

**Ionia Dial-A-Ride  
251 East Adams Street  
Ionia, Michigan 48846**

**CERTIFICATE OF ELIGIBILITY FOR  
DISCOUNTED SERVICE**

**“Disability shall mean a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.**

**(Please print or type)**

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

**ADDRESS:** \_\_\_\_\_  
**(Number/Street) (City) (State)**

**PHONE:** (\_\_\_\_) \_\_\_\_\_

I hereby make application for a “Disability” Certificate of identification as provided for in Public Act 300 P.A. 1949, as amended and certify that the above statements are true.

*Signature of applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

**PHYSICIAN STATEMENT**

I certify that I have examined the above named applicant and they meet the definition of disability as defined by State of Michigan Act 51, as amended and Federal States 49CFR, part 27.

*Signature of Physician* \_\_\_\_\_ *Date* \_\_\_\_\_

**PHYSICIAN SIGNATURE VERIFICATION REQUIRED  
(OFFICE STAMP OR OTHER AUTHENTICATION)**