



# Reduced Fare Form

916 E Packard Hwy, Charlotte, MI 48813  
(517)543-4087 (517)371-3313 www.eatran.com

## Certification Form for Persons with Mobility Limitation

This form is confidential and any information contained is to be used for transportation service only.

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ Apt /Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Wheelchair Users

- Manual
- Motorized
- Amigo/Scooter
- Other (Explain) \_\_\_\_\_

\* Can you transfer out of your Wheelchair if needed  
 Yes  No

### Use of other Mobility assistance devices

- Cane
- Crutches
- Braces
- Walker
- Other (Explain) \_\_\_\_\_

### I experience the following difficulties

- Walking/Standing
- Climbing Stairs
- Sight  Total  Partial
- Hearing  Total  Partial
- Grasping/Reaching
- Reasoning Comprehension
- Emotional/Behavioral
- Other (Explain) \_\_\_\_\_

**Either a participating agency or physician must complete the following section**

Agency / Physician Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

### For Office Use Only

Adopted by LAC 1/10/07

Updated by EATRAN 5/6/2019

Date Issued \_\_\_\_\_ Issued By \_\_\_\_\_