SENIOR BUS

ELIGIBILITY APPLICATION

The Senior Bus is operated by Madera County and serves senior riders and riders with disabilities in the Eastern Madera County area. This application will be used to determine if you are eligible for Senior Bus services.

If you are 60 years or older or have a disability that prevents you from independently using the local fixed route system, please complete this form.

This application form may be completed by you, a relative or a friend. It is important that you answer every question on this form. Evaluation of your request cannot begin until we have received the completed form along with all supporting documentation.

Information requested through this certification process will be kept confidential. Please call us at (559) 263-8080 if you have any questions or if you need an alternative format.

Once your completed form has been received, you may expect an answer within 21 calendar days. Denial of eligibility can be appealed by submitting a written notice to the MCC Transit Program Manager.

Senior Bus Eligibility Application

Thank you for your interest in the Senior Bus services provided by Madera County. Please complete this application. You must be 60 years or older or have a qualifying disability to utilize the Senior Bus. *Your signature is required.*

SECTION 1 - GENERAL APPLICANT INFORMATION

Date_____

Last Name_____**First Name**_____**MI**_____

Date of Birth____-_____-_____ **Male**_____**Female**_____

Primary Phone (_____**)**_____**Cell Phone (**_____**)**_____

Email Address _____

Address_____**City**_____**Zip** _____

Emergency / Local Contact (if applicable):
Last Name_____**First Name**_____
Relationship to applicant_____

Do you have a disability that prevents you from using the fixed route bus system?

_____ ***No, I am applying based only on my age (60 or older)*. If you responded "No," you may stop here and do not need to complete the other section of this application. Please attach a copy of your documentation of age (i.e., government ID) and sign and date below:**

I certify that the information on this application is true and correct, and I agree to the release of this information to MV Transportation, Inc./Madera County for the purpose of eligibility certification.

Signature_____**Date**_____

Print Name_____

_____ ***Yes, I have a disability*. If you responded "Yes", please complete the following Section 2, attach required documentation, and sign and date the application.**

PLEASE MAIL OR EMAIL YOUR COMPLETED APPLICATION TO:

ADDRESS: **MV Transportation, Inc.**
Eastern Madera County Senior Bus
201 W. Almond Avenue
Madera, CA 93637

EMAIL: **Julius.larosa@mvtransportation.com**

SECTION 2 - APPLICANT DISABILITY INFORMATION (AS APPLICABLE)

1. **What is your disability and how does it prevent you from using the fixed route system?**_____

   _____

2. **Can you walk ¼ mile without assistance? Yes_____No_____**

3. **Can you climb steps without assistance? Yes_____No_____**

4. **Can you wait at a bus stop without support for 10 minutes? Yes_____No_____**

Please use the attached Professional Verification Form A to verify your permanent and/or temporary disability. It may be necessary for us to contact the referenced professional to confirm the information you have provided. Form A may be completed by the following professional who are familiar with the applicant's condition:

- **Physician or Physician Assistant**
- **Registered Nurse or Nurse Practitioner**
- **Psychologist or Psychiatrist**
- **Physical Therapist or Chiropractor**
- **Occupational Therapist**
- **Orientation and Mobility Specialist (certified by ACVREP)**
- **Licensed Clinical Social Worker**

I certify that the information on this application is true and correct, and I agree to the release of this information to MV Transportation, Inc./Madera County for the purpose of eligibility certification.

Signature_____**Date**_____

Print Name_____

Office Use Only
Approved_____Denied_____Incomplete Application_____Notice Sent/Date ---------- ____
Reason for Denial_____
Signature_____**Date**_____

FORM A
Madera County
Senior Bus Eligibility Application
Professional Verification Form

Dear Healthcare Professional:

You are being requested to provide information regarding this individual's disability to determine their eligibility to use Madera County Senior Bus services. Please verify the following regarding this individual: ***(See attached signed authorization)***

1. **Description of disability:** _____
2. **As a result of their disability, he/she cannot board, ride, or disembark from a regular fixed-route bus equipped with a wheelchair lift.** **Yes_____ No_____**
3. **He/she has a specific impairment-related condition which prevents them from getting to or from a bus stop.** **Yes_____ No_____**
4. **The applicant's disability is: Temporary_____ Permanent _____**
5. **If temporary, what is the estimated time of recovery?** _____

Please provide any additional information that may assist us in determining this applicant's eligibility.

_____

_____

Healthcare Professional Name: _____

Title:_____ **Professional License #:** _____

Address:_____

City:_____ **State:**_____ **Zip Code:** _____

Phone Number: ( )_____ **Email:** _____

Professional's Signature:_____ **Date:** _____