

**C.E.F.S. APPLICATION FOR
REDUCED FARE IDENTIFICATION
CARD**



March 2024

The C.E.F.S. Central Illinois Public Transit and Effingham County Public Transportation will only use the information obtained in this certification process for the provision of transportation services. **The information will not be provided to any other person or agency.**

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1. NAME: _____
2. ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____
3. TELEPHONE #: (HOME) _____ (WORK) _____
4. DATE OF BIRTH: ____/____/____ **Signature:** _____
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A passenger may be eligible for a Reduced Identification Card from C.E.F.S., if they meet one of the following qualifying conditions: (Please select one)

- SENIOR CITIZENS (Age 60 & Over)** Seniors need to attach a copy of a photo ID and complete the above section (Pg.1) and sign. Reduced Fare ID will be valid for 5 years from date of issue.
- PERSONS WITH DISABILITIES** Please complete the attached questionnaire (Pgs. 1 – 4) and have your Licensed or Certified Health Care Provider complete and sign the Professional Certification of Information (Pgs. 5 – 7) enclosed with this application. Social Security Disability determination letters are also acceptable in lieu of Professional Certification. Attach a copy of your photo ID. Disability Reduced Fare ID will be valid between 1-5 years dependent upon the disability.
- Veterans** *Applicable to Effingham County Only.* Veterans that do not have a valid Military ID can apply for a reduced fare card. Complete the above section (Pg.1), send in photo ID copy and DD214. Veteran ID will not expire.

Reduced Fare applications for Effingham County allow eligible seniors, disabled, and veterans to ride for a suggested donation within Effingham County and on Effingham's Deviated Route (ETrax).

Reduced fare applications for Christian, Clay, Fayette, Montgomery, Moultrie, and Shelby allow eligible senior riders to ride for a suggested donation in county. Disabled riders are eligible for a \$15 monthly pass for in-county rides.

Seniors and Disabled: Must present reduced fare card and photo ID to ride on reduced fare program.

Effingham County Veterans: Can show a valid military picture ID or reduced fare card with photo ID.

Application Submissions:

Can be emailed to: bsmith@cefseoc.org

Can be mailed to: CEFS Central Illinois Public Transit, PO Box 928, Effingham, IL 62401

Can be dropped off at (please specify they are to go to the transportation department):

CEFS Clay County Outreach, 835 West North, Flora

CEFS Christian County Outreach, 220 West Franklin Street, Taylorville

CEFS Effingham Dispatch Office, 2201 Willenborg St. #6, Effingham

CEFS Fayette County Outreach, 517 W. Gallatin St., Vandalia

CEFS Montgomery County Outreach, 8353 Route 127, Taylor Springs

CEFS Moultrie County Outreach, 114 E Harrison St., Sullivan

CEFS CIPT Maintenance Facility, 1505 W. South 1st St., Shelbyville

Applications can take up to 10 business days to process.

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Signed: _____ Date ____/____/____



APPLICANT QUESTIONNAIRE

A passenger may be eligible for a reduced-fare identification card from C.E.F.S. Central Illinois Public Transit/Effingham County Public Transportation, if through illness, age, injury, or congenital malfunction, the passenger is unable to utilize public transportation facilities and services as effectively as persons who are not so affected. Passengers who qualify for the reduced-fare identification card are those who require special facilities (such as ramps, lifts, or a wheelchair securement system), services (such as audible bus stop announcements), or planning (such as needing an aide to accompany).

1. Is this condition temporary? _____ If Yes, expected duration until ___/___/___

2. What are the effects of your disability that we need to be aware of to better assist you?

3. Do you use any of the following aids to mobility? **(Check all that apply)**

Manual or Powered wheelchair _____ Walker _____ Powered scooter _____ Cane _____ Crutches _____ Personal care attendant _____ Guide Dog _____

4. Do you require a Personal Care Attendant when you travel using transit?

_____ Yes _____ No _____ Sometimes (Please explain) _____

5. I hereby certify that the above information given is correct.

Print Name: _____

SIGNATURE: _____ DATE: ___/___/___.

TO THE APPLICANT:

In order for the C.E.F.S. Central Illinois Public Transit/Effingham County Public Transportation to evaluate your request, you will need to have your physician or other professional to confirm or elaborate on the information you have provided. *Applicants that have been declared disabled by the Social Security Administration can submit their determination letter in lieu of the Professional Certification of Information.*

I authorize C.E.F.S. Transportation Administrative Staff to contact my accredited Health Professional if there is any conflicting information or if further verification is required.

Signature

Date

THE FOLLOWING **PHYSICIAN _____, CREDITED HEALTH CARE PROFESSIONAL _____** OR **REHABILITATION PROFESSIONAL _____ (CHECK ONE)** IS FAMILIAR WITH MY DISABILITY AND IS AUTHORIZED TO PROVIDE INFORMATION NECESSARY FOR C.E.F.S. TO COMPLETE ITS EVALUATION OF MY APPLICATION.

The person identified below will need to complete the Professional Certification of Information.

Physician/Professional's Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Applicant's Name (Print or type) _____

Applicant's Date of Birth _____/_____/_____

Applicant's Signature _____ Date _____

The next section of the application is in reference to the applicant's assessment. This is a critical part of the application and must be completed by a physician or a credentialed health care professional named in the above. Please have the person listed above complete the next section of the application.

**C.E.F.S. Central Illinois Public Transit
Effingham County Public Transportation
PROFESSIONAL CERTIFICATION OF INFORMATION**

Applicant's Name: _____

Capacity in which you know the applicant:

Effects of disability that can affect abilities to utilize public transportation:

Is the condition temporary? No _____ Yes _____ Expected duration until ____/____/____

A. If the person has a disability affecting mobility, is the person:

1. Able to walk 200 feet without assistance?
Yes _____ No _____ Sometimes _____

2. Able to walk ¼ mile without assistance?
Yes _____ No _____ Sometimes _____

3. Able to climb three 12-inch steps without assistance except hand-railing?
Yes _____ No _____ Sometimes _____

4. Able to wait outside without support for 10 minutes?
Yes _____ No _____ Sometimes _____

5. Does this person use any mobility aids? If so, What? **(Check all that apply)**

Manual or electric wheelchair____ Walker____ Powered scooter____

Cane____ Crutches____ Personal care attendant____ Guide Dog_____

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

The vehicle lift used may be unable to accommodate passengers with a combined weight (the person seated in the wheelchair and mobility aid) of more than 1,000 lbs.

Total Weight of person and mobility aid under 1,000 lbs: Yes ___No ___

B. If the person has a visual impairment:

1. Visual Acuity with Best Correction:

Right Eye____ Left Eye____ Both Eyes_____

2. Visual Fields:

Right Eye____ Left Eye____ Both Eyes_____

C. If the person has a cognitive disability; is the person able to:

1. Give addresses and telephone number upon request? Yes____ No_____

2. Recognize a destination or landmark? Yes____ No_____

3. Deal with unexpected situations or unexpected change in routine? Yes____ No_____

4. Ask for, understand and follow directions? Yes____ No_____

5. Safely and effectively travel through crowded areas? Yes____ No_____

Is there any other effect of the disability of which C.E.F.S. should be aware? Please describe below:



CERTIFICATION BY DOCTOR OR MEDICAL AGENCY: I recommend that this person be deemed eligible for a Reduced-Fare Identification Card, and certify to the best of my knowledge, the above responses are true.

Physician/Professional's Name (please print): _____

Specialty: _____

Office Address: _____

Office Phone Number: _____

Signature: _____

Please ensure the application has been fully completed. Incomplete applications will not be processed.