



## Reduced Fare Application

The purpose of the JATRAN Reduced Fare Card is to provide eligible individuals with fare discounts as mandated by state and federal law. With a JATRAN Reduced Fare Card, students (ages 5-18) attending a school, persons with qualifying disabilities and senior citizens (60 or over) are entitled to a reduced fare on JATRAN buses.

All information must be completed in order for Transit Services to confirm your eligibility. If you are applying based on a disability, Transit Services will verify your information with the certifying individual. After your information has been verified, you will be notified by phone or courier mail. If approved, you may return to the JATRAN Administrative Office to pick up your JATRAN Reduced Fare Card. Reduced Fare Cards are valid for three (3) years. Please include as much information as possible to help determine your eligibility. Incomplete applications will not be accepted nor processed.

Applicants applying for reduced fare who do not have a disability do not have to complete the doctor's/certifier's verification section. However, you will need to provide the required additional information in order for your application to be processed. This information has been provided for you on the Reduced Fare informational sheet and can also be found on the City of Jackson's website.

Please view attached Reduced Fare informational sheet for determining your eligibility. Applications as well as verification information may be hand delivered, faxed or emailed to:

JATRAN Administrative Office  
1785 Highway 80 West  
Jackson, MS 39201

Fax: 601-948-3840 or Email: [transit@jacksonms.gov](mailto:transit@jacksonms.gov)

If you need to contact customer service, please call either of the two numbers:  
601-952-1000 or 601-960-0725

**PERSONAL INFORMATION:** Please provide information about yourself.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a student (ages 5-18)? Yes or No (mark one please)

Are you a senior citizen (60 and over)? Yes or No (mark one please)

I certify that the information in this application is true and correct. I understand that falsification of the information may result in the denial of the JATTRAN Reduced Fare Card. I understand all information will be kept confidential and only information required to provide the service for which I am eligible will be disclosed to those who perform the service. I understand that it is necessary to contact a licensed/certified healthcare professional familiar with my disabilities/ health related conditions in order to assist in an accurate determination.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person assisting in completing form

\_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of information to JATTRAN/Transit Services for the purpose of acquiring a JATTRAN Reduced Fare Card to ride JATTRAN bus system.

\_\_\_\_\_  
Name of Applicant (print)

\_\_\_\_\_  
Date Signed

*If you are applying solely as a student or senior citizen, you do not have to fill out the remainder of this application. However, you must include proper documentation in order for this application to be processed. See Reduced Fare informational sheet.*

**PHYSICIAN INFORMATION:** Please provide information about your physician.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**DOCTOR'S/CERTIFIER'S VERIFICATION**

\_\_\_\_\_ is eligible for reduced transit fare. The limitation qualifying the person was based on the applicant's disabilities necessary for the effective use of public transportation.

Patient's disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This condition is \_\_\_\_\_ (indicate).  
(permanent or temporary)

Doctor's/Certifier's signature \_\_\_\_\_ Date: \_\_\_\_\_

## **REDUCED FARE INFORMATIONAL SHEET**

The JATRAN Reduced Fare Card is free and is good up to three years.

People who have a JARAN Reduced Fare Card or other proof of eligibility have the option of buying a discounted Day Pass, Weekly Pass, Monthly Pass or pay cash fares on the bus.

### **1. Basic Eligibility**

To qualify for Basic Eligibility, you must present one of the following with your application:

- Student I.D. or proof of enrollment into a school for ages 6 through 12 grades.
- Medicare Card (not Medicaid).
- Mississippi DPS Placard registration for a parking placard. Card will expire same date as Placard.
- Other Transit Agency or Visitor Card issued to you by another transit agency.
- Proof of Age – 60 or older. May apply 30 days prior to 60<sup>th</sup> birthday.
- Proof of Veterans Disability – A copy of your Service Connected Disability I.D. Card and your VA Certification demonstrating a disability rating for aid and attendance, or a service-connected disability with a rating level of 50% or higher.

### **2. Persons with Disabilities Eligibility**

If you have a disability, your application must be completed by one of the following licensed professionals:

- Licensed physicians with an M.D. or D.O. degree, licensed physician's assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose;
- Licensed chiropractors, categories 1, 2, 3 and 4
- Licensed podiatrists, disabilities involving the feet under categories 1, 2, 3 and 4
- Licensed optometrists, category 9
- Licensed audiologist, category 10
- Licensed clinical psychologists and licensed educational psychologists, categories 12, 15, 16 and 17
- Licensed marriage and family counselors (MFCC) and licensed clinical social workers (LCSW), category 17