



Chippewa Falls Shared Ride Reduced Fare Program for Persons with Disabilities

Under this program, persons with disabilities may travel within the city limits of Chippewa Falls on the Shared Ride Transit vehicles for a reduced fare.

Reduced Fare Hours:

MONDAY ~ FRIDAY 9:00 AM and 4:30 PM

SATURDAY, SUNDAY, HOLIDAYS 6:30 AM ~ 4:30 PM

Holidays: New Years Eve, New Years Day, Memorial Day, Independence Day (July 4th), Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day.

Who is eligible to receive a Chippewa Falls Shared Ride Reduced Fare ID Card?

Persons with a disability that prevents/restricts them from operating a motor vehicle.

People 65 years or older are automatically eligible for the reduced fare, but are requested to present a reduced fare ID card to the driver.

HOW TO APPLY FOR A CHIPPEWA FALLS SHARED RIDE REDUCED FARE ID CARD:

1. *Read the application form and complete PART A.*
2. *Take the application to your health care professional for certification of PART B.*
3. *Follow the directions on Page 2.*

Submitting your application

Bring the original, completed application to the City of Chippewa Falls Transit Office located at City Hall, 30 west Central Street, Chippewa Falls, Wisconsin. The Transit Office is located on the first floor, and is open Monday ~ Friday from 8:30 AM - 4:30 PM. The Transit Office is CLOSED on weekends and holidays.

Eligible applicants must bring

The original, completed application, and a valid photo ID.

Ownership of a Chippewa Falls

The Chippewa Falls Shared Ride REDUCED FARE for Persons with Disabilities ID CARD must be in the possession of the cardholder at all times while riding Chippewa Falls Shared Ride. The card must be presented when paying the fare. ID cards used in any unlawful manner will be confiscated.

Replacing a lost ID card

If you lose your ID card, or if your ID card is tattered or damaged, you may obtain a replacement.

Appeal process

If you are determined ineligible for the Shared Ride Reduced Fare Program for People with Disabilities, you may appeal the decision. To obtain a copy of the Shared Ride Reduced Fare Program Appeal Process, contact the Chippewa Falls Transit Office at City Hall, 30 West Central Street, Chippewa Falls, Wisconsin, 54729.

How to schedule transportation using Chippewa Falls Shared Ride:

715.723.3000

Have the following information ready for the dispatcher when you call:

- Pick up address
- How many passengers
- What time you want to be picked up
- Destination, and what time you need to arrive
- If needed, pickup and return trip location and time

FARE SCHEDULE:

ADULT	\$2.75
STUDENT (5-18)	\$1.75
*REDUCED	\$1.75



All fares are per trip, per passenger. Wait time is 25 cents per minute up to 10 minutes, after which an additional fare will be charged.

The *REDUCED FARE is for Seniors (65+) and Disabled passengers during the following hours of operation only:

MONDAY through FRIDAY

9:00 AM - 4:30 PM

SATURDAY, SUNDAY, HOLIDAYS

6:30 AM - 4:30 PM

Part A:

Applicant Information and Release
Please provide all information in print or type.

Name: (Last, First, MI): _____ Date of Birth: _____
Street Address: _____ Apartment #: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____ Gender (circle): M F
Local Emergency Contact: _____ Relationship: _____
Address: _____ Phone: _____

I authorize the health care professional completing this application to release to the Chippewa Falls Shared Ride Program information about my disability.

Original Signature of Applicant if under 18, signature of parent or guardian) Date

Part B:

Health Care Professional Certification
Please provide all information in print or type.

Part B must be completed by a licensed or certified health care professional (see page one) and must be received by Chippewa Falls Shared Ride within 60 days of the health care professional's signature. Information on this application shall remain on file with Shared Ride and is not subject to public review.

Name of Health Care Professional: _____ Phone: _____
Address: _____ City/State/Zip: _____

Check One:

Physician: (Specialty) _____
Physician's Assistant _____ Nurse Practitioner _____ Audiologist _____ Podiatrist _____
Optometrist _____ Licensed Clinical Psychologist _____ Certified School Psychologist _____

Does the applicant require a Personal Care Attendant to assist him/her at all times when using use Chippewa Falls Shared Ride transportation? **YES NO**

Expected Duration of Disability:

_____ Temporary: Short-term condition. Insert number of weeks necessary for reduced fare: _____
_____ Permanent: Conditions with absolutely no expectation of improvement

I certify that the applicant, due to a disability, he/she is restricted from operating a motor vehicle, and qualifies for a Shared Ride Reduced Fare Disability ID Card.

Original Signature of Health Care Professional Date

CHIPPEWA FALLS SHARED RIDE ONLY

ID CARD NO. _____ EXPIRATION DATE _____
ISSUED BY _____ ISSUED DATE _____