



615 Johnson Street
Saginaw, MI 48607
Tel: (989) 907-4000
Web: www.saginaw-stars.com

APPLICATION FOR HALF-FARE, FIXED ROUTE BUS SERVICE FOR PEOPLE WITH DISABILITIES

(Please Print or Type)

According to Federal Transit Administration Regulations:

Fixed route bus service (also called mainline routes) is defined as bus service in which a vehicle is operated along a prescribed route according to a fixed schedule.

People With Disabilities refers to those with a physical or mental impairment that substantially limits one or more of the major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Date of Birth _____ / _____ / _____
Mo. Day Year

Check all that apply.

(NOTE: Applicants are responsible for obtaining verification from a physician, mental health professional or rehabilitation professional that all items checked are true. Please see the reverse side of this application.)

I have a disability that substantially limits my ability to:

- Walk
- Breathe
- Care for myself
- See
- Learn
- Speak
- Perform manual tasks
- Hear
- Work

Authorization to Release My Medical Information:

I acknowledge that consideration for Half Fare Fixed Route Bus Service certification is contingent upon the results of a verification process. Therefore, I authorize STARS to: 1) verify of all statements made on this application; 2) to contact my physician or other care provider to verify the aforementioned information. I give my consent for the listed physician or healthcare provider, and release such person from liability for providing my medical information to STARS. I waive any written notice for the release of such information that may be required under state or federal law.

Name (Physician/Mental Health Professional/ Rehabilitation Professional): _____

Address: _____

Continued on back =>

City: _____ State: _____ Zip: _____

Phone: () _____

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that falsification of this application is grounds for denial or revocation of STARS Half Fare Fixed Route Bus Certification and/or related transportation services. I have read (or heard), understand and agree to the above statements.

Applicant Signature: _____ Date: _____

If someone helped you fill out this application, please list below:

Name: _____ Phone: () _____

Verification to be completed by physician, mental health professional or rehabilitation professional:

I attest that the aforementioned conditions, as checked in the boxes above, are true.

Name (Print or Type) _____ Signature: _____

Tel: () _____ Date: ____ / ____ / ____
Mo. Day Year

Please return your completed application to:

Administrative Assistant
STARS
615 Johnson Street
Saginaw, MI 48607

We will notify you in writing within 10 business days excluding Saturdays, Sundays, and holidays whether or not your application has been approved.

If your application is *approved*, you will need to come to STARS, 615 Johnson Street, Saginaw, MI 48607 to have your photo taken for the SILVER CARD, (the ID card for HALF-FARE, FIXED ROUTE BUS SERVICE). You must bring a current photo ID to verify your identity. *Only people with disabilities will be considered for approval.*

If your application is *denied*, you may appeal in writing within 60 days to the Transit Advisory Committee, c/o STARS, 615 Johnson Street, Saginaw, MI 48607.

CALL (989) 907-4000 TO REQUEST THIS APPLICATION IN LARGE TYPE

For Office Use Only

This application has been

- Approved
- Incomplete and/or Illegible, Returned to Applicant
- Denied

Comments: _____

Authorizing Agent Initials: _____ Date: ____ / ____ / ____