



# Pee Dee Regional Transportation Authority Half Fare Application

1. Are you 65 years of age or older with valid ID? \_\_\_\_\_
2. Do you have a Medicare Card with valid ID? \_\_\_\_\_

## STOP

**If you answered yes to 1 and 2 above, you do not need to complete this Application. You need to show the driver proof of any of these statuses and you will ride for half fare on the Florence Fixed Route System, Myrtle Beach Commuter services and the Lake Tran Fixed Route in Lake City. All other PDRTA services are fare free. The fare free services are in Darlington, Dillon, Marion, Marlboro and Chesterfield Counties excluding commuter service to Florence and Myrtle Beach. \* Passengers 65 years or older, persons with disabilities and Medicare Card holders.**

**If you answered no to the above 1 and 2, please continue with the application below.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Mailing Address, if different from residence: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

<b>PDRTA USE ONLY</b>
Date Rec'd: _____
Date Approved: _____
Date Card Mailed: _____
Date Denied: _____
Application NA _____

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\*PDRTA Fixed Routes includes Florence, Darlington, Chesterfield, Dillon, and Marlboro Counties. Half fare is only available In Florence, Lake Tran, Marion to Myrtle Beach and Lake City to Myrtle Beach. Hartsville, Chesterfield County, Dillon County, and all of Marlboro County routes are fare-free.

- Are you able to use PDRTA fixed route system for your transportation needs  Yes  No
- What is your primary destination (Optional)  Medical Appointment  Work  Shopping
- What is the frequency of your travel?  
 5 times a week  Once a week  2 times a month  Once a month
- Do you use and understand the schedules?  Yes  No  
If No, please explain \_\_\_\_\_
- How are you currently traveling?  Family  Friends  Cab  Bus  Other  
Explain \_\_\_\_\_
- Under what circumstances can you **not** access the fixed route bus? \_\_\_\_\_  
\_\_\_\_\_
- Please describe your **physical** disability if any: \_\_\_\_\_  
\_\_\_\_\_
- Please describe your **cognitive/mental** disability if any: \_\_\_\_\_  
\_\_\_\_\_
- Can you:  
Read and understand basic written material?  Yes  No  
Give addresses and telephone numbers upon request?  Yes  No  
Recognize a destination or landmark?  Yes  No  
Deal with unexpected situations or an unexpected change in routine?  Yes  No  
Ask for, understand, and follow directions?  Yes  No
- Does your disability prevent or hinder you from using the fixed route system?  Yes  No
- Which, if any, of the following aids to mobility do you use? Please check boxes  
 Support Cane  Leg Braces  Walker  
 Long White Cane  Crutches  Powered Scooter  
 Low Vision Aid  Oxygen Tank  Powered Wheelchair  
 Hearing Aid  Prosthesis  Manual Wheelchair  
 Other (specify): \_\_\_\_\_  Personal Care Attendant  
 Service Animal What type of animal? \_\_\_\_\_  
What function does the service animal provide regarding your transportation? \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions regarding your physical functioning level:

- How many 9 inch steps can you climb by yourself? \_\_\_\_\_
- How far can you travel by yourself without the help of another person? \_\_\_\_\_
- Using a mobility aid, equipment or standing on your own, what is the longest length of time that you can remain standing? \_\_\_\_\_
- How long can you sit by yourself? \_\_\_\_\_
- Do temperature extremes (more than 90 degrees or less than 10 degrees) impact your disability?  Yes  No

VISION

- Are you certified as legally blind?  Yes  No  
If yes, you MUST attach a current statement from your Ophthalmologist or Optometrist.

HEARING

- Do you have a hearing impairment?  Yes  No  
Does it affect your ability to use the PDRTA transit system?  Yes  No  
How?  
\_\_\_\_\_

Please use the following space to explain in detail what you can and cannot do on your own:

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*I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Special Services Program.*

*I hereby authorize the medical professional completing this application to release to PDRTA any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I further understand that PDRTA shall have the right and opportunity to contact the professional completing this form to obtain additional information about my disability and eligibility for the Special Services Program.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If someone other than the applicant completed this form, or assisted, on behalf of the applicant, that person must complete the following:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Check here if all correspondence should be sent to the address directly above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Now that you have completed the Application, have your medical professional complete the next two pages, then mail to:**

**Pee Dee Regional Transportation Authority  
313 South Stadium Road  
Florence, South Carolina 29506**



## PROFESSIONAL CERTIFICATION OF DISABILITY

The applicant is requesting that PDRTA consider them for certification as a “Mobility Disabled Person” and provide them with a Fixed Route Fare ID Card or access to Paratransit Transportation (with ID Card).

*“Mobility Disabled Persons” is defined as those individuals who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.*

**Exclusions** All those whose sole incapacity or disability is one of the following:  
Any physical, mental or psychological disability or incapacity of less than 30 days  
Pregnancy  
Obesity  
Impairment due to drugs or alcohol  
Controlled epilepsy

The applicant is requesting that you provide documentation that supports their specific disability. **Please note that while your recommendation will be taken into consideration during our certification process, it will not be the sole determinate in PDRTA’s decision to certify the applicant.**

### STEP 1

#### Certification

Please assist in properly assessing the applicant’s eligibility before detailing in your Letter of Diagnosis how the specified disability results in a physical impairment of coordination, strength, or endurance.

I certify that \_\_\_\_\_ meets the eligibility requirements defined under the *Mobility Disabled Persons* Definition. The applicant’s specific disability is \_\_\_\_\_

which prevents him/her from:  
Boarding or alighting from a standard bus  
Standing in a moving bus  
without major difficulty. (See attached letter of diagnosis.)

It is my opinion that this disability is:

Check One:      Temporary                                  Semi-Permanent                                  Permanent  
                                  (Expected to   (Expected to   (Not likely to  
                                  Last \_\_\_ months)   improve)   improve)

