



Dear Applicant for JCT Fixed Route Bus Half-Fare and/or Unscheduled Stops:

In response to your request to receive half-fare on JCT fixed route buses, and/or to have unscheduled stops made for you on JCT fixed route buses, please find an application attached.

- For Half-Fare based on **age**, please :
 - Complete Part 1 only (pages 1 and 2) of the attached application.
 - Proof of age for 65 or older (such as a copy of your driver's license).
- For Half-Fare based on being a **current Medicare recipient**, no half-fare application or "approval" by JCT offices is required. Simply show your Medicare card to the JCT driver when you board the bus, and your fare will be at half-fare. However, if you prefer to get a JCT half-fare ID card to show the JCT driver when you board the bus (instead of showing your Medicare card), please complete Part 1 only (pages 1 and 2) of the attached application.
- For Half-Fare based on a **disability** OR to be approved by JCT for **Unscheduled Stops** (stops between established JCT bus stops), please do the following:
 - Complete Part I (pages 1 and 2) of the attached application;
 - Sign the top of Part II (page 3) of the attached application; AND
 - Have a licensed medical professional or a JCT-approved social services agency complete Part II of the attached application.
 - i. List of JCT approved social services agencies is attached.

NOTE: *JCT approval for a client to have Unscheduled Stops is based on the client having a disability.*

- **All completed Half-Fare and/or Unscheduled Stops applications should be returned to:**

**JCT Half-Fare Application
Johnson City Transit
137 W. Market Street
Johnson City, TN 37604**

Once your completed application is received, reviewed, and approved by JCT, a JCT identification card (ID card) will be mailed to you.

- When paying half fare: Show your either **JCT Half-Fare ID card** OR your **Medicare card** to the JCT bus driver.
- When requesting unscheduled stops: Show your **JCT Half-Fare with Unscheduled Stops ID card** to the JCT bus driver.

If you have any questions, please contact Beverly Stevens at 423-434-6267, between the hours of 10:00 a.m. and 6:00 p.m., Monday through Friday.

Sincerely,

Eldonna Janutolo
Director, Johnson City Transit

**SOCIAL SERVICE AGENCIES
VERIFICATION for
JCT HALF-FARE AND/OR UNSCHEDULED STOPS**

Adult Day Services

603 Bert Street
Johnson City, TN 37601
(423) 928-8855

Amedisys

Attention: Office Manager
136 W. Springbrook Drive
Johnson City, TN 37604
(423) 952-2340

Appalachian Christian Village

Social Services Dept.
2012 Sherwood Drive
Johnson City, TN 37601
(423) 928-3168

Asbury Center

Director of Social Services
105 W. Myrtle Avenue
Johnson City, TN 37604
(423) 794-1405

Christian Care Center

140 Technology Lane
Johnson City, TN. 37604
(423) 434-2016

Courtyards of Johnson City

2105 E. Lakeview Drive
Johnson City, TN 37601
(423) 928-1295
Fax: (423) 926-1292

Davita

107 Woodlawn Drive
Suite 100
Johnson City, TN 37604
(423) 926-2976

Dawn of Hope

500 E. Oakland Avenue
Johnson City, TN 37601
(423) 434-5600

ETSU Disability Services

Culp Center #326
P.O. Box 70605
Johnson City, TN 37614
(423) 439-8346

FMC of Johnson City (Renal Care)

Attention: Social Worker
100 Technology Lane
Johnson City, TN 37604
(423) 929-7181

Frontier Healthcare

Watauga Behavioral Services
109 West Watauga Avenue
Johnson City, TN 37604
(423) 232-2600

Lakebridge Healthcare

Director of Social Services
115 Woodlawn Drive
Johnson City, TN 37604
(423) 975-0095

Medical Center Hospice

Attention: Social Work Dept.
101 Med Tech Parkway
Suite 100
Johnson City, TN 37604
(423) 431-6146

Options For Community Living

3211 N. Roan St.
Johnson City, TN 37601-5699
(423) 928-3258

NHC Health Care

3209 Bristol Highway
Johnson City, TN 37601
(423) 282-3311

Quillen Rehabilitation Hospital

Attention: Social Worker
2511 Wesley Street
Johnson City, TN 37601
(423) 283-0700 or (423) 854-0765

TN Dept. of Human Services

Vocational Rehabilitation
103 E. Walnut Street
Johnson City, TN 37604
(423) 929-0171

Volunteer Blind Industries

Attention: Director
2232 Watauga Road
Johnson City, TN 37601
(423) 929-7008

JOHNSON CITY TRANSIT
137 W. MARKET STREET, JOHNSON CITY, TENNESSEE 37604

APPLICATION for
HALF-FARE and/or UNSCHEDULED STOPS for
JCT FIXED ROUTE BUS SERVICE

MEDICAL PROFESSIONALS OR SOCIAL SERVICE AGENCIES VERIFYING JCT
HALF-FARE APPLICANT DISABILITIES:
PLEASE SEE PAGE 3 OF THIS APPLICATION

