



HANDI-CARD Eligibility Application

MACOG offers half-fares on the Interurban fixed route service to qualifying persons with physical or cognitive disabilities. To apply for a HANDI-CARD for reduced fares, please complete this application and return it to:

MACOG
227 W. Jefferson Blvd., Room 1120
South Bend, IN 46601
574-287-1829 or 574-674-8894

It is important to complete all parts of this form; incomplete applications will be returned. All information will be kept confidential.

Please note: if you have a **MEDICARE** card, you may use your card as identification for reduced fares; a HANDI-CARD is not needed.

MEDICAID cards, social security and MEDICARE disability checks are not valid for reduced fares.

A picture ID will be required.

Please type or print in ink only.

			Date of Birth

Last Name	First	Middle	

Street Address		Apt No.	

City	State	Zip Code	

Home Phone	Work Phone	Email Address	Cell Phone

Do you have a MEDICARE card: YES NO

1. What is the nature of your disability or health condition? (Be Specific)

2. Is your disability considered permanent? YES NO

3. If no, how long do you expect to have this disability? _____

4. Designate any mobility aids you use (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Motorized Wheelchair |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Other _____ |

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THOSE THAT BEST DESCRIBE WHAT YOU BELIEVE IS YOUR ABILITY TO USE THE TROLLEY SYSTEM. YOU MAY SELECT MORE THAN ONE.

I use the trolley service frequently.

I can use the trolley sometimes, if the conditions are right.

I have difficulty understanding and/or remembering all of the things I need to do to find my way to and from the route.

I have a temporary disability, which prevents me from getting to the designated stop.

I believe I could learn to ride the trolley system, if someone would teach me.

I have difficulty or cannot climb stairs and can only board a trolley with a lift/ramp.

I have a visual disability, which prevents me from getting to and from the route.

The severity of my disability changes from day to day. I can ride the trolley only when I am feeling well.

I have a severe medical condition. My condition results in an impairment, which makes it impossible for me to use the trolley system.

INFORMATION ABOUT YOUR ABILITY TO USE THE TROLLEY SYSTEM

1. If you use fixed route trolley service now, do you need the assistance of another person? (Check one) Always Sometimes Never

1) If you need another person's assistance to aid your mobility, what does that person do for you? _____

2) What is it about riding a fixed route trolley that is most difficult for you? (Example: The trolley moves before I am seated, etc.) Please list as many things as you can think of. If you need additional space, please use a separate piece of paper. _____

To properly evaluate your request for a HANDI-CARD, it may be necessary to contact a physician or other health care professional to confirm the information you have provided. Please complete the following authorization.

Health care provider name

Title

Agency/Clinic

Address

City

State

Zip Code

Your Name (print)

Your name (signature)

Applicant certification

I certify that I have been truthful in answering this form and that all the information that I have provided is correct. I understand that the purpose of this application is to determine if I am eligible to obtain a HANDI-CARD for reduced fares. I understand that if my application is not found eligible, that I may appeal such determination within 21 calendar days and that I will be advised of the procedures for such an appeal. I understand that all information will be kept confidential. I understand that for confirmation MACOG may contact my healthcare professional to verify documentation of my abilities.

Applicant Signature _____

Date _____

PERSON COMPLETING FORM IF OTHER THAN APPLICANT (please check one):

- I certify that the information provided in this application is true and correct upon information given to me by the applicant.

- I certify that the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

Name

Relationship to applicant

Address

City State Zip Code

Signature Date

FOR OFFICE USE ONLY

Eligibility Determination Approved Denied

ID# _____

If Denied, Reason for Ineligibility: _____

If Approved: Basis for Eligibility: _____

DATE _____

COMMENTS

Request for Professional Certification of Disability

Your patient/client has requested eligibility for HANDI-CARD. Your professional relationship with this applicant will help clarify his or her disability.

The Michiana Area Council of Governments (MACOG) offers two different types of transportation: fixed route service (trolleys) and paratransit (cab) service. The fixed route service provides many accessibility features that make it possible for people with different types of disabilities to ride on its trolleys.

Heart City Rider (HCR) and Goshen Transit Service (GTS) transit service offers curb-to-curb transportation on a shared-ride basis. Individuals who register as HCR and GTS riders can receive a half-fare discount, up to \$3.00 per one way trip.

