

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



**PHOTO ID REQUIRED**

*Incomplete Applications will not be processed*

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 only one**)

- SENIOR CITIZENS (Age 60 & Over)**
- Complete and sign page 1 of application
  - Attach a clear copy of photo identification
- PERSONS WITH DISABILITIES** - SEE PAGE 3 FOR INSTRUCTIONS
- VETERANS** - *Applicable to Effingham County Only .*
- Veterans with a valid Military ID only need to show ID upon boarding.
  - Veterans without a valid Military ID:
    - Complete and sign page 1 of application
    - Attach a clear copy of photo ID copy and DD214.

*MUST BE A RESIDENT OF SERVICE COUNTY. REDUCED FARE IS ONLY APPLICABLE TO RESIDENT COUNTY.*

**If someone other than applicant completing application, please complete page 2.**

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 or faxed to 217-347-5748

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 1<sup>st</sup> 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## **DISABLED APPLICANT INSTRUCTIONS**

**Option 1** - Driver's License or State Issued Photo ID indicates disabled status, simply show this ID when boarding.

**Option 2** - Documentation of disabled status.

- 1) Complete and sign page 1 and page 4 of application
- 2) Attach clear copy of photo identification
- 3) Attach documentation from Social Security Administration showing that you have been found to be disabled.

Please do not send monthly benefit letter, **send disability determination letter**, example below: Should state "We have found that you became disabled under our rules on..." or "you are entitled to disability benefits" and indicate if it is permanent or temporary.

**Option 3** - Certification by Doctor or Medical Agency

- 1) Complete and sign pages 1,4 and 5 of application
- 2) Attach a clear copy of photo identification
- 3) Have medical professional complete pages 6-7 of application and submit with application



**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. *Please provide any information below that we help us to assist you in your transportation needs.***

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/MEDICAL PROFESSIONAL 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 (Page 6 & 7)**

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 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**

Applicants Name: \_\_\_\_\_

Capacity in which you know the applicant: \_\_\_\_\_

Is the applicant considered disabled by medical professionals and/or the Social Security Administration?    Yes                      No

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

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

1) Please circle any mobility add utilized by applicant:

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.

2) Is the total Weight of person and mobility aid under 1,000 lbs:                      Yes                      No

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

Give addresses and telephone number upon request?	Yes	No	
Recognize a destination or landmark?	Yes	No	
Deal with unexpected situations or unexpected change in routine?	Yes	Yes	No
Ask for, understand and follow directions?	Yes	No	

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**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: \_\_\_\_\_