749  
TDD 423-624-4534