**PROFESSIONAL VERIFICATION FOR INTERURBAN TROLLEY
HANDI-CARD APPLICATION**

Date of Birth _____

Applicant's Name _____

1) In what capacity do you know this individual? _____

2) How long have you known this individual? _____

3) What is the last date of face-to-face contact (by you or your agency) with this individual? _____

4) Primary Disability/Medical Condition?

5) Secondary Medical Condition(s)?

6) Date of onset? _____

7) Currently receiving any treatment? Yes No

8) What is the prognosis?

9) Does the individual currently experience either auditory or visual hallucinations?
 Yes No

- 10) Maximum distance patient/client is able to travel independently?
- | | |
|------------------------------------|---|
| <input type="checkbox"/> 330 feet | <input type="checkbox"/> 660 feet |
| <input type="checkbox"/> 990 feet | <input type="checkbox"/> 1320 feet, in 16 minutes or less |
| <input type="checkbox"/> 1650 feet | <input type="checkbox"/> 1980 feet |
| <input type="checkbox"/> 2310 feet | <input type="checkbox"/> 2640 feet, in 32 minutes or less |

- 11) Would the individual exhibit any signs of distress at the maximum distance?
 Yes No

- 12) If yes, please explain:

- 13) Would the individual be able to follow directions along the route? Yes No

- 14) Are they able to navigate around small obstacles? Yes No

- 15) Are they able to navigate around large obstacles? Yes No

- 16) Can the individual locate a curb cut? Yes No

- 17) Independently step up to 6" curb? Yes No

- 18) Independently step down 6" curb? Yes No

- 19) Independently maneuver up/down curb cut? Yes No

- 20) Would the individual be able to negotiate:

- sidewalk that is in good condition Yes No
- broken pavement/surfaces Yes No
- uneven/grassy surfaces Yes No
- gravel surfaces Yes No
- loose dirt/sand surfaces Yes No
- up a 30' ramp of reasonable slope Yes No

- up a 16' ramp of reasonable slope Yes No

21) Is the individual able to:

- cross the street at a crosswalk Yes No
- locate crosswalk/safe place to cross Yes No
- independently activate "walk" light Yes No
- safely cross from curb/curb cut Yes No
- wait without a bench at the trolley stop for 10 minutes Yes No

22) Can the individual

- safely negotiate three 12 inch steps Yes No
- climb trolley steps from street level without curb Yes No

23) Please check if any apply to the individual:

- Ambulatory Wheelchair user Scooter User Walker Cane

24) Is the individual able to:

- maneuver onto trolley lift platform Yes Yes, with assistance No
- negotiate up ramp from street level Yes Yes, with assistance No
- negotiate down ramp from street level Yes Yes, with assistance No
- place fare in fare box Yes Yes, with assistance No
- handle tokens/money Yes Yes, with assistance No
- stand on a moving trolley Yes Yes, with assistance No

25) Would the individual be able to independently:

- identify and board the correct trolley Yes No
- leave the house on time Yes No
- seek and ask for directions Yes No
- find way to/from designated stop Yes No
- transfer to a second trolley Yes No
- exit trolley at the correct destination Yes No
- monitor time Yes No

26) Does the individual's disability include any of these conditions or problem areas? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Inappropriate social behavior |
| <input type="checkbox"/> Judgment | <input type="checkbox"/> Short-term memory |
| <input type="checkbox"/> Monitoring time | <input type="checkbox"/> Long-term memory |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Gait or balance |
| <input type="checkbox"/> Other (please explain) _____ | |

27) Please describe any inappropriate social behavior (aggressive, sexual, overly friendly, etc.) _____

28) Would training tools help with trolley travel? (Ex. Memory cards, written route directions, photos, etc.) Yes No

38) Is there any additional information or any special circumstances that you believe should be considered?

I certify that this information is true and correct to the best of my knowledge.

Signature _____ Title _____

Please print or type name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Extension _____

Fax _____ Date: _____

FOR MORE INFORMATION

If you have any questions regarding these forms, please call MACOG toll-free at 674-8894 or at (574) 287-1829. Thank you for your cooperation.