

**County of Hawaii Mass Transportation Agency
Application Form for Free Ride Pass on the Basis of Disability**

Applicant's Name _____
Last First M.I.

Mailing Address _____
P.O. Box or Street City State Zip Code

Phone No.: _____ Identification: (Circle One) HI Driver's License _ HI ID _ Other
ID (specify): _____ Date of Birth _____ Gender: Male Female

1. I am applying for a Hele-On Bus Free Ride Pass because I have a physical or mental impairment that substantially limits one or more major life activities. (Major life activities include walking, breathing, standing, seeing, hearing, caring for oneself, learning, etc.) Yes ____ No ____

2. My condition is ____ Permanent ____ Temporary

If temporary, please note duration above.

3. I require a Personal Care Attendant (PCA) to accompany me when I travel:
____ Yes ____ No

If **YES**, please list the name(s) of your PCA(s):

Note: Only one PCA is eligible to ride the Hele-On Bus for free when accompanying you.

In order for us to evaluate your application for a Free Ride Pass, you must have your Licensed Practicing Physician certify that you are eligible for this program. Once the information on the reverse side of this page is completed by your physician, the completed form must be submitted to the Mass Transit Agency for processing.

Terms of Usage and Release of Medical Information

I declare under penalties of penal law that the statements contained herein are to the best of my knowledge true and accurate and that I have not knowingly given a false statement or given information which I know to be false. I have read and understand the terms of Free Pass Usage below and I agree to abide by them.

I also authorize my physician to release medical information necessary to process this application. I understand that information regarding my disability will be used solely to determine my eligibility for free transportation services.

I understand that the Free Ride Pass cannot be used by anyone other than me. The bus pass must be visible to the Hele-On Bus operator when I board the bus. If I lose my Free Ride Pass, I must notify the Mass Transit Agency immediately. If my Free Ride Pass is lost or stolen, it cannot be used by anyone else. If it is found and misused, the user will be fined. The Free Ride Pass will be valid for _____ (how long)? I must reapply to be eligible for this program, if available, prior to expiration of my Free Ride Pass.

Applicant's (or Authorized Representative's) Signature: _____ Date: _____

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Certification by Licensed Practicing Physician**

This page must be completed by a licensing practicing physician (as defined under HRS 453, 455, 460 and 463E).

The physician must certify that the individual has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include caring for oneself, breathing, walking, seeing, hearing, learning, etc. The Mass Transit Agency will review this certification to determine the applicant's eligibility for the Free Ride Pass.

I certify that _____ has a physical or mental impairment that substantially limits one or more major life activities.

Duration of Disability: (Please check the appropriate box below)

- I certify that this impairment is long term (expected to last at least _____ years).
- I certify that this impairment is temporary (less than 6 months in nature).

Physician Please Read Carefully

I understand that per HRS 291, Part III if I as a physician fraudulently verify that _____
Applicant's Name
is a person with a disability to enable the applicant to obtain a Free Ride Pass on the Basis of Disability, I shall be guilty of a petty misdemeanor and each fraudulent verification shall constitute a separate offense.

Physician's Name: _____
Last First M.I.

Mailing Address: _____
Street/PO Box City State Zip

Date: _____ Phone Number: _____ Medical License No. _____

For program integrity, the Mass Transit Agency will conduct random checks to verify the authenticity of certifications.

NOTICE TO APPLICANT:

Please send the completed application form to :

County of Hawaii Mass Transit Agency
25 Aupuni Street
Hilo, HI 96720
Telephone: (808)961-8744
info@heleonbus.org

If any information is missing, the form will be returned to you. You will be notified of our determination within 21 days of receiving your completed application. **Your pass will be mailed to you (?) In the meantime, when riding the Hele-On Bus, you must pay the bus fare until you receive the bus pass.**