



HCT APPLICATION FOR SENIOR CITIZENS

(62 Years of age or older)

The Hub City Transit provides reduced fare services to any qualifying resident living within the corporate city limits of Hattiesburg. Individuals must apply for the services.

Please fill out the application enclosed, and the Applicant's section and Release of Information section of the Physician Statement form. This must be completed before giving to your Physician.

We are requesting that your Physician fill out the bottom portion of the Physician Statement and mail or fax to our office for completion of your certification process.

Certification must be completed within 30 days of your receipt of this application packet. Forms not received in our office will interrupt certification process and your ability to use the services provided by Hub City Transit.

In updating our files, it is necessary for Hub City Transit to recertify every three (3) years any person(s) using the reduced fare services.

This certification process is very important, so I urge you to act IMMEDIATELY so that all forms will reach our office by the dead line. Mail your application to the address below or give to a Transit driver to return to the office.

Hub City Mass Transit

1001 South Tipton St

Hattiesburg, MS 39403

(601) 545-4570

REDUCED FARE APPLICATION

Application for Senior Citizens:

Please fill out the following completely:

Name: _____ Date: _____

Address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Contact in case of emergency: _____ Phone: _____

Relationship to applicant: _____

Please circle all types of activities you need transit services for:

- * Doctor visits * Drug stores * Grocery shopping * Recreation
- * Civic activities * Organizational meetings * Work * Volunteer work
- * Other _____

Please circle any of the following you will be using on our buses:

- * Wheel chair * Motorized chair * Scooter * Walker
- * Walking cane * White cane * Guide dog * Other Service Animal
- * Personal care attendant * Other: _____

Please list requests for reasonable accommodations that are related to your disability:

Physician's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

How long have you been under the care of this physician? _____

Physician Statement of Applicant Need for Services

The following individual has or is applying for reduced fare services with Hub City Transit. The applicant named you as their attending physician to provide us with the necessary information. Please fill out this form and return to the address listed below as soon as possible. Thank you for your time and cooperation on this request.

Applicant Section:

Applicant's name: _____ Date: _____
Address: _____ City _____ Zip _____
Phone: _____ Email: _____

Applicant Release of Information Authorization Statement:

I, the above named applicant, do hereby authorize my physician to provide Hub City Transit with the Information listed below.

Applicant Printed Name Applicant Signature

Date: _____

To be completed by Licensed Physician:

Physician Name: _____

Clinic affiliation/ Type of practice: _____

* How long has the applicant been under your care? _____

* Is the applicant's disability permanent? _____ If yes, please explain _____

* Does the disability affect normal daily functioning ability, such as walking independently, driving, standing for long periods at a time, etc.? _____ If yes, what are the applicant's limitations? _____

* In your professional opinion, is the applicant in need of ADA Para transit services? _____

If yes, how long are these services requires? _____

Physician Signature Date

Please mail to: HUB City Mass Transit
1001 South Tipton St
Hattiesburg, MS 39401

For additional information call: (601) 545-4670 or Fax: (601) 545-7507