

Meet the new
Van Buren Public Transit

TRANSIT RIDER CARD



THIS FREE CARD HAS TWO GREAT FUNCTIONS:

- 1. WITH THIS CARD ANY VAN BUREN COUNTY RESIDENT WHO IS 60 YEARS OF AGE OR OLDER CAN RIDE FREE OF CHARGE ON ALL VAN BUREN PUBLIC TRANSIT BUSES (EXCEPT CONTRACT AND SPECIAL SERVICES RIDES). THIS INCLUDES ALL LOOP AND DIAL-A-RIDE SERVICES, AND OUT-OF-COUNTY RIDES FOR MEDICAL REASONS. AS USUAL, DIAL-A-RIDE SERVICES, AND OUT-OF-COUNTY RIDES MUST BE SCHEDULED IN ADVANCE.**
- 2. VAN BUREN PUBLIC TRANSIT PARTICIPATES IN THE MDOT “UNIVERSAL REDUCED FARE PROGRAM” WHICH ALLOWS SENIORS 60+ AND PERSONS WITH DISABILITIES TO RIDE ON OTHER PARTICIPATING TRANSIT SYSTEMS AT THAT SYSTEM’S REDUCED SENIOR OR DISABLED FARE WITHOUT APPLYING FOR THE REDUCED FARE. SIMPLY SHOW YOUR TRANSIT RIDER CARD TO THE DRIVER TO RECEIVE THE REDUCED FARE. CURRENTLY THERE ARE 20 COUNTIES IN MICHIGAN PARTICIPATING.**

TO GET YOUR TRANSIT RIDER CARD SIMPLY FILL OUT THE APPLICATION (PROOF OF AGE AND DISABILITY MAY BE REQUIRED) AND MAIL, EMAIL OR FAX IT TO VAN BUREN PUBLIC TRANSIT. SEE THE APPLICATION FOR ADDRESS.

THE PROGRAM BEGINS JULY 2ND, 2018. GET YOUR CARD NOW!

Van Buren Public Transit
610 David Walton Dr. Bangor, MI. 49013
Phone: 269-427-7921 *** Fax: 269-427-5062 *** Email: Rides@vbco.org

Transit Rider Card Application

And

Transit Regional Reduced Fare Card Application

Applicants must be Van Buren County residents and be 60 + years of age.

Part A: GENERAL INFORMATION. (Required)

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Part B: SENIOR CERTIFICATION. (Proof of age)

Birth Certificate ___ Driver's License ___ State I.D. ___ Passport ___

Verifying agent's initials: _____

Please Read

The Transit Rider Card only requires the above information. If you have a disability and want to use the card to ride on other participating transit systems (Regional Reduced Fare Card) for their reduced fare, please complete Part C.

Part C: DISABILITY CERTIFICATION.

Medicare disabilities forms or card _____ SSD disabilities forms or card _____

Verifying agents initials: _____

Do you use a mobility device? _____ If yes, what kind? _____

Do you require a Personal Care Assistant? _____ Do you require a Service Animal? _____

Physician or agency certification of disability. (If you don't have the above information)

Name of Physician or agency: _____

Is this person disabled? YES NO *** If Yes, is disability permanent? YES NO

Do you require a Personal Care Assistant to travel with him/her? YES NO

Print physician or agent name: _____

Physician or Agent Signature _____ Ph: _____