PART I – To be completed by Applicant (Please print or type)

Applicant's Name: Mr./Ms. _____
Address: _____
Telephone Number: _____
Date of Birth: _____

DISABILITY INFORMATION

If mobility is affected by a disability, check all appropriate:

- Confined to a wheelchair
- Use crutches
- Use a walker
- Use a cane
- Use braces
- Legally Blind
- Other: _____

Will a companion be traveling with you? Yes _____ No _____
Do you presently use JCT fixed route buses? Yes _____ No _____

BASIS FOR MY APPLICATION: (Please check all that apply)

HALF-FARE

- A. _____ I am age 65 or older. (Proof of age, such as driver's license or birth certificate must be presented to receive JCT ID card for half-fare). Complete only pages 1 and 2 of application.
- B. _____ I currently have a disability. (Professional verification, page 3, attached, must be completed before you return application to JCT). Complete pages 1, 2, and 3 of application.

NOTE: Under distinct circumstances, as determined by the JCT Director, the JCT Half-Fare Eligibility Committee may confirm an applicant's stated condition (in lieu of medical professional or Social Service agency), during the applicant's in-person review meeting, as documented on page 4 herein.

- C. _____ I am presently covered by Medicare. Complete only pages 1 and 2 of application. (Proof of your identity, to verify that you are a current Medicare recipient, may be required by JCT. This may require an in-person visit to JCT offices, to show your Medicare card.)

NOTE: You may ride JCT at half-fare by showing the JCT driver your Medicare card each time you board the bus. You are required to complete this application only if you wish to obtain a JCT half-fare ID card to show the JCT driver as you board the bus, instead of showing the JCT driver your Medicare card.

UNSCHEDULED STOPS (Must be based on a disability)

D. _____ I wish to have unscheduled bus stops (between established bus stops) based on a disability. (Professional verification, page 3, attached must be completed).

***NOTE:** Under distinct circumstances, as determined by the JCT Director, the JCT Half-Fare Eligibility Committee may confirm an applicant's stated condition (in lieu of medical professional or Social Service agency), during the applicant's in-person review meeting, as documented on page 4 herein.*

IMPORTANT: A JCT ID card will be issued to patrons eligible for half-fare or unscheduled stops. However, **if you are covered by Medicare, you may show either your JCT ID card OR your Medicare card to the JCT bus driver to receive half-fare.**

If my application is approved and I receive a special JCT card for elderly and/or disabled persons, I understand that I am the only person who is eligible to use the card and that it cannot be used by anyone else.

The information which I have provided on this form is correct to the best of my knowledge. I understand that JCT will verify this information.

(Signature of Applicant)

(Date)

NOTE: If any information you have provided in this application changes in the future, such as your address, please contact JCT to update your application.

PART II – Medical Professional or Social Service Agency Verification of Half-Fare Applicant Disability

I authorize the following professional to release to Johnson City Transit information about my disability and its affect on my ability to travel which may be needed in connection with my request for half-fare/unscheduled stops eligibility certification. It is my understanding that the information released will be used solely to assist in the determination of my half-fare/unscheduled stops eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below.

(Applicant's Signature)

(Date)

To be completed by Licensed Medical Professional or JCT-Approved Social Service Agency:

1. _____ In my opinion, the above named applicant is physically ABLE to board a bus and is ABLE to walk the distance between stops (approximately 2 blocks).
2. _____ In my opinion, the above named applicant is physically ABLE to board a bus; however, the applicant is UNABLE TO WALK THE DISTANCE BETWEEN BUS STOPS (approximately 2 blocks) due to the disability listed below.
3. _____ The disability is permanent/temporary (choose one) _____.
Length of temporary disability is _____ months.

Information concerning disability: (please use layman's terms)

Office Name

Signature of Authorizing Medical Professional

Address

Agency's Authorized Signature

Telephone Number

Date

**JCT HALF-FARE ELIGIBILITY COMMITTEE
CONFIRMATION OF APPLICANT'S STATED CONDITION**

Based on a review of page 1 of the JCT Half-Fare application submitted by the applicant, and an in-person interview/meeting with the applicant, the JCT Half-Fare Eligibility Committee has determined that the applicant's Half-Fare eligible disability is "*res ipsa loquitur*" (indubitably apparent) and no further medical or agency verification is required to determine the applicant's permanent JCT Half-Fare eligibility.

DATE: _____

Signature of JCT Half-Fare
Eligibility Committee Member

Position Title